## **SERVER LIABILITY APPLICATION**

## **ASSOCIATION OR ORGANIZATION**

b. Property Damage Liability

DIRECT CLIENT SUBMISSION

2 Norfolk Street South, Simcoe, ON N3Y 2V9

T: 1-800-265-8098 ext 223 F: 519-428-5661

E: Shelley Blake / shelley.blake@palcanada.com | www.palcanada.com



This application MUST be received by PAL Insurance Brokers Canada Ltd. a minimum of one day prior to the effective date. If not received, we will not bind coverage, therefore no policy will be issued. The Transmission Confirmation Report you get from your fax or email sent is proof that you have submitted the application to PAL Insurance Brokers Canada Ltd.

INSURED'S INFORMATION			
1. Association Name:			
2. Mailing Address:			
3. City, Province:		Postal Code:	
		Email:	
Server Name:	Certificate Number:	Server Name: Certifica	ate Number:
1		6	
2		7	
3		8	
Δ		9	
5		10	
Coverage is only for service	ce of alcohol by the named insured a ge is not provided for the event itself	ete list of names and certificate numbers for quotation. ALL ser It 3rd party events or establishments where a v or any events hosted by the named insured. (N	alid liquor
Effective Date:	(MM/DD/YYYY) 12:01 A	M to Expiry Date:	12:01 AM
Gross Receipts:			
•	Y — LIABILITY DECLARATIONS hall be as stated herein, subject to all terms and	conditions of the policy wordings.	
COVERAGES		LIMIT OF LIABILITY	DEDUCTIBLE
a. Bodily Injury Liability	Please insert a 1 or 2 to confirm the lin of liability requested.	Bodily Injury each occurrence and Property Damage each accident	\$250.00

00.000,000

Aggregate

Limit of Liability: \$1,000	),000.00  2 to 5 serve	rs, Premium: \$500.00 + \$100 Fee 6 to	10 servers, Premium: \$600.00 + \$120 Fee	
Limit of Liability: \$2,000	),000.00  2 to 5 serve	rs, Premium: \$600.00 + \$120 Fee 6 to	10 servers, Premium: \$720.00 + \$144 Fee	
	Higher Limits of Liabili	ty and Number of Servers available upon	request	
Premium: \$	+ PAL Fee: \$	(6% for SK) (8% ON ) (7% for MB) + Tax (15% for NL) \$	= Total: \$	
Visa or Mastercard No:		Expiry:	CVV:	
Name on Credit Card:		Telephone:		
APPLICANT NAME:				
Address:				
City, Province:	y, Province: Postal Code:			
Telephone:		Fax:		
Email:				
Signature:				