

SPECIAL OCCASION HOST LIQUOR LIABILITY APPLICATION

Must be received 14 days before the 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. Diocese of : **Ottawa** **Ontario**
8. Policy Period starts one hour before events (function)
 Event Start Date: _____ time _____ AM/PM
 Event End Date: _____ time _____ AM/PM
7. 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 _____
8. If third party responsible for liquor, confirm there is legal liability policy in force and a certificate issued with the applicant named as additional insured. _____
9. What is your experience producing this type of event?: _____
10. Liquor License Board permit No. and capacity applied for (# of patrons): _____

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

Applicant Signature: _____ **Position:** _____
Print Name: _____ **Date:** _____

For church office use only

Premium per event: \$100.00 + TAX of 8% = Premium Payable \$ 108.00

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