

SPECIAL OCCASION HOST LIQUOR LIABILITY APPLICATION

1. Name of Applicant/Permit Holder: _____

2. Mailing Address: _____

3. Contact Name: _____ Phone No. _____
Email Address: _____

4. Describe Event and Location: _____

Parish Name: _____

5. Policy Period starts one hour before event (function).

From - Date: _____ Time: _____ A.M. P.M.
To - Date: _____ Time: _____ A.M. P.M.

6. Who is designated to handle the following:

- (A) Impaired patrons who arrive at your function _____
- (B) Patrons who have become visibly impaired at your function _____
- (C) Patrons who fight _____
- (D) Patrons who become disruptive and abusive _____
- (E) Patrons who are obviously impaired who leave your function (Alone) _____

7. If third party responsible for liquor, confirm there is a legal liability policy in force and a certificate issued with the applicant named as additional insured. _____

8. What is your experience producing this type of event. _____

9. Liquor License Board Permit No. and Capacity applied for (# of patrons): _____

Rate:

Coverage for more than one day add 25% of premium per day

1 – 250 people: \$100.00 plus PST
251 + people: Contact PBL Insurance Ltd. for premium

Rate: _____ X 1.08 (PST) = _____

Please note that this is an application only. It does not constitute an insurance policy. Insurance shall become effective only when confirmed by PBL Insurance Ltd. Quotations will be based upon the information provided and applicant warrants information provided.

Applicant 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.