



“STAND ALONE” EVENT LIABILITY APPLICATION

Applicant Information:

Name of Applicant _____
 Email _____ Telephone _____
 Applicant Address _____
 City _____ Province _____ Postal Code _____

Additional Insured (Venue) Name and Address

City _____ Province/State _____ Postal Code _____ Country _____

Description of the Location: _____

Type of Event _____

Is this Event held outdoors: Yes No

Describe (in detail) all activities taking place at the event

Effective Date – From:	Time	<input type="checkbox"/> AM	<input type="checkbox"/> PM
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Effective Date – To:	Time	<input type="checkbox"/> AM	<input type="checkbox"/> PM
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Liability Options Choose One (1)

\$1,000,000 limit

- 1-100 guests \$165 Premium
 101-500 guests \$175 Premium
 501-750 guests \$195 Premium

\$2,000,000 limit

- 1-100 guests \$185 Premium
 101-500 guests \$215 Premium
 501-750 guests \$245 Premium

\$3,000,000 limit

- 1-100 guests \$215 Premium
 101-500 guests \$250 Premium
 501-750 guests \$275 Premium

\$5,000,000 limit

- 1-100 guests \$485 Premium
 101-500 guests \$585 Premium
 501-750 guests \$625 Premium

PLEASE READ BEFORE SIGNING APPLICATION: This application will be incorporated in its entirety into any relevant policy of insurance where insurers have relied upon the information contained herein. Any misrepresentations or concealment in this application for insurance will render insurance coverage null and void at inception. Please therefore check to make sure all questions in this application have been fully answered and that all facts material to your insurance have been disclosed if necessary by a supplement to the application. The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information. I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law of and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I can confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf. Signing of this form does not bind the Applicant to

purchase the insurance or the insurer to accept the risk, but is agreed that this form shall be the basis of the contract should a policy be issued.

Applicant Signature: _____ **Date:** _____

Premiums are full earned and retained
Premiums include Liquor Liability
Insurance is not in effect until coverage is bound

Please send completed application to: info@wedensure.com