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Application Addendum

Commercial General Liability Insurance Special Events

Submitting Broker, please complete the following to assist us in processing this submission:

Name of Brokerage: _____
Name of Broker Contact: _____
Brokerage Address: _____ City: _____ Postal Code: _____
For renewal purposes only: Policy Number: _____ ISN (Client's Number): _____

Please answer all questions. If they do not apply, indicate "N/A". If space is insufficient, please use separate sheets.

- Name of Applicant: _____
- Mailing Address: _____
Website Address: _____
- Status of Applicant: Individual Partnership Corporate Group
 Other: _____
- Interest of Applicant in premises, if any: Owner Tenant General Lessee
 Other: _____
- Please describe the Applicant's experience with events of this type:

- Please provide a complete description of events:

- Effective date: _____ Time: _____ a.m. p.m.
- Exact location and size of area where activities will be conducted:

- Estimate amount of:
Participants: _____ Spectators: _____ Employees: _____ Volunteers: _____
Admission: _____ Payroll: _____ Receipts: _____

10. Are all employees covered under WSIB? YES NO

If no, please list numbers by job description and estimated payroll:

Job Description	Payroll
_____	_____
_____	_____
_____	_____

Total Payroll: _____ No. of Employees: _____

11. (a) Has this event been held by the Applicant in the past? YES NO

If yes, how many years? _____

(b) Has any company declined or cancelled any coverage? YES NO

If yes, please provide details: _____

12. (a) Previous carrier: _____

Please provide a copy of the previous policy, if available.

(b) Is the present insurance claims made? YES NO

13. (a) If products coverage is desired for food served for concession stands, please indicate the kind of food served, by whom and the type of concession(s) as well as the approximate number of concessions:

(b) Are there any other vendors or trade booths? YES NO

If yes, please provide details: _____

(c) Are any vendors required to provide a Certificate of Insurance? YES NO

14. (a) Will alcohol be served at the event? YES NO

Will it be served by the Applicant? YES NO

If yes, are servers trained in a recognized program? YES NO

If no, will the Insured require evidence of insurance from the server? YES NO

(b) Liability limits requested: _____

15. Are there any first aid facilities on the premises? YES NO

If yes, please describe: _____

16. (a) Will the Applicant secure a Certificate of Insurance from owners or operators who stage the event(s) or otherwise operate under contract with the Applicant? YES NO

(b) What limits of liability are required by the Applicant? _____

(c) Is the Applicant required to furnish certificates? YES NO

If yes, to whom? _____

17. (a) Are independent contractors used for any operations? YES NO

If yes, please specify receipts and activity: _____

(b) Is proof of insurance obtained from the contractor? YES NO

If no, please provide details: _____

If yes, please provide what limits they are required to provide: _____

18. Does the Applicant have any agreements assuming liability? YES NO

If yes, please describe and provide copies: _____

19. (a) Who is responsible for providing security? _____

Please describe the supervision: _____

(b) If an outside security firm, is a Certificate of Insurance required? YES NO

20. (a) Does the Applicant provide a parking area? YES NO

(b) Does the Applicant provide attendants? YES NO

21. (a) If the event is held within buildings, are the premises designed for such use? YES NO

If yes, please provide details: _____

(b) What is the construction of the building? _____

(c) What is the general condition of the building? _____

(d) Is panic hardware used on all exits? YES NO

(e) Is the building designed for such usages? YES NO

If yes, please provide details: _____

22. (a) Will any bleachers be used? YES NO

If yes, please provide the designate number of bleacher units and the capacity of each:

If no, please describe the type of seating provided: _____

(b) Are the bleachers all wood, all steel or a combination of wood and steel? _____

23. Is the Applicant providing any overnight camping facilities or other accommodation? YES NO

If yes, please provide details: _____

24. (a) Does the event involve a parade? YES NO

If yes, what is the number of units in the parade (a marching band, a float, a car carrying personalities, etc. is considered as one unit) and please describe:

(b) Length of parade in blocks: _____

(c) Length of parade in time: _____

(d) Estimated number of spectators at parade: _____

25. (a) If fireworks are a part of the program, please provide a description of the display:

(b) Distance to public: _____

(c) Distance to nearest buildings: _____

(d) Length of display: _____

(e) Who will set off the fireworks? _____

(f) Under whose direction will the fireworks be set off? _____

(g) Will the area be checked later for unexploded fireworks? YES NO

26. (a) If a rodeo, horse show or similar type of exhibition, are fences, barricades and pens adequate to confine the animals?
YES NO

If yes, please describe the height, construction, conditions, etc.: _____

(b) Are fencing, corrals, etc. permanent installations? YES NO

If no, who provides and maintains this equipment? _____

27. General remarks (describe any unusual exposures):

28. Claims History

Please include the total costs from the ground up for each claim, including defence costs and deductible. Include the loss experience of companies which have been taken over or merged with your company or organization.

Date of Occurrence	Describe Occurrence and Injury or Damage	Amount				Status
		Reserve	Paid	Expenses	Deductible	

Are you aware of any other incidents which may result in claims against you? YES NO

If yes, please provide details: _____

29. Non-owned Automobile

(a) Number of employees using their automobile on company business:

Regularly: _____ Occasionally: _____

(b) Estimated annual cost of hired automobiles: _____

Estimated annual cost of automobiles operated under contract: _____

30. **Accident Prevention and First Aid**

(a) First Aid Post: (i) Doctors: _____ Full time: _____ Part time: _____
(ii) Nurses: _____ Full time: _____ Part time: _____

(b) Fire alarm – other warning systems: _____

(c) Is there a security officer or are there loss prevention engineers employed? YES NO

APPLICANT’S CONSENT TO THE TRANSMISSION OF THE INFORMATION CONTAINED IN THE APPLICATION FORM

I hereby acknowledge that the information collected in the Application form is acquired by my insurance broker to be transmitted to ENCON Group Inc. for the sole purpose of obtaining an insurance policy, and will be kept confidential.

Moreover, I authorize ENCON Group Inc., its insurers or service providers to:

- conduct verification, using outside sources, of the information contained in the Application form, in attached documentation and in subsequently provided documentation;
- in the event of a claim, transmit the submitted and verified information to loss adjusters, lawyers or other similar offices for the purposes of investigating, defending, negotiating or settling any claims, as required.

For more information on ENCON’s privacy policy, please contact privacy-officer@encon.ca.

DECLARATIONS AND SIGNATURE

I am applying for insurance based on the information provided above. I authorize you to collect, use and disclose personal information gathered in connection with this application, as permitted by law, for the insurance or a renewal, extension or variation thereof by ENCON Group Inc. for the purposes necessary to assess the risk, investigate and settle claims, and detect and prevent fraud, such as credit information and claims history.

Date (dd/mm/yyyy): _____

Signature of Applicant: _____

Title: _____