

A.M. FREDERICKS UNDERWRITING MANAGEMENT LTD.

SPECIAL EVENT LIABILITY INSURANCE APPLICATION

Liquor License Board Permit No.: _____ **Province:** _____

DO NOT FAX OR SEND APPLICATION WITHOUT PERMIT NUMBER OR ESTABLISHMENT LIQUOR LICENCE NUMBER

Name & Address of Permit Holder (Person Responsible)	Type of Function	Name & Address of Insured .(Organization/Assoc. /Individuals)

DATE OF FUNCTION: _____ **NUMBER OF PEOPLE AT FUNCTION:** _____

LOCATION OF FUNCTION:

PERFORMERS NAMES (IF CONCERT): _____

SECURITY PROTECTION: _____

ANY OUTSIDE SEATING OR GRANDSTAND (DESCRIBE) : _____

ANY CONCESSIONS (DESCRIBE): _____

ARE CONCESSIONAIRES REQUIRED TO FILE PROOF OF CGL COVERAGE AND FOR WHAT LIMITS _____

ANY PREVIOUS EXPERIENCE HOSTING THIS TYPE OF EVENT: _____

PREVIOUS INSURER & PREMIUM: _____ **LOSS HISTORY:** _____

BEGINNING OF FUNCTION: _____ **A.M. / P.M.** **TO:** _____ **A.M. / P.M.**

COVERAGE	LIMIT OF LIABILITY	DEDUCTIBLE
Commercial General Liability including Liquor and Premises Liability, Non Owned Auto & \$250,000 Limit Tenant Legal Liability		\$1,000 ON ALL LOSSES

N.B. The following endorsements will form part of the policy, where applicable:
 CGL-0125 (REV.01SEP99), Abuse Exclusion – on children’s parties and other events catering to children;
 CGL-0121 (REV.01SEP99), Participants Exclusion – on sporting events and athletic competitions;
 CGL-AMF010 (02JUN03), Injury To Entertainers Exclusion - where high profile professional entertainers present;
 CGL-0140 (REV.01SEP99), Specific Operations Exclusion - as determined by Underwriter.

The Policy may be deemed to be void and claims may be deemed not covered where:

1. An applicant for a contract:
 - a) gives false or erroneous information to the prejudice of the Insurer, or
 - b) knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein: or
2. The Insured contravenes a term of the Contract or commits a fraud; or
3. The Insured willfully makes a false statement in respect of a claim under the Contract.

Policy Language Request: (applicable to Quebec applicants only):

In connection with this application for insurance coverage, we hereby request and consent that all insurance policy documents be prepared and executed in the English language.

Language de la police d’assurance (pour les residents du Quebec seulement):

Considerant la demande de protection d’assurance, par la presente nous demandons et consentons que tous les documents d’assurance soient prepares et rediges en anglais.

A.M. FREDERICKS UNDERWRITING MANAGEMENT LTD.

Our Privacy Policy and Commitment to Protecting Your Privacy

A.M. Fredericks Underwriting Management Ltd. values you as a customer and we thank you for your confidence in choosing our company to place your insurance with one of our approved insurance companies. As a policyholder, you trust us with your personal information. We respect that trust and want you to be aware of our commitment to protect the information you share with us in the course of doing business with us.

How We Use and Disclose Your Information

When you purchase insurance from us, you share personal information so that we may provide you with the products and services that best meet your needs and provide the insurance protection you have requested. In order to do this, we may use and disclose your personal information to:

- Communicate with you.
- Assess your application for insurance including underwriting and pricing your policies.
- Evaluate claims.
- Detect and prevent fraud.
- Analyze business results.
- Act as required or authorized by law.

We assume your consent for our company to use this information in an appropriate manner.

All personal information is safeguarded with appropriate security measures.

What We Will NOT Do With Your Information

We do not sell customer information to anyone. Nor do we share customer information with organizations outside of our associated companies.

We Strive to Protect Your Personal Information

All employees, agents, independent brokers and suppliers who are granted access to customer records understand the need to keep this information protected and confidential. They know they are to use the information only for the purposes intended. This expectation is clearly communicated and reinforced.

We have also established physical and systems safeguards, along with the proper processes, to protect customer information from unauthorized access or use.

Your Privacy Choices

You may withdraw your implied consent at any time (subject to legal or contractual obligation and on providing us reasonable notice) by contacting our Privacy Officer. Please be aware that withdrawing your consent may prevent us from providing you with the requested product or service.

If You Need More Information

For more information about our privacy policies and procedures, please contact our Privacy Officer, Anthony Fredericks at:

A.M. Fredericks Underwriting Management Ltd.
201-339 Westney Rd. S.
Ajax, Ontario
L1S 7J6
Tel: 905-428-1269 Ext 109
Fax: 905-428-3977

Our Insurers' privacy contacts are as follows:

Privacy Officer Temple Insurance Company Munich Re Centre 390 Bay Street, 22 nd Floor Toronto, Ontario M5H 2Y2 Tel No: 416-366-9206 or 1-800-444-5321 Fax No.: 416-361-1163	Director of Compliance Echelon General Insurance Company 1550 Enterprise Road, Suite 310 Mississauga, Ontario L4W 4P4 Tel No: 905-564-9215 Ext. 7912 <i>Fax No: 905-565-7992</i>
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A.M. FREDERICKS UNDERWRITING MANAGEMENT LTD.

Corporate Compliance Officer Kingsway General Insurance Company 5310 Explorer Drive, Suite 200 Mississauga, Ontario L4W 5H8 Tel No: 905-629-7888 Ext. 8843 Fax No: 905-629-5008	Privacy Officer The Economical Insurance Group 20 York Mills Road, Suite 500 North York, Ontario M2P 2C2 Tel No: 1-800-265-9996 Ext. 8582 Fax No: 416-733-2873
Privacy Officer AXA Insurance (Canada) 5700 Yonge Street, Ste 1400 North York, Ontario M2M 4K2 Tel No: 1-800-268-0008 Fax No: 416-218-5715	

Applicant acknowledges receipt of and agrees to the Privacy Disclosure and Consent provisions contained in this form.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE AND APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THE STATEMENTS.

Signature of Applicant or Authorized Representative

Print Name and Title

Date

BROKER: _____ **ADDRESS:** _____

BROKER SIGNATURE: _____