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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 | | | | | | | | | | | | | | | | | | | | | | |
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| 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. | | | | | | |
|  |  | | | | |
| **Applicant Name** | |  | **Title/Position** | |  |
| **Applicant Signature** | |  | **Date** | |  |
| **Broker Name** | |  |  |  | | |
| **Broker Signature** | |  |  |  | | |

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