

Name of Parish			
Contact Person		Phone Fax	
Name of Renter (Applicant)			
Address of Renter			
Phone		Fax	
E-mail			
Name of Facility Used			
Expected Attendance			
Type of Activities and Specific Details of the Event			
Number of Days of the Event		(Date) From	(Date) To
Hours of the Event			
Will alcohol be served?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, will it be free of charge?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what controls are in place to limit consumption?			
	Special Event Liquor License must be provided prior to insurance being effective.		
Premium Owing for Event			

Renter Signature		Date	
Print Name			
Parish Representative Signature		Date	
Print Name			

NOTICE TO APPLICANTS

This application does not bind the Applicant, Lloyd Sadd or the Insurer, but it is agreed that this application will be the basis of the contract should a Certificate be issued, and it will be attached to and made a part of the certificate. The Applicant represents that if the information supplied on this application changes between the date of this application and the time when the policy is issued, the Applicant will immediately notify Lloyd Sadd of such changes. Please note that if payment is not received, any Certificate issued will be null and void.

LLOYD SADD INSURANCE COVERAGE CONFIRMATION			
Application Reviewed By		Application Approved By	
Meets Fug Criteria?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date	
Effective Date of Coverage		Expiry Date of Coverage	
Comments			