



EVENT LIABILITY INSURANCE APPLICATION – For Events Open to the Public

APPLICANT DETAILS:

Name of Applicant(s): _____

Local / Component: _____

EVENT DETAILS:

Name of Event: _____

Category of Event: Booth / Kiosk Private Function, Attendance by Invitation (max 1,000 guests) Public Event

Event Details: _____

Has the event been held before? Yes No

If yes, for how many years?

Description of Location: _____

Location of Event (PO Box not acceptable):

Address: _____ City: _____ Province: _____ Postal Code: _____

If this single event will take place at multiple locations, provide details below
(Note: if there will be more than one event, more than one policy is required).

Location 2 (if applicable):

Address: _____ City: _____ Province: _____ Postal Code: _____

Location 3 (if applicable):

Address: _____ City: _____ Province: _____ Postal Code: _____

Describe Seating (folding chairs, bleachers, permanent?): _____

Indoors Outdoors

Will any alcohol be served/consumed at the event? Yes No

If yes, do you require liquor liability? Yes No

Where required by law, have you obtained the necessary liquor permit? Yes No

Who is in charge of the service of alcohol?

Insured with Serving it Right / ProServe or provincial equivalent BYOB Hired Professional Venue

Other – please describe: _____

Max # of attendees / guests per day: _____ Max # of attendees / guests for entire event: _____

Age range of attendees: _____

Will there be music at the event? No DJ Live Entertainment Other _____

Type of Music:

Easy listening, jazz, classical, blues (limited or no dancing)

Medium beats including pop, rock, country (no aggressive dancing)

Heavy Metal Hip Hop Rap Electronic / Dance Other: _____



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Who will provide security at the event?

Insured Venue Hired Security On/Off Duty Officers Other : _____

Distance to Spectators (if applicable): _____

Will any of the following be present / involved in the event?

Fireworks Special Effects Petting Zoo/Animals Inflatable/bouncy/jumping castle Mosh pit dancing

Overnight camping or other accommodation Temporary Structures ex. grandstands/bleachers/stage

Duration of Event: Less than 24 hours 24-48 hours Over 48 hours – please describe: _____

Limit of Liability: \$1 Million \$2 Million Other _____

Effective Date ____ / ____ / ____ (MM/DD/YEAR) Effective Time ____ : ____ AM PM

Expiry Date ____ / ____ / ____ (MM/DD/YEAR) Expiry Time ____ : ____ AM PM

Additional Insured #1 (if applicable) Name & Address: _____

Additional Insured #2 (if applicable) Name & Address: _____

***** INSURANCE IS NOT IN EFFECT UNTIL CONFIRMED BY UNION OFFICE *****

Applicant's Signature: _____ Date: _____

Email or fax application and attachments to:

Email: mailroom@bcfmwu.com

Fax: 250.716.3455

Tel: 250.716.3454 or 1.800.663.7009