## **East Sooke Community Hall RENTAL APPLICATION**

East Sooke Community Hall, 1397 Copper Mine Road, East Sooke, BC V9Z1B2

Part 1: GENERAL INF	ORMATION		
Name of Applicant (s	same as Insured):	·	
Mailing Address:			
Contact Name:		Phone No:	
Email:			<del></del>
Part 2: EVENT INFOR			
Is this event open to	the Public? <b>Yes</b>	No / Is this event Private? Ye	es No
Describe Event:			
Set up START:	Date	Time:	AM/PM (circle one)
Class/ Event START:	Date	Time:	AM/PM
Class/ Event END:	Date	Time:	AM/PM
Clean Up END:	Date	Time:	AM/PM
Dates required (for n	nulti-day event o	r repeating event/class):	
Will liquor be served			
at least 14 days	prior to the event).	ermit Holder:	s as part of the rental application package
	l, seated or not, ren	•	ea/Coffee? <b>Yes No</b> rary Food Service permit at least 14 days ation)
What is the maximum What is the maximum	_	for Seated Food Service?ees including hosts?	(Max permitted = 50 Persons) (Max Hall occupancy is 75)

## Part 3: INSURANCE COVERAGE REQUIREMENTS

All Insurance coverage must be approved by Instant Risk Coverage. Insurance must be applied for at least 7 days prior to event for approval. Instant Risk Coverage will email approvals to East Sooke Community Hall.

Instant Risk Coverage website: https://crd.instantriskcoverage.com/login

The renter has the following options:

(a) Purchase insurance online from Instant Risk Coverage (see website above) (deductible of \$1,500)

OR

- (b) Purchase 3<sup>rd</sup> Party Insurance coverage approved by Instant Risk Coverage by providing the following:
  - coverage limit minimum is \$2,000,000.
  - Private 3<sup>rd</sup> Party Insurance must have an additional insured named for:
    - Capital Regional District, 625 Fisgard Street, Victoria, B.C. VW 1R7
  - Expiry date later than the last date on the rental application
  - The Private 3<sup>rd</sup> Party Insurer **must fill out the "Certificate of Insurance Coverage"** found on the Instant Risk Coverage website under "Tools/Forms" and submit the completed form to Instant Risk Coverage for approval.

Authorized Renters Signature:		
Please Print Name:	Date:	
OFFICE USE ONLY		
Insurance Approved: Start date:	: Expiry Date:	
Authorized Signature:	Date:	

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 RH

Word/ESCH2016/Worksheets/ESCH Rental-Insurance Application