



CARRIER:

United States Liability Insurance Company

Wedding Plus — Special Event Product

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION BELOW.

Coverage(s) desired: General liability Liquor liability

Applicant's name: _____

Mailing address: _____

City: _____ Province/Territory: _____ Postal Code: _____

E-mail address: _____ Phone: _____

Address of the event: _____

Event date: ____/____/____ Rehearsal date (if desirable): ____/____/____
MM DD YYYY MM DD YYYY

Total number of guests: _____ Number of guests consuming alcohol: _____ Wedding end time: _____

Describe applicant's role and responsibility in event:

General Liability:

- 1. Will the event feature water hazards (e.g. swimming, fishing or boating)? Yes No
- 2. Will the event feature firearms or fireworks? Yes No
- 3. Will high profile individuals or performers attend or perform at your event? Yes No

Liquor Liability:

- 4. Is the applicant an individual or business that regularly sells, serves or furnishes alcohol? Yes No
- 5. Is a caterer or professional bartender* serving the alcohol at the reception? Yes No
**Note: Someone who is regularly employed on a part- or full-time basis as bartender*
- 6. Will BYOB (Bring Your Own Bottle) or self-service of alcohol be permitted? Yes No

Additional Insured (P = Property owner/lessor, M = Manager or Lessor of premises, D = Designated person, LE = Lessors of leased equipment)

Name	Relationship/Interest	Address	City, Province, Postal Code	P	M	D	LE
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Optional Coverages

Coverage	Limit Desired	Maximum Limits
Cancellation/Postponement coverage (\$7,500 automatically included)		\$50,000
Event gift coverage (\$1,000 automatically included)		\$10,000
Lost deposit coverage (\$1,000 automatically included)		\$10,000
Photography/Video coverage (\$1,000 automatically included)		\$10,000
Special jewelry coverage (\$1,500 automatically included)		\$10,000
Item description _____		
Item description _____		
Item description _____		
Item description _____		
Damage to wedding attire coverage (\$1,000 automatically included)		\$10,000

FULL DISCLOSURE

I, the Applicant, and the Insured if the Insurer has requested information from it, have reviewed all parts of and attachments to this application and declare that all of the information is true and correct even if the information has been entered or suggested by the representative of the Insurer or by the insurance broker. I understand that acceptance of this application for insurance is based on the truth and completeness of this information, and that if I falsely describe the property to the prejudice of the Insurer, or misrepresent or fraudulently omit to communicate any circumstance that is material to be made known to the Insurer in order to enable it to judge of the risk to be undertaken, the contract may be void in whole or as to any property in relation to which the misrepresentation or omission is material.

Any fraud or willfully false statement in a statutory declaration in relation to any of the particulars required by applicable conditions, statutory or otherwise, to be specified in relation to a claim, vitiates the claim of the person making the declaration.

PERSONAL INFORMATION CONSENT

I am providing personal information of individuals in this form to apply for insurance. The personal information collected will be used for the purpose of this application or any renewal or change in coverage. I consent and authorize my broker, agent or insurer to the following:

i) To collect, use and disclose personal information on this form to, from and between insurers and other appropriate parties, subject to my broker's, agent's and the insurer's policy regarding personal information. Such personal information will include policy history, loss history and rating information.

ii) That these collections, uses and disclosures are for the purposes necessary to communicate with me and the listed applicants, assess, manage and underwrite risk, determine a premium, determine eligibility and conditions for a premium payment plan, investigate and settle claims, analyze business results, detect and prevent fraud, as permitted by law.

I declare that all individuals whose personal information is contained in this form have authorized me to consent to i) and ii) above on their behalf.

I may obtain a copy of or ask questions about my broker's, agent's or insurer's personal information policies by contacting their Chief Compliance Officer.

Applicant's Signature: _____ Title: _____
(Principal, Partner or Officer)

Print name: _____ Date: _____

If your province/territory requires a countersignature from your authorized retail agent or broker, please provide below.

Agency name: _____ Agent's signature: _____
(Required in Prince Edward Island and Saskatchewan)