



Making a difference...together

**FACILITY RENTAL INSURANCE APPLICATION (SPORTS)**

625 Fisgard Street, Victoria, BC V8W 1R7

- 1. Name of Applicant (legal entity): \_\_\_\_\_
- 2. Mailing Address: \_\_\_\_\_
- 3. Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_
- 4. Describe the activity: \_\_\_\_\_  
\_\_\_\_\_
- 5. Number of Participant Members: \_\_\_\_\_ Age of Participants: \_\_\_\_\_
- 6. Location of event: \_\_\_\_\_
- 7. Will there be liquor served at any of the activities? Yes  No   
  
If Yes, provide details: \_\_\_\_\_
- 8. Effective Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Please Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

The User Group Liability policy is arranged through All Sport Insurance Marketing Ltd. providing a \$2,000,000 limit of liability for bodily injury and property damage. A Certificate of Insurance will not be provided. Please keep this form for your records.

<b>OFFICE USE ONLY</b>	
Insurance approved: Yes <input type="checkbox"/> No <input type="checkbox"/>	Premium Collected \$ _____
Authorized Signature: _____	Date: _____

<p><b>FREEDOM OF INFORMATION</b></p> <p>Personal information contained on this form is collected under the authority of the Local Government Act and is subject to the Freedom of Information and Protection of Privacy Act. The personal information will be used for purposes associated with the User Group Insurance program. Enquiries about the collection or use of information in this form can be directed to the Freedom of Information and Protection of Privacy contact: Capital Regional District, Manager, Information Services (250) 360-3639.</p>
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