



EVENT INSURANCE APPLICATION (NON-SPORT)

- 1. Named Insured - User: _____
- 2. Mailing Address: _____
- 3. Contact Name: _____
- 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. Rating Calculation: # of Days:..... X Event Rate: = Premium \$ _____

Premium: \$..... X 1.08 (provincial Sales Tax) = Total Amount Due: \$ _____

10. Will there be liquor served at any of the activities? Yes ___ No ___

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

Authorized Signature: _____ Position: _____

Please Print Name: _____ Date: _____

In the event of a claim please contact PBL Insurance Ltd. at 613-746-4383: Theresa Arsenault at ext. 419 or Robert Fournier at ext. 410 or 613-769-1964

Mailing address for this form and cheque is:

**PBL Insurance Ltd.,
2 ch. Gurdwara Rd., Suite 610
Ottawa, ON K2E 1A2**