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Facility User Group Insurance Application 2014 Policy Year

Commercial General Liability

Amount of Insurance	\$2,000,000	Per Occurrence - Bodily Injury and/or Property Damage
	\$250,000	Tenants' Legal Liability - any one premises, Broad Form
	\$2,500	Medical Expense – any one person
	\$25,000	Medical Expense – any one occurrence
	\$2,000,000	Aggregate Limit
Deductible	\$1,000	Bodily Injury/Property Damage & Legal Expense Deductible

I 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.

Endorsements

Incidental Medical Malpractice Liability, Additional Insured, Fungi Exclusion, Data Exclusion, Terrorism Exclusion, Asbestos Exclusion, Abuse or Molestation Exclusion, **Excluded Activities: Alpine Skiing/Ski Hills, Animals/Petting Zoos, Bounce Houses, Boxing, Bungee Jumping, Carnivals, Cycling, Climbing Walls, Contact Hockey, Contact Martial Arts, Fireworks (unless under the direction of a Fireworks Supervisor), Gymnastics, Horse Related, Kickboxing, Lacrosse, Mountain Climbing, Minor Hockey (18 & Under), Rugby, Skateboarding/Skateboard Parks, Snowboarding, Snowmobile/Sea-Do Rentals, and Tackle Football**

*****Note:** *Voluntary Medical Coverage not applicable to Sports Injuries*

_____ **Initials of Renter*****

If insurance is bound and a Certificate of Insurance issued by or on behalf of All Sports Marketing Ltd., I 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

Toll Free: (800) 661-AUMA (2862)
Phone: (780) 310-AUMA (2862)
Fax: (780) 409-4314
Email: insurance@auma.ca

_____ **Initials of Renter*****



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Name of Municipality			
Contact Person		Phone	
Name of Renter (Applicant)			
Address of Renter			
Phone		Fax	
E-mail			
Name of Facility Used			
Expected Attendance			
Type 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 <i>prior</i> to insurance being effective.			

Renter Signature		Date	
Print Name			
Municipality Signature		Date	
Print Name			

NOTICE TO APPLICANTS

This application does not bind the Applicant, AMSC 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 Certificate is issued, the Applicant will immediately notify AMSC of such changes.

AMSC OFFICE USE ONLY			
APPLICATION REVIEWED BY		APPLICATION APPROVED BY	
MEETS FUG CRITERIA?	Yes <input type="checkbox"/> No <input type="checkbox"/>	DATE	
COMMENTS			

