

PRIVATE INSURANCE RENTAL APPLICATION

East Sooke Community Hall

1397 Copper Mine Road, East Sooke, BC V9Z 1B2

Part 1: GENERAL INFORMATION

Name of Applicant/Name of Insured: _____

Mailing Address: _____ P/C: _____

Contact Name: _____ Phone No: _____

Email: _____

Part 2: UNDERWRITING INFORMATION

Describe Event or Activity: _____

Estimated Attendance: _____ Age group: _____

Effective Date: _____

Set up time: Start _____ AM/PM (circle one)

Class/Event time: Start _____ AM/PM

End _____ AM/PM

Clean up time: End _____ AM/PM

Dates required: _____

Expiry Date: _____

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 **Please provide a copy of your insurance coverage when submitting this form. Thank you.

Limit of Insurance: \$ 2,000,000 minimum

Private Insurance coverage must have as additional insured:

- Capital Regional District, 625 Fisgard Street, Victoria, BC V8W 1R7

Name of Private Insurance provider: _____ Insurance

Term effective date: _____ Expiry Date: _____ (continued page 2)

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 or variants risks and requirements listed above.

_____.

Authorized Signature: _____

Please Print Name: _____ Date: _____

Requirements to be included with the rental application:

1. A copy of the Private Insurance Coverage with the appropriate inclusions.
2. A copy of the Facility Use Permit Release and Indemnification form.
3. A copy of the Terms of Use for the East Sooke Community Hall.

*****If this application is an extension of the original rental covered by your approved Private Insurance Coverage already submitted, this is the only form required.***

Thank you.

OFFICE USE ONLY

Private Insurance Approved: Yes No

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