



JARDINE LLOYD THOMPSON

Canada

Special Event Liability Questionnaire

Duty of Disclosure

Before you enter into a contract of general insurance with an Underwriter you have a duty to disclose to the Underwriter every matter that you know or could reasonably be expected to know, is relevant to the Underwriters decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose these matters to the Underwriter before you renew, extend vary or reinstated this contract of general insurance. Your duty however does not require disclosure of any matter:

- That diminishes the Underwriters risk
- That is of common knowledge
- That the underwriter knows, or in the ordinary course of business, should know
- As to which compliance with your duty of disclosure is waived by the Underwriter

Non-Disclosure

If you fail to comply with your duty of disclosure the Underwriter may be entitled to reduce the liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the Underwriter may also have the option of voiding the contract from its beginning.

Subrogation

If you have entered into an agreement with another party which prevents the insurer from taking a recovery action for compensation from that party it may affect your right to cover under this Policy. Should you now be a party to such an agreement or be requested to enter such an agreement in the future please advise this office in writing.

****Please answer as many questions as possible and include any additional event brochures or flyers that will assist in our assessment to determine premium cost for your event****

1. Name of Insured or name of Event to be insured:

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2. Person to Contact:

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| First: | | Last: | |
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3. Postal Address:

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4. Contact Phone Number:

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| Residential/Business: | | Fax: | |
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5. Type of Policy required:

Please Check One

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|--|---|--|
| Specific Event | (Concert, fair, festival, dinner, dance, stag & doe) | |
| Short Term Coverage for Series of Specific Events | (Concert Series, theatrical performance, festivals) | |
| Annual Coverage requested | (Please provide further details as per question number #16) | |

6. Period of Insurance Requested:

| | | | |
|---------------------------------|--|-------------------------------|--|
| Inception 12:00 Midnight | | Expires 12:00 Midnight | |
|---------------------------------|--|-------------------------------|--|

7. Sum of Insurance Requested: (please check requested limit)

| | | | | | |
|-------------------------|-----|--------------------------|-----|--------------------------|-----|
| \$5,000,000(Can) | () | \$10,000,000(Can) | () | \$15,000,000(Can) | () |
|-------------------------|-----|--------------------------|-----|--------------------------|-----|

8. How many years has the event been organized?

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9. Did this event operate under any other name?

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10. Has this event had any insurance claims in the past? If yes, please provide details.

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11. Please provide previous insurance policy number and expiry date?

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12. Please prepare and attach the following spreadsheet to this page

| ID | 1 | 2 | 3 |
|--|---|---|---|
| Name Event | | | |
| Type of the Event | | | |
| What was your role in the Event? | | | |
| Dates and times of the event | | | |
| Name and Address of Venue | | | |
| How many people attended this event? | | | |
| What was your income from your role in this event? | | | |
| Was this event staged Outdoors? | | | |
| Did the event involve any audience participation? | | | |
| What artists did you engage to perform at this event? | | | |
| Did you contract Security for this event? | | | |
| How many Security guards were used? | | | |
| Did this event have any Market Stalls? | | | |
| How Many? | | | |
| Did this event include any amusement rides? | | | |
| If yes, who was the Carnival-Midway contractor? | | | |
| Please provide their insurance company? | | | |
| Please provide their policy number? | | | |
| Please provide their expiry date? | | | |
| Was alcohol sold or supplied to customers at this event? | | | |
| Who held the alcohol licence for this event? | | | |
| Did the event include Pyrotechnics or Fireworks? | | | |
| If yes, who was the contractor? | | | |
| Please provide their insurance company? | | | |
| Please provide their policy number? | | | |
| Please provide their expiry date? | | | |
| Was a stage used during this event? | | | |
| Was this a permanent or temporary stage? | | | |
| If yes, please provide name of contractor? | | | |
| Please provide their insurance company? | | | |
| Please provide their policy number? | | | |
| Please provide their expiry date? | | | |

Please provide the past three years events and include the fields as displayed above.
An Excel spreadsheet can be provided upon request.

13. Will you be allowing the crowd or members of the public to participate in the following activities:

| | | | |
|--------------------|--|--------------|--|
| Crowd Surfing | | Stage Diving | |
| Serving of Alcohol | | Moshing | |

14. Will your activities involve the use of:

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|----------------------|--|----------------|--|
| Aircraft/Helicopters | | Motor Vehicles | |
| Watercraft | | | |

15. Please detail the procedures that you will implement to ensure you receive evidence that all service providers carry their own liability insurance.

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16. Do you accept the principles provided for safe event control and management? (see page 6, "Accepted Procedures for Safe Event", for guidelines)

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17. How many committee members are involved with this event?

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18. How many volunteers do you anticipate with this event?

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19. How many attendees' do you expect for this event?

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21. Does the municipality your event is taking place require you to provide evidence of insurance and additional named insured status?

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22. If "YES", please provide the required proper name of the municipality and the mailing address that we may indicate on any certificate of insurance that has been requested.

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23. Does the event require you to add any Additional Insured's

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24. If “Yes”, please provide the required proper name of the Additional Insured and the mailing address that we may indicate on any certificate of insurance that has been requested.

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25. Please indicate whether you have reviewed and understand the “Safety Guide for Organizers”.

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26. If alcohol is to be served during the event at anytime, please indicate whether the Municipality the event is going to take place require the event organizers to abide by an established alcohol management policy.

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Declarations and Signature

I/We hereby acknowledge that I/we have complied with the duty to disclosure which is stated above. I/We confirm that the answers and statements in this proposal are correct and that no information has been withheld which may affect your decision to accept this proposal or the terms of the proposal Policy. This application of insurance will ultimately form part of the policy of insurance coverage.

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| | |
| Signature of Proposer | Date |

ACCEPTED PROCEDURES FOR SAFE EVENT

Where event organizer is licensed to serve alcoholic beverages or alcoholic beverages are available at the event

| | | Yes | No | N/A |
|--|--|-----|----|-----|
| Trained and paid security personnel must be in attendance to facilitate safe attendee behavior | At least 2 per 100 attendees | | | |
| All servers of alcoholic beverages must be SMART server trained | At least 2 per 100 attendees | | | |
| Crowd control volunteers | At least 1 per 100 attendees | | | |
| Municipal Facility Alcohol Policy must be reviewed and understood | If no policy exists please include this in application | | | |
| Professional security firm or Off Duty Police officers to be contracted | Events over 100 in attendance | | | |
| Maximum 2 drinks per patron in hand at time of purchase | | | | |
| Signage to be present outlining activities which will incite withdraw from the premises such as moshing, diving, crowd surfing, verbal and physical abuse, drunk and disorderly public conduct | Coverage will be withdrawn if this proviso is not adhered to at the event | | | |
| Licensee of the alcoholic beverages to be fully licensed and provide evidence of insurance coverage | Recommend additional named insured status on the licensee coverage | | | |
| If this is a participation event participants must sign waivers of liability in favour of the Municipality and Event Organizers | Waivers must be fully explained to participants | | | |
| Facility Pre-Event Inspection form completed | Form to be supplied by the municipality | | | |
| Facility Post-Event Inspection form completed | Form to be supplied by the Municipality | | | |
| Professional Security firm must produce liability insurance evidence | If the event attendance is in excess of 100 attendees there must be evidence of insurance for Professional Security firm | | | |

This policy of insurance excludes all claims arising from participation in any performance, workshops, recitals, rehearsals, sporting event, musical groups and theatre groups. Acknowledgement of the procedures will form part of the policy coverage conditions.

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| | |
| Signature of Proposer | Date |

Where events do not include any serving of alcoholic beverages and participation by the attendees is part of the event

| | | Yes | No | N/A |
|--|---|-----|----|-----|
| Trained and paid security personnel must be in attendance to facilitate safe attendee behavior | At least 1 per 100 attendees | | | |
| Crowd control volunteers | At least 1 per 200 attendees | | | |
| Signage to be present outlining activities which will incite withdraw from the premises such as moshing, diving, crowd surfing, verbal and physical abuse, drunk and disorderly public conduct | Coverage will be withdrawn if this proviso is not adhered to at the event | | | |
| If this is a participation event participants must sign waivers of liability in favour of the Municipality and Event Organizers | Waivers must be fully explained to participants | | | |
| Facility Pre-Event Inspection form completed | Form to be supplied by the municipality | | | |
| Facility Post-Event Inspection form completed | Form to be supplied by the Municipality | | | |

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| | |
|-----------------------|------|
| | |
| Signature of Proposer | Date |