

## FACILITY USER GROUP INSURANCE APPLICATION 2018-2019 POLICY YEAR

I hereby apply for Commercial General Liability Insurance with All-Sport Insurance Marketing Ltd. under the ASBIE Facility User Group Insurance Program for the limits and deductibles shown below.

Commercial General Liability Coverage		
Amount of Insurance	\$2,000,000	Per Occurrence for Bodily Injury and/or Property Damage
	\$250,000	Tenants Legal Liability, any one Premises, Broad Form
Deductible	\$500	Per Occurrence for Bodily Injury and Property Damage and Legal Expense combined

Voluntary Medical Coverage	
Amount of Insurance:	\$1,000. Any One Person
Deductible:	NIL

**\*\*\*Note:** *Voluntary Medical Coverage not applicable to Sports Injuries* \_\_\_\_\_ Initials of Renter

If insurance is bound and a Certificate of Insurance issued by or on behalf of AllSport Insurance Marketing Ltd., I agree to promptly report any known or potential claim or action pertaining to this insurance (regardless of how insignificant it may appear at the time) to:

**Lloyd Sadd Insurance Brokers Ltd. (Program Manager for ASBIE)**

Suite 700, 10240 – 124 Street  
Edmonton, AB T5N 3W6  
Toll Free: (800) 665-5243  
Phone: (780) 483-4544  
Fax: (780) 484-5727  
Email: Krystle Yaghi, CIP [kyaghi@lloydsadd.com](mailto:kyaghi@lloydsadd.com)

<b>Name of School Board</b>			
<b>Contact Person</b>		<b>Phone Fax</b>	
<b>Name of Renter (Applicant)</b>			
<b>Address of Renter</b>			
<b>Phone</b>		<b>Fax</b>	
<b>E-mail</b>			
<b>Name of Facility Used</b>			
<b>Expected Attendance</b>			
<b>Type of Activities and Specific Details of the Event</b>			
<b>Number of Days of the Event</b>		<b>(Date) From</b>	<b>(Date) To</b>
<b>Hours of the Event</b>			
<b>Will alcohol be served?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>If yes, will it be free of charge?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>If yes, what controls are in place to limit consumption?</b>			
	Special Event Liquor License must be provided <b>prior</b> to insurance being effective.		

<b>Renter Signature</b>		<b>Date</b>	
<b>Print Name</b>			
<b>School Board Signature</b>		<b>Date</b>	
<b>Print Name</b>			

## NOTICE TO APPLICANTS

This application does not bind the Applicant, Lloyd Sadd or the Insurer, but it is agreed that this application will be the basis of the contract should a Certificate be issued, and it will be attached to and made a part of the certificate. The Applicant represents that if the information supplied on this application changes between the date of this application and the time when the policy is issued, the Applicant will immediately notify Lloyd Sadd of such changes. Please note that if payment is not received, any Certificate issued will be null and void.

LLOYD SADD INSURANCE COVERAGE CONFIRMATION			
APPLICATION REVIEWED BY		APPLICATION APPROVED BY	
MEETS FUG CRITERIA?	Yes <input type="checkbox"/> No <input type="checkbox"/>	DATE	
EFFECTIVE DATE OF COVERAGE		EXPIRY DATE OF COVERAGE	
COMMENTS			