



## Private Functions Liability Insurance – By Invitation Only

- 1) Name of Applicant: \_\_\_\_\_  
(Must be legal entity)
- 2) Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_
- 3) Effective Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM \_\_\_\_\_ PM  
Expiry Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM \_\_\_\_\_ PM
- 4) Name of Event: \_\_\_\_\_
- 5) Location of Event: \_\_\_\_\_
- 6) Complete description of activities: \_\_\_\_\_
- 7) Safety Precautions: \_\_\_\_\_
- 8) Additional Insured's: \_\_\_\_\_
- 9) Have you ever had Insurance refused or cancelled? \_\_\_\_\_ Reason? \_\_\_\_\_
- 10) Any other relevant / material fact? \_\_\_\_\_

### Event held at either a Private Residence or Community Facility.

#### \$1,000,000 Limit

1-100 guests	\$100 + \$25 Fee = \$125	<input type="checkbox"/>
101-300 guests	\$125 + \$25 Fee = \$150	<input type="checkbox"/>
301-500 guests	\$150 + \$25 Fee = \$175	<input type="checkbox"/>

#### \$2,000,000 Limit

1-100 guests	\$125 + \$25 Fee = \$150	<input type="checkbox"/>
101-300 guests	\$150 + \$25 Fee = \$175	<input type="checkbox"/>
301-500 guests	\$180 + \$25 Fee = \$205	<input type="checkbox"/>

- Exclusion for fireworks & pyrotechnics
- Volunteers are Additional Insured's
- Limited to designated premises only
- Function will be held within 20km of a hospital
- Excludes injury to entertainers & performers
- Other exclusions & wordings available on request
- Alcohol must be served by a qualified Bartender

Quote only

Request to Bind

CGL including Liquor Liability. Coverage, terms and conditions as per Underwriter's standard procedure for this type of risk  
Premiums are fully earned and retained. Any misrepresentation made will void coverage from inception.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### PLEASE READ:

I understand that the information set forth is correct and shall be the basis upon which insurance may be granted. I also agree that reports containing personal, credit, factual record, premium payment or claims history may be sought or exchanged in connection with this application for insurance or renewal thereof. Completion of this application does not bind the applicant to accept the quotation nor does it bind the insurer to accept the risk.

Broker / Agency: \_\_\_\_\_ Broker Email: \_\_\_\_\_

Broker: \_\_\_\_\_

Fax: \_\_\_\_\_

Phone: \_\_\_\_\_

\*\*\* Note – Coverage cannot be bound until the quote indication above is confirmed by Beacon \*\*\*\*