

# CrossFit Competition Off Premises Questionnaire



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Insured Name: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_

Does the venue provider need to be added as an Additional Insured? Yes  No

If yes, please provide their complete name and mailing address below:

\_\_\_\_\_  
\_\_\_\_\_

## Describe all Activities at the Event:

\_\_\_\_\_  
\_\_\_\_\_

Will there be any events involving water? Yes  No

Will there be any events involving automobiles? Yes  No

Anticipated # of Participants: \_\_\_\_\_

Anticipated # of Volunteers: \_\_\_\_\_

Anticipated # of Spectators: \_\_\_\_\_

Replacement Value of Equipment being used at the event: \$ \_\_\_\_\_

Are the floors protected from dropping weights? Yes  No

**Is food being sold?** Yes  No

If yes, is it sold by a third party vendor? Yes  No

Do they have insurance? Yes  No

**Is alcohol being sold?** Yes  No

If yes, is it sold by a third party vendor? Yes  No

Do they have insurance? Yes  No

**The policy provides coverage for Bodily Injury or Property Damage to Third Parties resulting from the negligence of the Named Insured. Participant Waivers must be signed before the start of the event. There is no Participation Exclusion; however, there is no coverage to voluntarily to pay for Medical Expenses for participants. If you would like a quote for this type of coverage, please let me know well in advance of the event.**

**\*\*\*IMPORTANT\*\*\* Please advise if you will be doing any other activities other than the ones we have already been informed of.**