AllSport User Groups Liability Insurance
Policy No. AL3594

Single Event, Individual and User Groups Liability Application
DECEMBER 31, 2014 TO DECEMBER 31, 2015 POLICY TERM

This Application must be completed and signed by each user that requires the insurance coverage. Please note that payment must be made to Aon Reed Stenhouse Inc. before coverage can be bound.

Parish Name/ Address: _____

Insurance Certificate Number: _____

Name of Individual or User Group: _____

Mailing Address: _____

Complete for Special (**Single**) Events: - SECTION #1

Method of Payment : Cheque ☐

Name of Individual Arranging Event: _____

Event Contact, Telephone Number: (Bus.) _____ (Res.) _____

Type of Event (*briefly describe activities):* _____

Estimated Number of Attendees: Number _____ Will Alcohol be served: Yes ☐ No ☐

Start Date of Event: _____/_____/_____ End Date of Event: _____/_____/_____
dd mm yy dd mm yy

Premium for Event: $_____

Provide details of event: _____

I/We declare that to the best of my/our knowledge, the statements set forth herein are true. **If your group is not a legal entity, the undersigned assumes legal responsibility for the operations of the group applicant.**

Date _____ Signature of Applicant: _____

Complete for all Individual and User Groups (Regular) Users: - SECTION #2

Individuals or Groups that meet on the premises on a regular basis and "DO NOT SERVE ALCOHOL" (no annual coverage available for users who serve alcohol)

Method of Payment: Cheque ☐

Start Date of Event / Use of Church Facility: _____/_____/_____ Policy expires on December 31, 2015
dd mm yy

How often does Individual or Group meet? Weekly ☐ Monthly ☐ Other ☐ _____

Group Contact Name: _____ Telephone No. _____

Provide details on Group activities: _____

_____

Rate for Group: $_____ **No alcohol is served.**

I/We declare that to the best of my/our knowledge, the statements set forth herein are true. **If your group is not a legal entity, the undersigned assumes legal responsibility for the operations of the group applicant.** I/We agree to remit with this application payment in full for the applicable premium, Aon administration fee, and provincial taxes. **Failing which I/We acknowledge that insurance coverage will not be placed in full force and effect.**

Date _____ Signature of Applicant: _____

Return to: **Aon Reed Stenhouse Inc., 900, 10025 – 102A Avenue, Edmonton, Alberta T5J 0Y2**