

## **QUESTIONNAIRE – Special Event Participants' Cover**

## TO BE COMPLETED BY THE PROPOSED POLICYHOLDER

lame of Proposed Policyho	older:				
Address of Proposed Policyholder:					
Contact Person's Details (i.	e. name, job title, e-mail address	, telephone number):			
Period of Insurance:	Effective Date	Expiry Date			
Sum Insured Required:	Currency: C				
nt Information: Name of Event:					
Type of Event:					
Detailed Description of all a	activities taking place at event:				
Total Number of Sanctione	d Events to be Held during Policy	/ Term			
	d Events to be Held during Policy	/ Term			
Total Number of Sanctione	d Events to be Held during Policy	/ Term			
Total Number of Sanctione (if annual cover required):	d Events to be Held during Policy	v Term Description			
Total Number of Sanctione (if annual cover required): Please describe all sanction	d Events to be Held during Policy ed events below:				
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General Information   Has this event been held before? Yes   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: \_\_\_\_\_

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