MARSH

# EVENT LIABILITY INSURANCE APPLICATION

**(Not applicable to Daycares)**

****Important:** Please complete ALL sections of the application****

**Parish Name: _____**

**Parish Certificate No: NS/PE-_____**

| | |
|---|---|
| **Named Insured (name of individual or group hosting the event):** | |
| **Full Mailing Address of Named Insured:** | |
| **Name of Contact Person (if a group):** | |
| **Email Address or Phone Number for Contact Person:** | |
| **Event Location (Provide Complete Civic Address):** | |
| **Exact Date(s) of Event:** | |
| **Will there be Alcohol:** | ☐ YES ☐NO |
| **Estimated Number of Attendees:** | |
| **Description of Event to be insured: (ex. Meeting / Sporting Activity/ Birthday Party, etc.)** | |
| **Policy Limit of Liability:** | **$2,000,000 Cdn.** |

- **Please send completed application to lynn.stone@marsh.com or barbara.s.mcguire@marsh.com**
- **For a list of Excluded Activities, please contact the Diocese or Marsh Canada**