SERVER LIABILITY APPLICATION (INDIVIDUAL SERVER)

DIRECT CLIENT SUBMISSION

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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 sent email is proof that you have submitted the application to PAL Insurance Brokers Canada Ltd. **INSURED'S INFORMATION** 1. Name of Insured: 2. Mailing Address: _____ 3. City, Province: ______ 4. Telephone: _____ Email: _____ Please check box to confirm the insured is trained/certified in a Server course program ____ Certificate # Coverage is only for service of alcohol by the named insured at a 3rd party events or establishments where a valid liquor permit is in place. Coverage is not provided for the event itself or any events hosted by the named insured. (Nor any names listed on the liquor permit) LIQUOR LIABILITY ONLY - LIABILITY DECLARATIONS The limit of the Insurer's liability shall 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 the Bodily Injury each occurrence and Limit of Liability requested. and Property Damage each accident \$250.00 \$ ____,000,000,00 b. Property Damage Liability Aggregate OPTION A: POLICY TERM – ONE OFF EVENT Effective Date: ______12:01 am Expiry Date: _____12:01 am Limit of Liability: \$1,000,000.00 Premium: \$25.00 + \$20.00 PAL policy fee Limit of Liability: \$2,000,000.00 Premium: \$40.00 + \$20.00 PAL policy fee Higher Limits of Liability available upon request Gross Receipts: Limit of Liability: \$1,000,000.00 Premium: \$90.00 + \$20.00 PAL policy fee Limit of Liability: \$2,000,000.00 Premium: \$125.00 + \$25.00 PAL policy fee Premium: \$ _____ + PAL Fee: \$_____ 7% MB, 15% NL, 6% SK) Visa or Master Card No: ______ Expiry: ____ CVV: ___ Telephone: ______________ Name on Credit Card: ___ I/We hereby declare that the answers and declarations above, whether in my own hand or not, are true and that I/We warrant that no material fact has been withheld or misstated and agree

I/We hereby declare that the answers and declarations above, whether in my own hand or not, are true and that I/We warrant that no material fact has been withheld or misstated and agree that should a policy be issued this Application form will be attached to and form part of the policy and will form the basis of the contract with Underwriters. I/We agree that answers and declarations shall constitute material warranties of any policy issued. I/We further understand that the Underwriters may declare any policy issued void in the event of any false statement, misrepresentation, omission or concealment in the Application form whether made intentionally, innocently or accidentally. I/We have been advised and consent to any information that may be perceived as personal information for collection, appropriate use, and disclosure of to third parties.

APPLICANT NAME:		
Address:		
City, Province:	Postal Code:	
Telephone:	Fax:	
Email:		
Signature:		