



**SPECIAL EVENTS QUOTATION FORM**

**This form must be completed by the Organizer of the Event who's name or who represents the name of the Organization showing on the rental agreement.**

Name of the Event: \_\_\_\_\_

Name of the Organization hosting/organizing the Event: \_\_\_\_\_  
*(Note: this is the name showing on the rental agreement)*

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of the Individual at the City Coordinating your Event: \_\_\_\_\_

Telephone Extension Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Event or Festival Information**

- 1. Date of the event: From (d/m/y) \_\_\_\_\_ To (d/m/y) \_\_\_\_\_**  
*(Note: include set-up and tear down in above dates)*
- 2. Detailed description of the event:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 3. Are there any carnival rides (ie: Ferris-wheels, Roller-coasters, etc) or other High Risk activities (Animal Rides, Inflatables, sports, etc) :** Yes No  
If yes, please specify activity(ies) and details of the operators of each activity: \_\_\_\_\_  
\_\_\_\_\_
- 4. Are there alcohol sales by the Event Organization (Applicant)?** Yes No  
If yes, please provide full details (Smart Serve Certified, Security Arrangements)  
\_\_\_\_\_  
\_\_\_\_\_
- 5. Have there been any claims made against the Organization (Applicant)?** Yes No  
If yes, please provide full details  
\_\_\_\_\_
- 6. Location(s) and/or Name of City Facility:** \_\_\_\_\_
- 7. Is this the first year for the event/festival:** Yes No **If NO, please answer questions A & B**  
A. How many general public people attended last year? Per day \_\_\_\_\_ Total for entire event \_\_\_\_\_  
B. How many Independent Vendors participated in the Event/Festival last year? \_\_\_\_\_
- 8. Number of general public anticipated to be in attendance this year -** Per day \_\_\_\_\_ Total for entire event \_\_\_\_\_



9. Blanket Vendor insurance required  Yes  No

A vendor is a person or business that has paid to rent space or a booth from the Festival organizer for the purpose of selling promoting their own products or services.

Number of Independent Vendors for the Event and/or Festival:

A. Number of Vendors providing FOOD ONLY: \_\_\_\_\_

B. # of Vendors providing FOOD & ALCOHOL or ALCOHOL ONLY: \_\_\_\_\_

C. # of Vendors providing ENTERTAINMENT: \_\_\_\_\_

D. # of Vendors of ALL OTHER not included above: \_\_\_\_\_

TOTAL NUMBER OF VENDORS (A+B+C+D): \_\_\_\_\_

I DECLARE THAT AFTER PROPER ENQUIRY THE STATEMENTS AND PARTICULARS ARE TRUE AND THAT I HAVE NOT MIS-STATED OR SURPRESSED ANY MATERIAL FACT.

I AGREE THAT THIS APPLICATION FORM, TOGETHER WITH ANY OTHER MATERIAL INFORMATION SUPPLIED BY ME SHALL FORM THE BASIS OF ANY CONTRACT OF INSURANCE EFFECTED THEREON.

Completed By: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Date (d/m/y): \_\_\_\_\_

CONFIRMATION OF PREMIUM BASED ON THE ABOVE WILL BE E- MAILED OR FAXED (as requested) TO THE ORGANIZER OF THE EVENT, AND A COPY SENT TO YOUR CITY CO-ORDINATOR WITHIN 5 BUSINESS DAYS OF HUB'S RECEIPT OF THE FULLY COMPLETED FORM IN ORDER TO FACILITATE THE COLLECTION OF THE PREMIUM AND TAXES WITH THE RENTAL FEE CHARGES. PROOF OF COVERAGE AND ADDITIONAL INFORMATION CAN BE LOCATED ON THE CITY OF MISSISSAUGA'S WEB-SITE AT THROUGH THE FOLLOWING LINK: <http://www.mississauga.ca/portal/residents/facilityinsurance#rRental>

PLEASE FORWARD THIS INFORMATION SHEET OR DIRECT ANY & ALL INSURANCE QUESTIONS TO:

HUB International Ontario Limited  
Tel.: 416-619-8000 Fax: 416-619-8001

Lillian Bannon email: [Lillian.Bannon@hubinternational.com](mailto:Lillian.Bannon@hubinternational.com) fax: 416-619-8128  
Charmaine Soares email: [Charmaine.Soares@hubinternational.com](mailto:Charmaine.Soares@hubinternational.com) fax: 416-619-8125

If you choose to accept, please bring this quotation for payment to be processed at the Paramount Fine Foods Centre (North Building - 5600 Rose Cherry Place), Mississauga, ON or call the Customer Service Centre at 905-615-4100 x2 (credit card). The Customer Service Centre is open Monday to Friday 8:30am-4:30pm. Once payment is made, a Certificate of Insurance and Insurance Contract will be provided. Please keep the 1. Insurance Contract, 2. Insurance Quotation, and 3. Certificate of Insurance together as combined they form your proof of insurance coverage.