



**SPECIAL EVENTS LIABILITY**  
**Application**  
**Church User Group Insurance Plan**  
 (Available per Day, on a Weekly or Monthly Basis)

2 Norfolk St. South  
 Simcoe, On N3Y 2V9  
 Tel (519) 428-7716 Ext: 229  
 Toll Free 1-800-265-8098  
 Fax (519) 428-5661  
[www.palcanada.com](http://www.palcanada.com)

**1- Identification of Insured**

Name of Insured (Individual or Group): \_\_\_\_\_  
 \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**2- Please Select the Type of Event:**

**Single day/ weekend events: Premiums from \$75.00 + Tax**

- Wedding Service/ Reception
- Family Reunion/ Anniversary Celebration
- Meeting/ Seminar, please specify nature: \_\_\_\_\_
- Music Recital
- Weekend Retreat
- Other, please specify: \_\_\_\_\_

**Weekly/ monthly events: Premiums from \$250.00 + Tax**

- Church Service
- Social Group Meetings
  - Service Club
  - Sewing/Scrapbooking/Craft Club
  - Similar Interest Club
  - Support Group
  - Other, please specify: \_\_\_\_\_
- Networking Events
  - Home School Families
  - Business Group
  - Other, please specify: \_\_\_\_\_
- Other, please specify: \_\_\_\_\_

**3- Please specify number of attendees**

up to 100       101 to 250       251 to 500

**\*Policy would be subject to the Abuse, Molestation and the Sexual Harassment exclusions**

**4- Please Select the Frequency of Event(s):**

<input type="checkbox"/> One Day	<input type="checkbox"/> One Weekend	<input type="checkbox"/> Weekly basis Weekday: _____	<input type="checkbox"/> Monthly basis Day of month: _____
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Effective date of policy: \_\_\_\_\_ (DD/MM/YY) Expiry date: \_\_\_\_\_ (DD/MM/YYYY)

**5- Location of Event:**

Name of Church: \_\_\_\_\_

Address : \_\_\_\_\_

Postal Code : \_\_\_\_\_

**6- Coverage Requested – Limit of Liability**

<input type="checkbox"/> 2 Million	<input type="checkbox"/> 3 Million	<input type="checkbox"/> 4 Million	<input type="checkbox"/> 5 Million
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**7- Alcohol**

Will there be alcohol served at any of the activities? Yes  No

Who is in charge of the service of alcohol? \_\_\_\_\_

If alcohol is being served, please forward copy of liquor permit

**8- Please provide Loss History (if any)**

\_\_\_\_\_  
\_\_\_\_\_

Please note that this is an application only. It does not constitute an insurance policy. Insurance shall become effective only on issuance of a policy or written binder specifically authorized by the company or agency. Quotations will be based upon the information provided and applicant warrants information provided.

**I/We hereby declare that the answers and declarations above, whether in my own hand or not, are true and that I/We warrant that no material fact has been withheld or misstated and agree that should a policy be issued this Proposal Form will be attached to and form part of the policy and will form the basis of the contract with Underwriters. I/We agree that answers and declarations shall constitute material warranties of any policy issued. I/We further understand that the Underwriters may declare any policy issued void in the event of any false statement, misrepresentation, omission or concealment in the Proposal Form whether made intentionally, innocently or accidentally. I/We have been advised by the broker and consent to any information that may be perceived as personal information for collection, appropriate use, and disclosure of to third parties.**

Applicant name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Position: \_\_\_\_\_