

APPLICATION FOR SPECIAL EVENT INSURANCE

Name of Organization:

Contact Person:

Address:

City:

Prov:

Postal Code:

Telephone:

Email:

Name of Event:

Location of Event:

Date of Event:

Time of Event:

Limit of Liability Required: \$1,000,000 \$2,000,000 \$5,000,000

1. Is your organization in good standing with Volunteer Canada?

Yes No

Membership Number:

2. Who is the main organizer of the event?

3. Is your organization partnering with another organization?

4. Are you required to list any additional insureds? If yes, please indicate below:

5. How many people will be attending?

0-100 101-500 501-1,000 More than 1,001

6. Is your event open to the public?

Yes No

7. Are you selling tickets? Yes No

8. Will children (under 18) be attending? Yes No

9. Do you have plan on serving food and non-alcoholic beverages? Yes No

If yes, will the food be catered? Yes No

10. Is alcohol being served? Yes No

If yes, please indicate who will be serving alcohol:

11. Will your event include any of the following: Yes No

Parade? Yes No

Fair or Festival? Yes No

Sports Activities? If yes, which sports: Yes No

Fireworks, Pyrotechnic Effects or Displays? Yes No

Adventure/Extreme Sports Activities, including White Water Rafting, Zip Lines, Ice Climbing, Mountain Climbing, Kitesurfing, Parasailing, Bungee Jumping? Yes No

Air Shows/Hot Air Balloons? Yes No

Car Shows (including racing events, poker runs, tractor pulls, demolition derbies)? Yes No

Daycares? Yes No

Dragon Boat Festivals? Yes No

Exposures outside of Canada? Yes No

Exposures including Firearms Yes No

History-in-Action/Battle Re-enactments? Yes No

Hypnotists? Yes No

Overnight Camping? Yes No

Portable Climbing Walls? Yes No

- Rallies of a Political or Religious Nature? Yes No
- Rodeos? Yes No
- Skateboard Competitions? Yes No
- Snowmobile Races or Events? Yes No
- Sporting Activities including Alpine Skiing and Snowboarding; Boxing; Equestrian; Football; Hockey, Martial Arts; Rugby? Yes No
- Travelling Carnivals, Amusement Rides or Mechanical Bulls?
If yes, please provide name of midway operator: Yes No
- Waterslides? Yes No
- Bouncy Castles, inflatables, trampolines Yes No

Declarations and Warranty

I declare that during the last five years no insurer has cancelled, declined or refused to issue me/us any form of insurance and that this application discloses the hazards known to exist at the date of this application. I declare that the statements made herein are in every respect true and correct and hereby apply for a contract of insurance to be based upon the truth of the said statements.

If you are unsure of your coverage requirements please contact BMS, a licensed insurance broker will be available to answer your questions during regular business hours.

Signed by: _____

Position: _____

Date: _____

Signing of this form does not bind the Applicant or company to complete the insurance but it is agreed that this form shall be the basis of the contract should a policy be issued.

The insurance premium is fully retained and not refundable.

Payment Information

The following provinces are subject to provincial sales tax:

Ontario residents add 8% sales tax
Québec residents add 9% sales tax
Manitoba residents add 8% sales tax
Newfoundland residents add 15% sales tax
Saskatchewan residents add 6% sales tax

Sub-total	\$
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Tax	\$
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Total Enclosed	\$
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All other provinces are exempt.
GST is not applicable to insurance premiums.

All cheques payable to BMS Canada Risk Services Ltd, or complete credit card authorization below.

Authorization for Credit Card Charge

VISA, AMEX or M/C Account No: _____

Expiry Date: _____

Cardholder Name: _____

Signature: _____

BMS Canada Risk Services Ltd. (BMS Group)

825 Exhibition Way, Suite 209

Ottawa, ON

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Toll Free: 1-844-294-2715

Fax: 613-701-4234

Email: underourwing@bmsgroup.com