

# Special Event Liability Application

DIRECT CLIENT SUBMISSION

Suite 200, 1400 - 1st. Street SW Calgary, AB T2R 0V8  
T: 1-800-661-1608 F: 403-261-3903  
E: [alberta@palcanada.com](mailto:alberta@palcanada.com)



[www.palcanada.com](http://www.palcanada.com)

*This is an application only. It does not constitute an insurance policy. Insurance shall become effective only upon the issuance of a policy or written binder specifically authorized by the company or agency. Quotations will be based upon the information provided in the application. The Applicant warrants the information provided is accurate, true, and complete.*

1. Name of Insured(s): \_\_\_\_\_  
If an individual, date of birth: \_\_\_\_\_
  2. Mailing Address: \_\_\_\_\_  
City, Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_
  3. Additional Insured(s): \_\_\_\_\_
  4. Type of Event: \_\_\_\_\_
  5. Effective Date: \_\_\_\_\_ (MM/DD/YY) Effective Time: \_\_\_\_\_ AM PM  
Expiry Date: \_\_\_\_\_ (MM/DD/YY) Expiry Time: \_\_\_\_\_ AM PM
  6. Detail daily activities: (Attach separate sheet if event duration is over three days or insufficient space.)  
Day 1: \_\_\_\_\_  
Day 2: \_\_\_\_\_  
Day 3: \_\_\_\_\_
  7. Attendees per day: \_\_\_\_\_ Admission Fee: \_\_\_\_\_ Attendees for event: \_\_\_\_\_  
Tickets printed: \_\_\_\_\_
  8. Event Location Name: \_\_\_\_\_  
Address of Facility: \_\_\_\_\_  
Will the event be held:  Indoors  Outdoors
  9. Will there be music at the event:  No  Live Band  DJ/ MP3 player  
Provide name of performer/ band and genre of music: \_\_\_\_\_
  10. Will there be vendors or exhibitors:  Yes  No  
Will vendors/exhibitors be required to show proof of liability:  Yes  No Limit: \_\_\_\_\_
  11. Will food and/or beverages be available at the event:  Yes  No  
If Yes, who will provide:  Insured  Venue  Caterer
  12. Will alcohol be consumed at the event:  Yes  No  
If Yes, who will provide:  Insured  Venue  Caterer/ Bartending Service
  13. Provide the following details with regards to alcohol consumption: (Attach separate sheet if insufficient space.)  
Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM PM to \_\_\_\_\_ AM PM Patrons: \_\_\_\_\_  
Location: \_\_\_\_\_ Are servers trained:  Yes  No  
Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM PM to \_\_\_\_\_ AM PM Patrons: \_\_\_\_\_  
Location: \_\_\_\_\_ Are servers trained:  Yes  No
  14. Will fireworks or any other special effect(s) be part of the program:  Yes  No  
If Yes, a certificate of insurance is required.
  15. Will there be a petting zoo or any other animal(s) involved in the event:  Yes  No  
If Yes, a certificate of insurance is required.
  16. Will there be any inflatable(s)/ jumping castle(s) at the event:  Yes  No  
If Yes, is coverage secured elsewhere:  Yes  No
- If No, coverage is in place elsewhere, an extension with a sublimit of \$250,000 is available to be added to the policy, subject to the policy, subject to additional premium of \$50.00. Do you want coverage?  Yes  No

Special Events Liability Application ~ Direct Client Submission

17. Will there be a parade at the event:  Yes  No  
 Number of units in the parade: \_\_\_\_\_ Police escort:  Yes  No  
 Parade route length: \_\_\_\_\_ km Length of parade: \_\_\_\_\_ hrs  
 Will there be any horses in the parade:  Yes  No  
 If Yes, each horse owner is required to provide proof of insurance to the Insured.

18. Will overnight camping or other accommodation be provided:  Yes  No  
 Accommodation type: \_\_\_\_\_  
 Sleeping arrangements: \_\_\_\_\_

19. Will any temporary grandstand(s), bleacher(s) or stage(s) be set-up:  Yes  No  
 If Yes, who will install/ set-up: \_\_\_\_\_  
 Will a certificate of insurance be provided by the installer(s):  Yes  No  
 Provide details on the installation, such as the construction, capacity, etc.:  
 \_\_\_\_\_  
 \_\_\_\_\_

20. Who will provide event security/ supervision:  On/Off duty Police  Hired security  Venue  Insured  
 Number of security/ supervisors on site (may include volunteers): \_\_\_\_\_

21. Will there be any designated children's area (babysitting services):  Yes  No  
 If Yes, provide procedures in place for pick-up, identification, etc.:  
 \_\_\_\_\_  
 \_\_\_\_\_

22. Has this event been held by the applicant in the past?  Yes  No

23. Has insurance for this event ever been declined or cancelled?  Yes  No  
 If Yes, provide details:  
 \_\_\_\_\_  
 \_\_\_\_\_

24. Previous Insurer: \_\_\_\_\_ Premium Paid: \_\_\_\_\_  
 Loss History: \_\_\_\_\_

25. Limit of Liability:  \$1,000,000.00  \$2,000,000.00  \$3,000,000.00  \$4,000,000.00  \$5,000,000.00  
 Tenant's Legal Limit:  \$1,000,000.00  \$2,000,000.00  \$3,000,000.00  \$4,000,000.00  \$5,000,000.00  
 (\$500,000.00 included)

26. Is property coverage required for items your own or rent?  NO  \$5 0000  \$10 0000  \$20 000 Other: \$ \_\_\_\_\_

Please describe property to be insured: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

27. General Comments/ Unusual Exposure:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I/We hereby declare that the answers and declarations above, whether in my own hand or not, are true and that I/We warrant that no material fact has been withheld or misstated and agree that should a policy be issued this Application form will be attached to and form part of the policy and will form the basis of the contract with Underwriters. I/We agree that answers and declarations shall constitute material warranties of any policy issued. I/We further understand that the Underwriters may declare any policy issued void in the event of any false statement, misrepresentation, omission or concealment in the Application form whether made intentionally, innocently or accidentally. I/We have been advised and consent to any information that may be perceived as personal information for collection, appropriate use, and disclosure of to third parties.

Applicant Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_  
 Signature: \_\_\_\_\_

# Weddingguard Application

CLIENT SUBMISSION (This application is NOT for BROKERS)

2 Norfolk Street South, Simcoe, ON N3Y 2V9  
T: 1-800-265-8098 F: 519-428-5661  
E: [weddingguard@palcanada.com](mailto:weddingguard@palcanada.com)  
W: [www.palcanada.com](http://www.palcanada.com)



This application and payment must be received by PAL Insurance Brokers Canada Ltd. a minimum of three (3) days prior to the reception date. If not received, we will not bind coverage, therefore no policy will be issued. The Transmission Confirmation Report you get from your fax or sent email is proof that you have submitted the application to PAL Insurance Brokers Canada Ltd.

## 1. INSUREDS

Partner 1: \_\_\_\_\_  
Partner 2: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

## 2. WEDDING DETAILS

Reception Date: (MM/ DD/ YY) \_\_\_\_\_  
Location Name & Address: \_\_\_\_\_  
Ceremony Date: (MM/ DD/ YY) \_\_\_\_\_  
Location Name & Address: \_\_\_\_\_  
Is Wedding Ceremony taking place outside of Canada? \_\_\_\_\_  
Are you already legally Married?  YES  NO

Worldwide Coverage Available upon Approval - Premiums Subject to Increase - Certain Restrictions Apply

## 3. AVAILABLE PACKAGES

**Silver Package includes General & Host Liquor for 3 days + 2 additional days can be added (within a 7 day period)**

(May include rehearsal dinner, ceremony, reception and gift opening- The 7 day period will be effective 3 days prior to the reception date and will end 3 days after)

- ✓ Up to \$4,000.00 for cancellation expenses
- ✓ Up to \$2,000.00 for honeymoon cancellation
- ✓ Up to \$2,000.00 for loss of deposit
- ✓ Up to \$2,500.00 for wedding photographs and video
- ✓ Up to \$2,500.00 for loss or damage to bridal attire
- ✓ Up to \$5,000.00 for wedding presents
- ✓ Up to \$1,000.00 for Rings
- ✓ Up to \$2,000.00 for Cake and Flowers
- ✓ Up to \$1,000.00 for Wedding stationary
- ✓ Up to \$1,000.00 for Rented property

*Additional Days are \$100.00 each / Maximum of 2 additional days can be purchased*

\$1,000,000.00 per occurrence and in the aggregate	Premium: \$200.00 + \$50.00 Policy Fee + Tax (if applicable)
\$2,000,000.00 per occurrence and in the aggregate	Premium: \$225.00 + \$50.00 Policy Fee + Tax (if applicable)
\$5,000,000.00 per occurrence and in the aggregate	Premium: \$250.00 + \$50.00 Policy Fee + Tax (if Applicable)

**Gold Package includes General & Host Liquor for 3 days + 2 additional days can be added (within a 7 day period)**

(May include rehearsal dinner, ceremony, reception and gift opening- The 7 day period will be effective 3 days prior to the reception date and will end 3 days after)

- ✓ Up to \$10,000.00 for cancellation expenses
- ✓ Up to \$2,500.00 for honeymoon cancellation
- ✓ Up to \$3,000.00 for loss of deposit
- ✓ Up to \$5,000.00 for wedding photographs and video
- ✓ Up to \$2,500.00 for loss or damage to bridal attire
- ✓ Up to \$5,000.00 for wedding presents
- ✓ Up to \$1,500.00 for Rings
- ✓ Up to \$2,500.00 for Cake and Flowers
- ✓ Up to \$1,500.00 for Wedding stationary
- ✓ Up to \$10,000.00 for Rented property

*Additional Days are \$100.00 each / Maximum of 2 additional days can be purchased*

\$1,000,000.00 per occurrence and in the aggregate	Premium: \$350.00 + \$50.00 Policy Fee + Tax (if applicable)
\$2,000,000.00 per occurrence and in the aggregate	Premium: \$375.00 + \$50.00 Policy Fee + Tax (if applicable)
\$5,000,000.00 per occurrence and in the aggregate	Premium: \$400.00 + \$50.00 Policy Fee + Tax (if applicable)

Weddingguard Application ~ Client Submission

**Diamond Package includes General & Host Liquor for 3 days + 2 additional days can be added (within a 7 day period)**

*(May include rehearsal dinner, ceremony, reception and gift opening- The 7 day period will be effective 3 or 5 days prior to the reception date and will end 3 days after)*

- ✓ Up to \$30,000.00 for cancellation expenses
- ✓ Up to \$5,000.00 for honeymoon cancellation
- ✓ Up to \$5,000.00 for loss of deposit
- ✓ Up to \$7,000.00 for wedding photographs and video
- ✓ Up to \$5,000.00 for loss or damage to bridal attire
- ✓ Up to \$7,000.00 for wedding presents
- ✓ Up to \$3,000.00 for Rings
- ✓ Up to \$5,000.00 for Cake and Flowers
- ✓ Up to \$3,000.00 for Wedding stationary
- ✓ Up to \$15,000.00 for Rented property

*Additional Days are \$100.00 each / Maximum of 2 additional days can be purchased*

\$1,000,000.00 per occurrence and in the aggregate Premium: \$600.00 + \$50.00 Policy Fee + Tax (if applicable)  
 \$2,000,000.00 per occurrence and in the aggregate Premium: \$650.00 + \$50.00 Policy Fee + Tax (if applicable)  
 \$5,000,000.00 per occurrence and in the aggregate Premium: \$700.00 + \$50.00 Policy Fee + Tax (if applicable)

**Platinum Package includes General & Host Liquor for 3 days + 2 additional days can be added (within a 7 day period)**

*(May include rehearsal dinner, ceremony, reception and gift opening- The 7 day period will be effective 3 or 5 days prior to the reception date and will end 3 days after)*

- ✓ Up to \$50,000.00 for cancellation expenses
- ✓ Up to \$5,000.00 for honeymoon cancellation
- ✓ Up to \$6,000.00 for loss of deposit
- ✓ Up to \$7,500.00 for wedding photographs and video
- ✓ Up to \$7,000.00 for loss or damage to bridal attire
- ✓ Up to \$8,000.00 for wedding presents
- ✓ Up to \$5,000.00 for Rings
- ✓ Up to \$6,000.00 for Cake and Flowers
- ✓ Up to \$4,000.00 for Wedding stationary
- ✓ Up to \$20,000.00 for Rented property

*Additional Days are \$100.00 each / Maximum of 2 additional days can be purchased*

\$1,000,000.00 per occurrence and in the aggregate Premium: \$900.00 + \$50.00 Policy Fee + Tax (if applicable)  
 \$2,000,000.00 per occurrence and in the aggregate Premium: \$1000.00 + \$50.00 Policy Fee + Tax (if applicable)  
 \$5,000,000.00 per occurrence and in the aggregate Premium: \$1050.00 + \$50.00 Policy Fee + Tax (if applicable)

4. **ADDITIONAL INSURED(S)** with respect to Liability only: \_\_\_\_\_

5. **PREMIUM IS FULLY EARNED, NO RETURN PREMIUM ON CANCELLATION. PLEASE CHECK YES TO CONFIRM THAT YOU AGREE:**  
**YES:**

6. **PLEASE CHECK YES TO CONFIRM YOU ARE AWARE THIS POLICY WILL NOT RESPOND TO ANY COVID RELATED CLAIMS OR INCIDENTS: (CONTACT PAL FOR FURTHER INFORMATION)**  
**YES:**

*I confirm that there are no known circumstances, at the date of signing this application, likely to give rise to cancellation of the wedding.*  
 Insured's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Premium:\$\_\_\_\_\_ Additional Day(s):\$\_\_\_\_\_ Tax(8% ON, 7%MB, 15% NL, 6% SK, 9% QC):\$\_\_\_\_\_ Fee:\$\_\_\_\_\_ = TOTAL:\$\_\_\_\_\_

Payment Option: Visa / MasterCard (Circle option)  
 Credit Card No. \_\_\_\_\_ Expiry: \_\_\_\_\_ CVV: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

I/We hereby declare that the answers and declarations above, whether in my own hand or not, are true and that I/We warrant that no material fact has been withheld or misstated and agree that should a policy be issued this Application form will be attached to and form part of the policy and will form the basis of the contract with Underwriters. I/We agree that answers and declarations shall constitute material warranties of any policy issued. I/We further understand that the Underwriters may declare any policy issued void in the event of any false statement, misrepresentation, omission or concealment in the Application form whether made intentionally, innocently or accidentally. I/We have been advised and consent to any information that may be perceived as personal information for collection, appropriate use, and disclosure of to third parties.

**Applicant Information:**

Applicant Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
**E-Mail:** \_\_\_\_\_  
 Applicant Signature: \_\_\_\_\_

*Weddinguard Application ~ Client Submission*

# Party Alcohol Liability Application

CLIENT SUBMISSION

No live entertainment nor sporting events.

Suite 200, 1400 - 1st. Street SW Calgary, AB T2R 0V8  
 T: 1-800-661-1608 F: 403-261-3903  
 E: [alberta@palcanada.com](mailto:alberta@palcanada.com)  
[www.palcanada.com](http://www.palcanada.com)



This is an application only. It does not constitute an insurance policy. Insurance shall become effective only upon the issuance of a policy or written binder specifically authorized by the company or agency. Quotations will be based upon the information provided and the applicant warrants the information provided.

If a liquor permit or liquor license is required by the governing liquor control board, please ensure that it is issued prior to requesting coverage.

Name of Insured: \_\_\_\_\_

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

City, Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Additional Insured: \_\_\_\_\_

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

Type of Event: \_\_\_\_\_ Attendance: \_\_\_\_\_

Event Location Name: \_\_\_\_\_

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

Effective Date: \_\_\_\_\_ (MM/DD/YY) \*Effective Time: \_\_\_\_\_ AM PM

Expiry Date: \_\_\_\_\_ (MM/DD/YY) \*Expiry Time: \_\_\_\_\_ AM PM

\*Effective and Expiry Times must match liquor license. If no license required times cannot exceed 9:00am to 3:00am the following day.

COVERAGES		LIMIT OF LIABILITY	DEDUCTIBLE
Inclusive Limit	a. Commercial General Liability including Liquor Extension and Premises b. Non-owned Auto coverage c. Tenants Legal Liability *\$500,000.00 Limit *higher limits available	\$____,000,000.00 { Bodily Injury each occurrence Property Damage each occurrence Aggregate	\$500.00

Please indicate Limit of Liability in space above.

Available limits are \$1,000,000.00, \$2,000,000.00, \$3,000,000.00, \$4,000,000.00, or \$5,000,000.00.

I/We hereby declare that the answers and declarations above, whether in my own hand or not, are true and that I/We warrant that no material fact has been withheld or misstated and agree that should a policy be issued this Application form will be attached to and form part of the policy and will form the basis of the contract with Underwriters. I/We agree that answers and declarations shall constitute material warranties of any policy issued. I/We further understand that the Underwriters may declare any policy issued void in the event of any false statement, misrepresentation, omission or concealment in the Application form whether made intentionally, innocently or accidentally. I/We have been advised and consent to any information that may be perceived as personal information for collection, appropriate use, and disclosure of to third parties.

Applicant: \_\_\_\_\_

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

City, Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_

# Liquor Liability Only Application

CLIENT SUBMISSION



Suite 200, 1400 - 1st. Street SW Calgary, AB T2R 0V8  
 T: 1-800-661-1608 F: 403-261-3903  
 E: [alberta@palcanada.com](mailto:alberta@palcanada.com)

[www.palcanada.com](http://www.palcanada.com)

This is an application only. It does not constitute an insurance policy. Insurance shall become effective only upon the issuance of a policy or written binder specifically authorized by the company or agency. Quotations will be based upon the information provided and the applicant warrants the information provided.

If a liquor permit or liquor license is required by the governing liquor control board, please ensure that it is issued prior to requesting coverage.

Name of Insured: \_\_\_\_\_

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

City, Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Additional Insured: \_\_\_\_\_

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

Type of Event: \_\_\_\_\_ Attendance: \_\_\_\_\_

Event Location Name: \_\_\_\_\_

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

Effective Date: \_\_\_\_\_ (MM/DD/YY) \*Effective Time: \_\_\_\_\_ AM PM

Expiry Date: \_\_\_\_\_ (MM/DD/YY) \*Expiry Time: \_\_\_\_\_ AM PM

\*Effective and Expiry Times must match liquor license. If no license required times cannot exceed 9:00am to 3:00am the following day.

COVERAGES		LIMIT OF LIABILITY	DEDUCTIBLE
Inclusive Limit	Liquor Liability Coverage Only a. Bodily Injury Liability b. Property Damage Liability	\$____,000,000.00 { Bodily Injury each occurrence { Property Damage each occurrence { Aggregate	\$250.00

Please indicate Limit of Liability in space above.

Available limits are \$1,000,000.00, \$2,000,000.00, \$3,000,000.00, \$4,000,000.00, or \$5,000,000.00.

I/We hereby declare that the answers and declarations above, whether in my own hand or not, are true and that I/We warrant that no material fact has been withheld or misstated and agree that should a policy be issued this Application form will be attached to and form part of the policy and will form the basis of the contract with Underwriters. I/We agree that answers and declarations shall constitute material warranties of any policy issued. I/We further understand that the Underwriters may declare any policy issued void in the event of any false statement, misrepresentation, omission or concealment in the Application form whether made intentionally, innocently or accidentally. I/We have been advised and consent to any information that may be perceived as personal information for collection, appropriate use, and disclosure of to third parties.

Applicant: \_\_\_\_\_

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

City, Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_

Liquor Liability Only Application ~ Client Submission

For the purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.