



Host Liquor Liability Insurance for Staff Social Events

Coverage is only for Staff Events where there is no alcohol sold.

Name of School:	Contact Name:
Address of School: _____ _____	Telephone Number:
Date of event:	
Details of event: _____ _____ _____ _____	
Name and Address of Hall: _____ _____	Copy of Hall Policy attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please attach, if available)
Who will be attending?	<input type="checkbox"/> staff
<input type="checkbox"/> spouse	<input type="checkbox"/> family
<input type="checkbox"/> Other If other, please describe:	_____
Copy of Liquor License to be submitted to Regional Office prior to the event.	
Date of application	
Signature of Principal:	

FOR OFFICE USE ONLY:

Copy of Liquor License submitted to Regional Office prior to event by School
Date Received: _____

Insurance Certificate was provided to School. DATE: _____

Approved Approved by: _____