

**Single Event, Individual and Group Users Liability Application
AUGUST 3, 2010 TO AUGUST 3, 2011 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 the church before coverage can be bound.*

Parish Name / Address: _____
Insurance Certificate Number: ED _____
Name of Individual or Group User: _____
Mailing Address: _____

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

Method of Payment to the Church: Cash Cheque
Name of Individual Arranging Event: _____
Event Contact, Telephone Number: (Bus.) _____ (Res.) _____
Type of Event: _____
Estimated Number of Attendees: Number _____ Will Alcohol be served: Yes No
Date of Event: _____ / _____ / _____ Premium for Event: \$ _____
Mm dd yy
Provide details of event: _____
I/We declare that to the best of my/our knowledge, the statements set forth herein are true.
Date _____ Signature of Applicant: _____

Complete for all Individual and Group (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 to the Church: Cash Cheque
Effective Date of Coverage: _____ / _____ / _____ **Policy expires on AUGUST 3, 2011**
mm dd 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.
Date _____ Signature of Applicant: _____