

Party Alcohol Liability Application

CLIENT SUBMISSION

No live entertainment nor sporting events.



Suite 200, 1400 - 1st. Street SW Calgary, AB T2R 0V8

T: 1-800-661-1608 F: 403-261-3903

E: alberta@palcanada.com

www.palcanada.com

This is an application only. It does not constitute an insurance policy. Insurance shall become effective only upon the issuance of a policy or written binder specifically authorized by the company or agency. Quotations will be based upon the information provided and the applicant warrants the information provided.

If a liquor permit or liquor license is required by the governing liquor control board, please ensure that it is issued prior to requesting coverage.

Name of Insured: _____

Mailing Address: _____

City, Province: _____ Postal Code: _____

Telephone: () _____ E-mail: _____

Additional Insured: _____

Mailing Address: _____

Type of Event: _____ Attendance: _____

Event Location Name: _____

Address: _____

Effective Date: _____ (MM/DD/YY) *Effective Time: _____ AM PM

Expiry Date: _____ (MM/DD/YY) *Expiry Time: _____ AM PM

*Effective and Expiry Times must match liquor license. If no license required times cannot exceed 9:00am to 3:00am the following day.

COVERAGES		LIMIT OF LIABILITY	DEDUCTIBLE
Inclusive Limit	a. Commercial General Liability including Liquor Extension and Premises b. Non-owned Auto coverage c. Tenants Legal Liability *\$500,000.00 Limit *higher limits available	\$____,000,000.00 Bodily Injury each occurrence Property Damage each occurrence Aggregate	\$500.00

Please indicate Limit of Liability in space above.

Available limits are \$1,000,000.00, \$2,000,000.00, \$3,000,000.00, \$4,000,000.00, or \$5,000,000.00.

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: _____

Address: _____

City, Province: _____ Postal Code: _____

Telephone: () _____ Fax: () _____

E-mail: _____

Signature: _____