

# 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 Archdiocese of: \_\_\_\_\_

## 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 insurer's liability shall be stated herein, subject to all terms of this policy having reference thereto.

COVERAGES	LIMIT OF LIABILITY	DEDUCTIBLE
<b>Inclusive Limit</b> 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 CapriCMW Insurance for a Special Events Liability application.**

Limit of Liability:	\$1,000,000.00	\$2,000,000.00	<b>Premium Payable:</b> \$ _____ .00
1 – 100 guests	\$96.00	\$135.00	
101 – 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 Archdiocese Office to CAPRICMW 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: \_\_\_\_\_