

**Single Event, Individual and Group Users Liability Application
AUGUST 3, 2009 TO AUGUST 3, 2010 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, 2010**
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: _____

Return to: Aon Reed Stenhouse Inc., Suite 900, 10025 – 102A Avenue, Edmonton, Alberta T5J 0Y2

Fax No. (780) 423-9876

Attn: Donald Hornsberger, CCIB, Senior Vice President

Make cheque payable to: The Diocese of Edmonton