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## Facility User Group Insurance Application 2018 Policy Year

I/we hereby apply for Commercial General Liability Insurance with All Sports Marketing Ltd. under the AMSC Facility User Group Insurance Program for the limits and deductibles shown below.

### COMMERCIAL GENERAL LIABILITY SUMMARY *(see policy wording for full details)*

Amount of Insurance	\$2,000,000	Each Occurrence: Bodily Injury, Property Damage, Personal Injury, Advertising Injury.
	\$250,000	Tenants' Legal Liability - any one premises.
	\$2,500	Medical Expense – any one person;
	\$25,000	Medical Expense – any one occurrence.
	\$2,000,000	Aggregate Limit: Products/Completed Operations Hazard.
Deductible	\$500	Bodily Injury/Property Damage & Legal Expense.
Extensions of Coverage		Incidental Medical Malpractice Liability, Additional Insured.
Exclusions		Errors & Omissions Liability, Directors & Officers Wrongful Acts, Fungi, Data , Terrorism, Asbestos, Abuse and/or Molestation, Pollution, Nuclear, War Risks.

### EXCLUDED FACILITIES/ACTIVITIES:

- Alpine Skiing/Snowboarding/Ski Hills
- Animals/Petting Zoos
- Boxing/Contact Martial Arts
- Bungee Jumping
- Carnivals
- Climbing Walls
- Contact Hockey
- Cycling
- Fireworks (unless under direction of a Fireworks Supervisor)
- Gymnastics
- Horse Related
- Inflatable Apparatus
- Kickboxing
- Lacrosse
- Minor Hockey (18 & under)
- Mountain Climbing
- ATV/Snowmobile/Sea-Do Rentals
- Rodeo related activities
- Rugby
- Skateboarding/Snowboard Parks
- Tackle Football

### NOTICE TO APPLICANTS

This is an application only. This document does not constitute an insurance policy. Insurance shall become effective only on issuance of a policy or Certificate of Insurance specifically authorized or issued by or on behalf of All Sports Marketing Ltd. Quotations will be based upon the information provided and applicant warrants information provided on this application. The Applicant represents that if the information supplied on this application changes between the date of this application and the time when the Certificate is issued, the Applicant will immediately notify AMSC Insurance Services of such changes. If insurance is bound and a Certificate of Insurance issued by or on behalf of All Sports Marketing Ltd., **I/we agree to promptly report any known or potential claim or action pertaining to this insurance (regardless of how insignificant it may appear at the time) to:**

**AMSC Insurance Services Ltd.,**  
300, 8616 51 Avenue Edmonton, AB T6E 6E6  
Phone: 800-661-2862 or 780-310-2862  
Fax: (866)-250-6117 Email: insurance@auma.ca

<b>Name of Municipality/Member</b>				
<b>Contact Person</b>		<b>Phone</b>		
<b>Name of Renter (Applicant)</b>				
<b>Address of Renter</b>				
<b>Phone</b>		<b>Fax</b>		
<b>E-mail</b>				
<b>Name of Facility Used</b>				
<b>Expected Attendance</b>				
<b>Type of Event Details of the Event</b>				
<b>Number of Days of the Event</b>		<b>Date From</b>		<b>Date To</b>
<b>Hours of the Event</b>				
<b>Will alcohol be served?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>If yes, Liquor License will be obtained?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>If yes, what controls are in place for responsible serving and consumption of alcohol?</b>				
	Special Event Liquor License must be provided <i>prior</i> to insurance being effective.			
Is this event/facility usage subject to the terms of a standard contract/agreement?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>If yes, attach a copy contract/facility use agreement if not already on file with AMSC Insurance Services Ltd.</b>		

#### Declaration

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 Proposal 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 Proposal Form whether made intentionally, innocently or accidentally. I/We authorize the Facility Owner / Operator and its insurance broker (AMSC Insurance Services) and consent to any information that may be perceived as personal information for collection, appropriate use, and disclosure of to third parties. AMSC Insurance Services reserves the right to audit the facility owner periodically to ensure appropriate records/contracts have been maintained.

<b>Applicant/Renter Name</b> (Print)		<b>Date</b>	
<b>Applicant/Renter Signature</b>			
<b>Municipality/Member Name</b> (Print)		<b>Date</b>	
<b>Municipality/Member Signature</b>			

