

EVENT INSURANCE APPLICATION (NON-SPORT)
***must be mailed with cheque 14 days prior to event start date**

1. Name of User: _____
2. Mailing Address: _____
3. Contact Name: _____
4. Phone No.: _____ Email Address: _____
5. Describe Event/Activity: _____
6. Food/Drink Provided – by whom: _____
7. Parish and Address: _____
8. Dioceses of: **Ottawa** **Ontario**
9. Policy Period starts one hour before events (function)
Event Start Date: _____ time _____ AM/PM
Event End Date: _____ time _____ AM/PM
10. Please provide the following information about daily activities and estimated attendance:

11. Will there be liquor served at any of the activities? **Yes** ___ **No** ___
If YES, please ask to complete the mandatory Liquor Liability Application.
12. Describe any safety measures/risk management plans, i.e. parking, traffic, security, supervision, first aid, evacuation etc.:

Applicant Signature: _____ **Position:** _____

Print Name: _____ **Date:** _____

For church office use only

Rating Calculation: # of days:..... x event rate: = Premium \$ _____

Premium: \$..... x 1.08(tax) = Total amount due: \$ _____

Payable by: **Cheque ONLY** Payable to: **HUB International Quebec Ltd.**

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For further information please contact:
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