

Private Functions Liability Insurance – By Invitation Only

- 1) Name of Applicant: _____
(Must be legal entity)
- 2) Address: _____ City: _____ Postal Code: _____
- 3) Effective Date: _____ Time: _____ AM _____ PM
 Expiry Date: _____ Time: _____ AM _____ PM
- 4) Name of Event: _____
- 5) Location of Event: _____
- 6) Complete description of activities: _____
- 7) Safety Precautions: _____
- 8) Additional Insured's: _____
- 9) Have you ever had Insurance refused or cancelled? _____ Reason? _____
- 10) Any other relevant / material fact? _____

Event held at either a Private Residence or Community Facility.				
\$1,000,000 Limit				
1-100 guests	\$100 + \$25 Fee = \$125	<input type="checkbox"/>	<ul style="list-style-type: none"> Exclusion for fireworks & pyrotechnics Volunteers are Additional Insured's Limited to designated premises only Function will be held within 20km of a hospital Excludes injury to entertainers & performers Other exclusions & wordings available on request Alcohol must be served by a qualified Bartender 	
101-300 guests	\$125 + \$25 Fee = \$150	<input type="checkbox"/>		
301-500 guests	\$150 + \$25 Fee = \$175	<input type="checkbox"/>		
\$2,000,000 Limit				
1-100 guests	\$125 + \$25 Fee = \$150	<input type="checkbox"/>		
101-300 guests	\$150 + \$25 Fee = \$175	<input type="checkbox"/>		
301-500 guests	\$180 + \$25 Fee = \$205	<input type="checkbox"/>		
		Quote only <input type="checkbox"/>	Request to Bind <input type="checkbox"/>	

CGL including Liquor Liability. Coverage, terms and conditions as per Underwriter's standard procedure for this type of risk
 Premiums are fully earned and retained. Any misrepresentation made will void coverage from inception.

Applicant's Signature: _____ Date: _____

PLEASE READ:

I understand that the information set forth is correct and shall be the basis upon which insurance may be granted. I also agree that reports containing personal, credit, factual record, premium payment or claims history may be sought or exchanged in connection with this application for insurance or renewal thereof. Completion of this application does not bind the applicant to accept the quotation nor does it bind the insurer to accept the risk.

Broker / Agency: _____ Broker Email: _____
 Broker: _____
 Fax: _____
 Phone: _____

***** Note – Coverage cannot be bound until the quote indication above is confirmed by Cansure ******