

## Affiliated Municipal Groups Liability Application

Legal Name of Applicant \_\_\_\_\_  
 Key Contact \_\_\_\_\_ Position \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_ Website \_\_\_\_\_

Applicant is Incorporated \_\_\_\_\_ Non-Profit \_\_\_\_\_  
 If incorporated, a copy of the Letters Patent is required  
 Does the Applicant carry liability insurance? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If "Yes", name of Insurance Company/Insurance Broker \_\_\_\_\_

Number of full time employees \_\_\_\_\_ Number of part time employees \_\_\_\_\_  
 Number of functions where liquor is served \_\_\_\_\_ Attendance \_\_\_\_\_  
 Description of activities including events held during the year \_\_\_\_\_

Is there an executive? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If "Yes", number of members \_\_\_\_\_  
 Are all activities held on municipal premises? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If "No", provide details \_\_\_\_\_

Are there any individuals (e.g. Instructors) under contract? YES \_\_\_\_\_ NO \_\_\_\_\_  
 Number of coaches \_\_\_\_\_ Number of Assistant Coaches \_\_\_\_\_  
 Is the Applicant associated with any provincial or regional body? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If "Yes", provide details \_\_\_\_\_

Number of Participants \_\_\_\_\_ Number of Volunteers \_\_\_\_\_

### Applicant Acknowledgement

The undersigned authorized officer of the organization declares that, to the best of his/her knowledge, the statements set forth herein are true. Signing of this application does not bind the Insurer to offer, nor the Applicant to accept Insurance, but, it is agreed that this form shall be the basis of the contract should a policy be issued, and this form will be attached to and become part of the policy.

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this form) has been collected in accordance with applicable privacy legislation and this information shall only be used or shared by the Company to assess, underwrite and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with regulatory or legal requirements.

**Applicant Name** \_\_\_\_\_ **Title/Position** \_\_\_\_\_  
**Applicant Signature** \_\_\_\_\_ **Date (DD/MM/YY)** \_\_\_\_\_  
**Broker Name** \_\_\_\_\_  
**Broker Signature** \_\_\_\_\_