

**SECTION 1: BROKER DETAILS**

1.1 Please complete the following information pertaining to your brokerage:

Brokerage Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Website: \_\_\_\_\_

General email: \_\_\_\_\_ Contact E-mail: \_\_\_\_\_

Contact Name: \_\_\_\_\_

**SECTION 2: RISK DETAILS**

2.1 Effective Dates

Policy period required from (effective date): \_\_\_\_\_ to (expiry date): \_\_\_\_\_

2.2 Mailing information

Name of Insured as it is to appear on policy: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

2.3 Applicant is:

☐ Facility Owner ☐ Promoter ☐ Agent ☐ Other (specify) \_\_\_\_\_

2.4

**Locations of all premises owned, rented  
or controlled by the Applicant**

**Area in  
Square Feet**

**Interest of Application in stated premises  
(owner, landlord, tenant, etc.)**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2.5 Total number of Races / Events per year: \_\_\_\_\_

Do any events or races take place in the USA?

☐ Yes ☐ No

If yes, approximately how many? \_\_\_\_\_

2.6 If the insured has food and/or beverage sales please advise receipts: Food: \$ \_\_\_\_\_ Beverage: \$ \_\_\_\_\_

SECTION 3: LIABILITY

3.1 Non-Owned Automobile

Do any partners, officers, employees or volunteers operate their own vehicles during the course of business, on behalf of the Insured? ☐ Yes ☐ No

If yes, please give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the Insured rent or lease vehicles from others? ☐ Yes ☐ No

If yes, How often per year? \_\_\_\_\_

Does the Insured contract services from others? ☐ Yes ☐ No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3.2 Liquor Liability

Do Applicant's operations include the serving of alcoholic beverages? ☐ Yes ☐ No

If yes, describe in full: \_\_\_\_\_  
\_\_\_\_\_

Is liquor server awareness training required for all servers? ☐ Yes ☐ No

Are concessionaires serving alcohol on the Insured's premises? ☐ Yes ☐ No

3.3 Contractual Liability

Does the Insured sign any contracts where they assume the Liability of others or waive Subrogation Rights? ☐ Yes ☐ No

If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_

If the Insured subcontracts out work to independent contractors or rents or leases premises to others,  
do they always use a single, standard contract? ☐ Yes ☐ No

If yes, does the contract contain "hold harmless," "waiver of subrogation" and "agreement to defend and indemnify"  
provisions in favour of the Insured? ☐ Yes ☐ No

If no, please advise procedures followed and details of contracts used: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the Insured subcontracts out work to independent contractors or rents or leases premises to other including concessionaires, do they require that the other  
contracting party provide to the Insured a Certificate of Standard CGL Insurance showing the Insured added as an Additional Insured with provision for 30  
days notice of cancellation to the Insured? ☐ Yes ☐ No

If the Contracting Party is dispersing alcohol either on behalf of the Insured, or on the premises of the Insured, does the Certificate of Standard CGL Insurance  
state that the CGL provides coverage for Liquor Liability? ☐ Yes ☐ No

If the Insured's business involves sports and/or entertainment participants,  
are waivers obtained from ALL participants or their Legal Guardians? ☐ Yes ☐ No

3.4 Workers Compensation

Are all employees and contractors including students and volunteers covered by Workers Compensation? ☐ Yes ☐ No

If no, please provide explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECTION 4: CLAIMS INFORMATION

4.1 Does the Insured have a formal employee safety-training program? ☐ Yes ☐ No  
If yes, please provide details:

4.2 Does the Insured have a formal equipment or premises maintenance procedure? ☐ Yes ☐ No  
If yes, please provide details, including documentation procedures and qualifications of maintenance personnel:

4.3 Please provide details of all claims against the Applicant during the past five years. Claims are required to be on Insurer Loss Reports. **(Please use additional sheet if necessary.)**:

SECTION 5: LIMITS OF LIABILITY REQUIRED

5.1 Commercial General Liability

Each Occurrence Limit	\$	
Participant Legal Liability	\$	
Products - Completed Operations Aggregate Limit	\$	
Personal Injury Limit	\$	
Tenants Legal Liability Limit	\$	
Medical Expense Limit - Per Occurrence/Per Person	\$	
Non-Owned Automobile Limit		
- Liability	\$	
- Physical Damage	\$	
Employers Liability Limit	\$	
Advertising Injury Limit	\$	

5.2 **Participant Accident Limits**

- ☐ \$5,000 Accidental Death & Dismemberment/Medical Expense
- ☐ \$10,000 Accidental Death & Dismemberment/Medical Expense
- ☐ \$15,000 Accidental Death & Dismemberment/Medical Expense
- ☐ \$20,000 Accidental Death & Dismemberment/Medical Expense
- ☐ \$25,000 Accidental Death & Dismemberment/Medical Expense
- ☐ \$50,000 Accidental Death & Dismemberment/Medical Expense

Deductible

- ☐ \$50
- ☐ \$100
- ☐ \$250
- ☐ \$500

5.3 **Weekly Accident Indemnity**

- |                                             |                                             |
|---------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> \$25 for 26 weeks  | <input type="checkbox"/> \$25 for 52 weeks  |
| <input type="checkbox"/> \$50 for 26 weeks  | <input type="checkbox"/> \$50 for 52 weeks  |
| <input type="checkbox"/> \$100 for 26 weeks | <input type="checkbox"/> \$100 for 52 weeks |
| <input type="checkbox"/> \$200 for 26 weeks | <input type="checkbox"/> \$200 for 52 weeks |

Deductible

- ☐ 7-Day Waiting Period
- ☐ 14-Day Waiting Period

**SECTION 6: DECLARATIONS**

This application does not bind the applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the bases of the contract should a policy be issued.

It is mutually agreed between the Company and the applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the applicant in any respect.

**IMPORTANT NOTICE:** As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning various risk characteristics. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

I Authorize You To Collect, Use And Disclose Personal Information As Permitted By Law, In Connection With Your Commercial Insurance Policy Or A Renewal, Extension Or Variation Thereof, For The Purposes Necessary To Assess The Risk, Investigate And Settle Claims, And Detect And Prevent Fraud, Such As Credit Information, And Claims History

I understand that this Application Form will be relied upon by the insurance company in determining whether to provide a quotation for insurance coverage. I hereby warrant, represent and confirm that I have read all of the questions and answers on the Application Form and that, to the best of my knowledge, all information provided in this form is complete, true and correct.

Signed:\_\_\_\_\_ Full Name:\_\_\_\_\_

Position Held:\_\_\_\_\_ Date:\_\_\_\_\_

**SECTION 7: ADDITIONAL INFORMATION**

71 Additional Information: