PARTY ALCOHOL LIABILITY APPLICATION

Through CapriCMW Insurance Services Ltd.
100 -1500 Hardy Street Kelowna, BC V1Y 8H2
Tel (250) 860-2426 •Toll Free 1-800-670-1877 • Fax (250) 860-1213

If a liquor permit or liquor license is required by the governing liquor control board, please ensure that it is issued prior to requesting coverage.

Catholic Diocese of: Victoria

INSURED INFORMATION

Name of Insured/ Host:_____

Address of Insured:_____

Postal Code:_____ Telephone No.:_____

EVENT DETAILS

Type of Function: _____ Number of People at Function:_____

Name of Location of Event:_____

Address of Location:_____

POLICY PERIOD

Policy Period starts one hour prior to the function, and expires at date and time stated below.
Policy period not to exceed one day or the length of time as specified on the liquor permit.

Effective Date:_____ (mm/dd/yy) Effective Time:_____ am pm

Expiry Date:_____ (mm/dd/yy) Expiry Time:_____ am pm

LIABILITY DECLARATIONS

Schedule of Limits of Liability

The Limits of the insurerõs liability shall be stated herein, subject to all terms of this policy having reference thereto.

COVERAGES		LIMIT OF LIABILITY	DEDUCTIBLE
Inclusive Limit	a. Commercial General Liability including Liquor Extension and Premises b. Non-owned auto coverage c. Tenants Legal Liability of $500,000.00	$__,000,000.00 - Bodily Injury each Occurrence - Property Damage each Accident - Aggregate	$500.00

PREMIUMS

Premiums below are based on a single day event with no live entertainment nor sports. For multiple day events please submit application for quotation at least one week prior to the event. For events with live entertainment or events with sports please contact Capri Insurance for a Special Events Liability application.

Limit of Liability:	**$1,000,000.00**	**$2,000,000.00**	**Premium Payable:**
1 ï 100 guests	$96.00	$135.00	$_____.00
101 ï 500 guests	$125.00	$165.00	
501 + guests	Call for Quotation		

PROCEDURES

An application must be completed separately for each Renter. Copy of application and payment must be submitted through the Diocesan Office to CAPRI INSURANCE *prior to the event*. **NO BACK DATING** of the Application nor Certificate is permissible. Once bound, application is attached to and forms part of the policy.

Signature of Insured:_____ Date:_____

Name of Broker who approved Application:_____

Signature of Broker:_____ Date:_____

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada. 2012