

Special Events Quotation Form

This form must be completed by the organizer of the event whose 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: _____
City: _____ Prov.: _____ 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: DD/MM/YYYY To: DD/MM/YYYY
(Note: Include set-up and tear-down in above dates.)

2. Detailed description of the event:

3. Are there any carnival rides (i.e.: 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:

3b. If yes, are you using third party operators for the above activities and obtaining a Certificate of Insurance from them? Yes Yes No

4. Are there alcohol sales by the event organization (applicant)?

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 and 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?** (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.) Yes No

Number of independent vendors for the event and/or festival:

A. Number of vendors providing **food only**: _____

B. Number of vendors providing **food and alcohol or alcohol only**: _____

C. Number of vendors providing **entertainment**: _____

D. Number 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 misstated or suppressed 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: DD/MM/YYYY _____

Confirmation of premium based on the above will be emailed or faxed (as requested) to the organizer of the event, and a copy sent to your city coordinator within five business days of Aon'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 website at the following link: <https://www.mississauga.ca/services-and-programs/services-a-to-z/facility-user-insurance/>

Please forward this information sheet or direct any and all insurance questions to:

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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, Ontario or call the Customer Service Centre at 905.615.4100x2 (credit card). The Customer Service Centre is open Monday to Friday 8:30 a.m. – 4:30 p.m. 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.