

Markel User Groups Liability Insurance
Policy No. AL3594



Single Event, Individual and User Groups Liability Application
JUNE 25, 2021 TO DECEMBER 31, 2021 POLICY TERM

This Application must be completed and signed by each user that requires the insurance coverage. Please note that payment must be made to Lloyd Sadd Insurance Brokers Ltd. before coverage can be bound.

Parish Name/ Address: _____
Insurance Certificate Number: _____
Name of Individual or User Group: _____
Mailing Address: _____

Complete for Special (Single) Events: - SECTION #1

Method of Payment : Cheque
Name of Individual Arranging Event: _____
Event Contact, Telephone Number: (Bus.) _____ (Res.) _____
Type of Event (briefly describe activities): _____
Estimated Number of Attendees: Number _____ Will Alcohol be served: Yes No
Start Date of Event: ___/___/___ End Date of Event: ___/___/___
dd mm yy dd mm yy
Premium for Event: \$ _____
Provide details of event: _____
I/We declare that to the best of my/our knowledge, the statements set forth herein are true. **If your group is not a legal entity, the undersigned assumes legal responsibility for the operations of the group applicant.**
Date _____ Signature of Applicant: _____

Complete for all Individual and User Groups (Regular) Users: - SECTION #2

Individuals or Groups that meet on the premises on a regular basis and "DO NOT SERVE ALCOHOL" (no annual coverage available for users who serve alcohol)
Method of Payment: Cheque
Start Date of Event / Use of Church Facility: ___/___/___ Policy expires on December 31, 2021
dd mm yy
How often does Individual or Group meet? Weekly Monthly Other _____
Group Contact Name: _____ Telephone No. _____
Provide details on Group activities: _____
Rate for Group: \$ _____ **No alcohol is served.**
I/We declare that to the best of my/our knowledge, the statements set forth herein are true. **If your group is not a legal entity, the undersigned assumes legal responsibility for the operations of the group applicant.** I/We agree to remit with this application payment in full for the applicable premium, administration fee, and provincial taxes. **Failing which I/We acknowledge that insurance coverage will not be placed in full force and effect.**
Date _____ Signature of Applicant: _____

Return to:

**Lloyd Sadd Insurance Brokers Ltd. Suite 700, 10240 124 Street Edmonton, AB T5N 3W6
or via email to ehudson@lloydsadd.com**