Top of Form

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION 1 – GENERAL INFORMATION** | | | | | | | | | | |
| NAME OF APPLICANT |  | | | | | | | | | |
| ADDRESS |  | | | | | | | | | |
| CONTACT PERSON |  | | | | | | | | | |
| PHONE |  | | | FAX | |  | | | | |
| E-MAIL |  | | | WEBSITE | |  | | | | |
| APPLICANT IS | Individual | | Partnership | | | | | Corporation | | |
| NUMBER OF YEARS IN BUSINESS | |  | | | | | | | | |
| LIST ALL LIABILITY CLAIMS WITHIN THE LAST FIVE (5) YEARS, WHETHER SETTLED OR NOT | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| CURRENT INSURER | |  | | | | | | | | |
| EXPIRY DATE OF THE POLICY | |  | | | | | | | | |
| HAS ANY INSURER EVER REFUSED OR CANCELLED ANY INSURANCE? | | | | | | | Yes | | | No |
| If yes, provide details | |  | | | | | | | | |
| LIMIT OF INSURANCE REQUIRED | |  | | | | | | | | |
| EFFECTIVE DATE OF THE POLICY | |  | | | | | | | | |
|  | | | | | | | | | | |
| **SECTION 2 – OPERATIONS** | | | | | | | | | | |
| DESCRIPTION OF PERFORMANCE AND/OR SHOWS | | | | | | | | | | |
|  | | | | | | | | | | |
| NUMBER OF SHOWS | |  | | | | | | | | |
| NAME AND ADDRESS OF VENUES *(Please include a schedule of shows)* | |  | | | | | | | | |
| ESTIMATED SEATING CAPACITY | |  | | | | | | | | |
| EXPECTED REVENUES/INCOME | | $ | | | | | | | | |
| SPECIFY THE PERCENTAGE OF ANNUAL SALES | | CANADA | | | UNITED STATES | | | | OTHER COUNTRIES  (please confirm countries) | |
| % | | | % | | | | % | |

Signing of this Application does not obligate the Applicant or the Insurer to effect the insurance, but it is agreed that all information submitted to or requested by the Insurer in conjunction with this Application is hereby incorporated by reference into this Application and made a part thereof. Terms and conditions, including limits of coverage, offered by the Insurer may differ from those applied for by the Applicant. It is further agreed that this Application and all information submitted to or requested by the Insurer in conjunction with this Application is the basis of and is deemed attached and incorporated into any policy effected pursuant to this Application.

Material Change Disclosure and False Information

In addition to providing all basic information necessary to enable us to place the risk and/or completing this Application, you must ensure that you are complying with your legal duty to disclose all changes relevant to the risk, including any change occurring after completion of this Application and throughout the policy term, which might affect the Insurer’s decisions as to coverage and premium. Please be aware that if you do not disclose all such information, Insurers may have the right to void the policy in its entirety from its inception, or sections thereof, which may lead to claims not being covered.

Please ensure that all information provided is accurate and complete, as it relates to the risk, whether favourable or not. Any person who files an Application for insurance containing any false information, or conceals information concerning any fact material thereto for the purpose of misleading any insurance company commits a fraudulent act.

I have read and understood the above

Applicant’s initials

**Declaration and signature**

The applicant certifies that the statements, facts and data provided in this application form are accurate and complete in representing the nature of the risk and that no information has been withheld or misstated.

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Signature: |  |