



**General Information**

Has this event been held before?      Yes     No

If Yes, for how many years? \_\_\_\_\_

Expiring Insurance: \_\_\_\_\_ Current Sum Insured: \_\_\_\_\_ Premium: \_\_\_\_\_

Any claims/Losses for the last 3 years: Yes     No

If Yes, please list below:

Date of Incident	Description of Loss	Reserve	Paid

**Participant Information:**

Number of Participants: \_\_\_\_\_

Aged 12 and Under: \_\_\_\_\_      Ages 13-18: \_\_\_\_\_      Ages 19 and Over: \_\_\_\_\_

Youngest Age: \_\_\_\_\_      Oldest Age: \_\_\_\_\_      Average Age: \_\_\_\_\_

**Declaration:**

I hereby warrant that all information stated in this application is to the best of my knowledge and belief, true and correct. I understand that non-disclosure or misrepresentation of a material fact\* will render this information null and void.

\*A material fact is one likely to influence acceptance of this application by the Insurer. If you are in doubt as to what constitutes a material fact, you should consult your Agent or Burns & Wilcox Canada.

Signature of Owner (Proposed Policyholder) \_\_\_\_\_

Date: \_\_\_\_\_

Broker/Agent: \_\_\_\_\_

Contact name, telephone number and e-mail: \_\_\_\_\_

Declaration of Broker: I hereby certify that I have no knowledge of information that is not fully disclosed.

Signature of Agent/Broker: \_\_\_\_\_

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