



Host Liquor Liability Insurance for Staff Social Events

F 3-10

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

Name of School:	
School Contact: Name/Telephone:	
Address of School:	
Date of Event:	
Details of Event:	
Name and Address of Hall:	
Hall Policy (please attach copy if available). Copy attached: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Who will be attending?	Staff <input type="checkbox"/> Spouse/Significant Other <input type="checkbox"/> Family <input type="checkbox"/> Other <input type="checkbox"/> If other, please describe:
Copy of Liquor License to be submitted to Regional Office prior to the event.	
Date of Application:	
Signature of Principal:	

OFFICE USE ONLY	
<input type="checkbox"/>	Copy of Liquor License submitted to Regional Office prior to event by School
	Date Received:
<input type="checkbox"/>	Insurance Certificate was provided to School
	Date:
<input type="checkbox"/>	Approved
	Approved by: