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| **Affiliated Municipal Groups Liability Application** |
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| Legal Name of Applicant |       |
| Key Contact |       | Position |       |
| Mailing Address |       | Postal Code |       |
| Phone |       | Fax |       |
| Email |       | Website |       |

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| Applicant is  | Incorporated |       | Non-Profit |       |  |
| If incorporated, a copy of the Letters Patent is required |
| Does the Applicant carry liability insurance? | YES |       | NO |       |
| If "Yes", name of Insurance Company/Insurance Broker |  |
|       |
| Number of full time employees |       |  | Number of part time employees |       |  |
| Number of functions where liquor is served |       |  | Attendance |       |  |
| Description of activities including events held during the year |
|       |
|       |
| Is there an executive? | YES |       | NO |       |
| If "Yes", number of members |       |  |  |  |
| Are all activities held on municipal premises? | YES |       | NO |       |
| If "No", provide details |  |  |  |  |
|       |
| Are there any individuals (e.g. Instructors) under contract? | YES |       | NO |       |
| Number of coaches |       |  | Number of Assistant Coaches |       |  |
| Is the Applicant associated with any provincial or regional body? | YES |       | NO |       |
| If "Yes", provide details |  |  |  |  |
|       |
| Number of Participants |       |  | Number of Volunteers |       |  |
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| **Applicant Acknowledgement**  |
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| The undersigned authorized officer of the organization declares that, to the best of his/her knowledge, the statements set forth herein |
| are true. Signing of this application does not bind the Insurer to offer, nor the Applicant to accept Insurance, but, it is agreed that this |
| form shall be the basis of the contract should a policy be issued, and this form will be attached to and become part of the policy. |
|  |
| The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this |
| application (including but not limited to the information contained in this form) has been collected in accordance with applicable |
| privacy legislation and this information shall only be used or shared by the Company to assess, underwrite and price insurance |
| products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent |
| fraud, analyze and audit business results and/or comply with regulatory or legal requirements. |
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| **Applicant Name** |       | **Title/Position** |       |
| **Applicant Signature** |       | **Date** |       |
| **Broker Name** |       |  |  |
| **Broker Signature** |       |  |  |

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