

Special Events Questionnaire



Name and Address of Applicant		Broker Entry							
Name _____		Farrell Agencies Ltd	<table border="1"><tr><td>5</td><td>9</td><td>8</td><td>1</td></tr></table> - <table border="1"><tr><td>0</td><td>7</td></tr></table>	5	9	8	1	0	7
5	9	8	1						
0	7								
Street and Number _____		Broker Name	Broker #						
City/Town _____ Prov _____ Postal Code _____		P.O. Box 330							
		Street and Number							
		Stoughton	SK S0G4T0						
		City/Town	Prov Postal Code						
		Reine Verbeem	(306) 457-2433						
		Name of Producer	Phone Number						
		DD-MM-YYYY							

1. Description of event: _____

2. Location of event: _____
3. Date(s) of coverage: _____
4. Describe security protection: _____

5. Seating capacity: _____
6. Estimated attendance: _____
7. Estimated gross receipts: _____
8. Limits of Liability required: _____
9. Is Contractual Liability required? YES NO . (If YES, enclose copy of agreement.)
10. Provide name and interest of any Additional Insured(s): _____

11. Provide details of any past losses, whether covered by insurance or not: _____

