

Liquor Liability Only Application

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Name of Insured: **Knights of Columbus, Council #** _____ Province: _____

Insured/Host Address: _____

Insured/Host Phone: _____ Insured/Host Email: _____

Event Location / Name of Venue: _____

Address of Venue: _____

Venue Required to be added as an Additional Insured? _____ Any other Additional Insured's Required? _____

If Yes; please list Name & Address: _____

Is this Venue Private Property? _____ Number of Attendees: _____ Any Minors? _____

Type/Purpose of Event: (ex: Fundraiser, Dinner & Dance, etc.) _____

Effective: Start Date: _____ Start Time: _____ AM PM

Expiry: End Date: _____ End Time: _____ AM PM

Liability Limits & Premium Quotes

| # of Attendees | Liability Limit | | | | |
|----------------|-----------------|-------------|-------------|-------------|-------------|
| | \$1,000,000 | \$2,000,000 | \$3,000,000 | \$4,000,000 | \$5,000,000 |
| 1-100 | \$75 | \$105 | \$151 | \$158 | \$166 |
| 101-500 | \$100 | \$120 | \$190 | \$195 | \$205 |
| 501-1,000 | \$140 | \$165 | \$210 | \$225 | \$235 |

Rates above are for a one day event only.

An event held on multiple days, or events with over 1,000 attendees must be submitted to underwriters before a quote will be provided.

Payment **must** be made at the time the policy has been requested/issued.

| | | | | | |
|------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| Limit of Liability Selected: | <input type="checkbox"/> \$1,000,000 | <input type="checkbox"/> \$2,000,000 | <input type="checkbox"/> \$3,000,000 | <input type="checkbox"/> \$4,000,000 | <input type="checkbox"/> \$5,000,000 |
|------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|

Premium: \$ _____ + Broker Fee: \$ 25.00 = TOTAL Due: \$ _____
As Quoted Above

Please provide your credit card information below

We will process your payment & email you a copy of your receipt along with the invoice and policy documents.

Visa or Master Card Number: _____ Expiry: _____

Name on Card: _____ CVV: _____

Please note: if you do not feel comfortable providing your credit card information on this application you may call Gabrielle Davis and provide her with your credit card directly. She may be reached at 250-940-9401