



**EVENT INSURANCE APPLICATION (NON-SPORT)**

- 1. Name of User: \_\_\_\_\_
- 2. Mailing Address: \_\_\_\_\_
- 3. Contact Name: \_\_\_\_\_
- 4. Phone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_
- 4. Describe Event/Activity: \_\_\_\_\_
- 5. Food/Drink Provided – by whom: \_\_\_\_\_
- 6. Parish and Location: \_\_\_\_\_
- 7. Effective Date: \_\_\_\_\_ AM \_\_\_\_\_ PM  
 Expiry Date: \_\_\_\_\_ AM \_\_\_\_\_ PM

8. Please provide the following information about daily activities and estimated attendance:

	Main Activity	Attendance	Other	Total
Description	_____	_____	_____	_____

9. Cost: # of Days: \_\_\_\_\_ X Event Rate: \_\_\_\_\_ = \$ \_\_\_\_\_ (Premium)

Premium: \$ \_\_\_\_\_ X 1.08 (PST) = Total Amount Due: \$ \_\_\_\_\_

10. Will there be liquor served at any of the activities? Yes \_\_\_ No \_\_\_ if yes, please complete mandatory Liquor Liability application.

11. Describe any safety measures/risk management plans, i.e., parking, traffic, security, supervision, first aid, evacuation.

User Signature: \_\_\_\_\_ Position: \_\_\_\_\_

Please Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**In the event of a claim please contact PBL Insurance Ltd. at 613-746-4383 Karolyn Cassidy at ext. 404 or Robert Fournier at ext. 410**