



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 COVID-19 and variant concerns, the undersigned is responsible for encouraging participants to follow safe gathering practices (including any future recommendations/requirements issued by the BC provincial Health Authority or BCCDC:

- Participants should not attend the facility if they are not feeling well. Those that feel sick should be encouraged to stay home;
- Washing of hands helps reduce the risk of COVID-19 transmission. Participants should be encouraged to wash hands (or use sanitizing gel) before and after facility use;
- While every effort has been made to address foreseeable COVID-19 safety concerns, **the risk remains that transmission of COVID-19 or variants 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>
--

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 with 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.