

CrossFit Competition Off Premises Questionnaire



Lackner McLennan Insurance 423 King Street North, Waterloo, ON N2J 2Z5 • 1-800-265-2625 Ext. 320 • Fax: 519-579-1151
Joanne LeGal, CIP, CRM • Joanne@trainerinsurance.ca

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.**