

APPLICATION FORM

Section 1 - LOCATION OF EVENT

Name of Venue: _____

Legal Name of Venue Owner / Landlord: _____

Address of Venue: _____

Section 2 - NUMBER OF DAYS

- 1 Day Event
- Weekend Event up to 72 Hours
- Week Event 4-7 Days
- Monthly Event up to 12 Days / Year
- Weekly Event up to 52 Days / Year

Section 3 - NUMBER OF ORGANIZERS AND OR SUPERVISORS

Number of Organizers/Supervisors: _____

Number of Participants/Guests/Attendees: _____

Section 4 - DETAILS OF EVENT

Name of Event: _____

Check ALL applicable box(es) which best describe event:

- | | |
|---|--|
| <input type="checkbox"/> Wedding / Reception | <input type="checkbox"/> Hockey / Lacrosse |
| <input type="checkbox"/> Funeral / Reception | <input type="checkbox"/> Dodgeball / Football / |
| <input type="checkbox"/> Birthday / Anniversary / Reunion | <input type="checkbox"/> Capture the Flag |
| <input type="checkbox"/> Concert / Recital / Play | <input type="checkbox"/> Tournament / Track Meet |
| <input type="checkbox"/> Meeting / Support Group | <input type="checkbox"/> Climbing Walls / Rope Courses |
| <input type="checkbox"/> Seminar / Training | <input type="checkbox"/> Waterskiing / Wakeboarding |
| <input type="checkbox"/> Conference / Retreat | <input type="checkbox"/> Unsupervised Swimming |
| <input type="checkbox"/> Craft Show | <input type="checkbox"/> Amusements / Inflatables |
| <input type="checkbox"/> Food Preparation / Serving | <input type="checkbox"/> Fireworks |
| <input type="checkbox"/> Home School / Play Group | <input type="checkbox"/> Boating / ATV's |
| <input type="checkbox"/> Non-Contact Sports | <input type="checkbox"/> Weightlifting / Free Weights |
| <input type="checkbox"/> Aerobics / Dance Classes | <input type="checkbox"/> Other (Describe): _____ |
| <input type="checkbox"/> Gymnastics / Trampolineing | _____ |
| <input type="checkbox"/> Boxing / Wrestling | _____ |
| <input type="checkbox"/> Martial Arts | _____ |

NOTE: Churches and Registered Charities are not eligible for ACCESS Insurance.

Section 5 - DATE(S) FOR EVENT(S)

Effective Date(s): _____

Time(s): START _____ AM/PM FINISH _____ AM/PM

Section 6 - USER GROUP INFORMATION

Name of Corporation, Association or Individual(s) on rental contact: _____


Mailing Address: _____

Telephone Number: _____

Email Address: _____

Name of Contact Person/Authorized Person: _____

Section 7 - PAYMENT OPTIONS

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Name of Credit Card Holder: _____

Credit Card Number: _____

Expiration Date: _____ Security #: _____

COVERAGE IS NOT EFFECTIVE UNTIL: Your credit card issuer has provided an authorization code confirming payment in full and an Access Certificate of Insurance has been issued by Robertson Hall Insurance on behalf of the insurer.

Section 8 - ALCOHOL

Will there be any alcohol served or consumed?

- YES NO

(If yes, you must provide a copy of Liquor Permit prior to coverage being issued)

Name of Contact Person/Authorized Person: _____

(PLEASE PRINT)

Signature: _____

Date: _____