



SHSC Group Insurance User Group Application for Liability Insurance

Full name of applicant: _____

Entity: Individual Partnership/Joint venture Corporation Organization

Address: _____ Province: _____ Postal Code: _____

Tel: _____ Fax: _____

Email: _____ Website: _____

How long have you been in business? _____

Location where the activity will take place (be specific) _____

Name of Non Profit Housing Corporation where event is being held:

Date(s) of activities: From (DD-MM-YY) _____ To (DD-MM-YY) _____

Description of your activities for which space is being rented:

Will Alcoholic beverages be served: Yes No

No coverage is available to any person or group if their activities involve any of the following, however under certain circumstances consideration will be given, you will be advised accordingly after a review of your application.

- Demonstrations
- Use of any apparatus
- Animals
- First Aid or any other medical emergency services
- Carnival or amusement operations
- The shooting or production of any TV, film, movie or advertisement
- Food services with cooking at site
- Sport activities

Do your activities involve any of the above? – if “yes” please describe: Yes No

Have you ever had a liability insurance claim relative to your activity listed above? Yes No

If yes, provide details

Insurance coverage will be placed only upon acceptance of coverage by the Insurer, Chartis Canada, and after the broker, Aon Reed Stenhouse Inc. has received payment of the Total Premium. Limits, deductibles and other terms and conditions stated in any cover note, binder, coverage certificate or insurance policy issued by the company shall govern.

We declare:

- (a) That the statements and particulars in this application are true and represent a complete disclosure of matters that may be material to the assessment of the risk to be considered for insurance.
- (b) The Undersign has the authority to accept this coverage on behalf of the Applicant.

Please indicate payment method: Mastercard Visa Cheque or Money order

Card Number: _____ Expiry Date: _____

Signature of card holder: _____

If paying by cheque or money order please mail completed application to:

Latanya Abbott, Aon Reed Stenhouse
20 Bay St, Toronto ON, M5J 2N9

If paying by credit card, please fax completed application to:

Latanya Abbott Aon Reed Stenhouse 416-868-5580

Note: The form should be submitted three weeks prior to the date of your event. The certificate will be processed once the payment is cleared.

Your Name: (please print)

Date (DD-MM-YY)

Your Title:

Signature:

Witnessed By: