



Making a difference...together

FACILITY RENTAL INSURANCE APPLICATION

625 Fisgard Street, Victoria, BC V8W 1R7

Part 1: GENERAL INFORMATION

Name of Applicant/Name of insured: _____

Mailing Address: _____

Contact Name: _____ Email _____

Telephone No: _____ Fax No. _____

Part 2. UNDERWRITING INFORMATION

Describe Event: _____

Location of Event: _____

Effective Date: _____ Time: _____ AM _____ PM

Expiry Date: _____ Time: _____ AM _____ PM

Estimated attendance: _____

Will there be liquor served? Yes No

Name &Address of Liquor Permit Holder: _____

Describe any safety measures/risk management plans, i.e., parking, traffic, security, supervision, first aid, evacuation:

Part 3: COVERAGE REQUIREMENTS

Limit of Insurance: \$2,000,000

Deductible: \$1000

Has the applicant ever been previously denied insurance coverage: Yes No

Previous loss history in the last five years: _____

The Applicant must read the following prior to signing

Please note that due to the world-wide pandemic and recommendations/requirements made by the Provincial Health Authority and BCCDC, the undersigned is responsible for ensure participants adhere to the following (which should not be considered exhaustive):

- Specific site requirements should be obtained at the time of registration and circulated to all participants;
- Participants should not attend the facility if they are not feeling well. Those that feel sick should stay home;
- Participants shall be restricted to the maximum room occupancy based on a pandemic-based risk assessment and should not exceed 50 attendees at any given time;
- Washing of hands helps reduce the risk of COVID-19 transmission. Participants should be asked to wash hands (or use sanitizing gel) before and after facility use;
- Participants should be encouraged to maintain a 2m social distance from each other;
- Use of masks should be encouraged where appropriate;
- While every effort has been made to address foreseeable pandemic safety concerns, **the risk remains that transmission of COVID-19 could occur despite CRD staff efforts. It is the undersigned responsibility to make participants aware of this potential risk.**

By initialing here you have acknowledged that you have read and understand the COVID-19 risks and requirements listed above.

Authorized Signature: _____

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 third party bodily injury and third party property damage with a \$1,000 deductible. A Certificate of Insurance will **not** be issued. Please keep this form for your records.

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

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 Risk, Insurance and FOI (250) 360-3015.