

Simplified Event Liability Application

For events with NO ALCOHOL. Liquor Liability EXCLUDED.
DIRECT CLIENT SUBMISSION



Suite 400, 1400 - 1st Street SW Calgary, AB T2R 0V8
T: 1-800-661-1608 F: 403-261-3903
E: alberta@palcanada.com
www.palcanada.com

Fax/e-mail of application and payment must be received by our office a minimum of one hour prior to the Effective Time. The Transmission Confirmation Report from your fax machine or sent email is proof you have submitted the application to PAL Insurance Brokers Canada. If not received, we will not bind coverage, no policy will be issued.

Name of Insured: _____

Address: _____

City, Province: _____ Postal Code: _____

Telephone: _____

Additional Insured(s): _____

Effective Date: _____ (MM/DD/YY) At: _____ AM PM

Expiry Date: _____ (MM/DD/YY) At: _____ AM PM

Event Location (Name & Address): _____

Single Day Event (up to 250 attendees)

Select event type:

- \$1,000,000.00
\$75.00 + \$20.00 = \$95.00
- \$2,000,000.00
\$100.00 + \$20.00 = \$120.00
- \$5,000,000.00
\$150.00 + \$30.00 = \$180.00

- Award Presentation
- Baby/ Bridal Shower
- Birthday/ Anniversary
- Card/ Board Game League
- Film Screening
- Funeral/ Wake
- Breakfast/ Luncheon/ Dinner
- Meeting/ Seminar/ Lecture
- Musical Recital
- Wedding Service/ Reception

Weekly Event (once per week, up to 100 attendees)

Select event type:

- \$2,000,000.00
\$500.00 + \$100.00 = \$600.00
- \$5,000,000.00
\$650.00 + \$130.00 = \$780.00

- Card/ Board Game League
euchre, cribbage, darts, etc...
- Music Lessons
- Special Interest Group
quilt guild, service club, etc.
- Support Group
AA, weight loss, etc..

Monthly Event (once per month, up to 100 attendees)

- \$2,000,000.00
\$250.00 + \$50.00 = \$300.00
- \$5,000,000.00
\$325.00 + \$65.00 = \$390.00

COVERAGES		LIMIT OF LIABILITY	DEDUCTIBLE
Inclusive Limit	a. Commercial General Liability b. Non-Owned Auto coverage c. Tenants Legal Liability *500,000.00 Limit *higher limits available	\$____,000,000.00 { Bodily Injury each occurrence Property Damage each occurrence Aggregate	\$500.00

Total Payable to PAL (Premium + PAL fee + TAX MB 7%, ON 8%): \$ _____

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 Application 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 Application form whether made intentionally, innocently or accidentally. I/We have been advised and consent to any information that may be perceived as personal information for collection, appropriate use, and disclosure of to third parties.

Applicant: _____

Address: _____

City, Province: _____ Postal Code: _____

Telephone: _____ Fax: _____

E-Mail: _____

Signature: _____

Visa/ MasterCard: _____ Expiry: _____

Name on Card: _____