

SHORT TERM HALL RENTAL INSURANCE

General Information:

Type of Function			
Name and Address of Facility:			
Date of Function:		Number of People:	
Note: If Function runs more than one day, please call 489-4961 for a quotation			
Time Start:	AM/PM	Time Finish:	AM/PM
Will alcohol be served: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Answer the following questions if you will be serving alcohol:

Liquor License Permit Number:			
Class of Liquor License	<input type="checkbox"/> Special Event – Private	<input type="checkbox"/> Special Event – Community Public Resale	
	<input type="checkbox"/> Class C	<input type="checkbox"/> Other: Please specify	
Note: For Class A, B, D, E, F it is mandatory to have your server certified by Alberta Server Intervention Program (ASIP)			

Name of Permit Holder or Person Responsible:		Name of Insured or Organization:	
Street Address:		Street Address:	
City, Town		City, Town	
Postal Code		Postal Code	
Telephone:		Telephone:	
Fax Number:		Fax Number:	
E-Mail Address:		E-Mail Address:	

Coverage:

\$2,000,000 Liability, \$500 Deductible			
No Alcohol		Alcohol	
<input type="checkbox"/>	1-50 Guests - \$45	<input type="checkbox"/>	1-50 Guests - \$90
<input type="checkbox"/>	51 - 100 Guests - \$65	<input type="checkbox"/>	51 - 100 Guests - \$140
<input type="checkbox"/>	101 - 250 Guests - \$90	<input type="checkbox"/>	101 - 250 Guests - \$170
<input type="checkbox"/>	251 - 500 Guests - \$125	<input type="checkbox"/>	251 - 500 Guests - \$190
<input type="checkbox"/>	501 - 1000 Guests - \$150	<input type="checkbox"/>	501 - 1000 Guests - \$300
Note: For Functions over 1000 guests, please call 489-4961 for a quotation			

Payment

Total Premium:	\$		
<input type="checkbox"/> Credit Card	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	
Name of Card Holder:			
Card Number:		Expiry Date:	

THIS APPLICATION IS SUBMITTED WITH THE FOLLOWING SPECIFIC UNDERSTANDING:

- Our office must receive a faxed copy of this application at least twenty four (24) hours prior to commencement of function.
- Confirmation of insurance will be faxed or emailed, as indicated in the contact section above.

Applicant Signature: _____ Date: _____



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