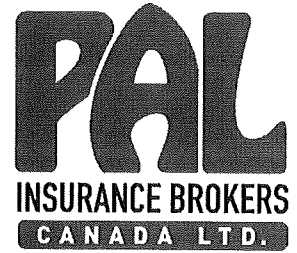


Liquor Liability Only Application

BROKER SUBMISSION (Premiums are NET. Commission not included.)

1412 - 1st Street SW Calgary, AB T2R 0V8
 T: 1-800-661-1608 F: 403-261-3903
 E: alberta@palcanada.com

www.palcanada.com



Fax or e-mail of this application must be received by our office a minimum of one hour prior to the Effective Time. The Transmission Confirmation Report from your fax machine or sent email is proof you have submitted the application to PAL Insurance Brokers Canada. If not received, we will not bind coverage, no policy will be issued.

If a liquor permit or liquor license is required by the governing liquor control board, please ensure that it is issued prior to requesting coverage.

Name of Insured: _____

Mailing Address: _____

City, Province: _____ Postal Code: _____

Telephone: () _____ E-mail: _____

Additional Insured: _____

Mailing Address: _____

Type of Event: _____ Attendance: _____

Event Location Name: _____

Address: _____

Effective Date: _____ (MM/DD/YY) *Effective Time: _____ AM PM

Expiry Date: _____ (MM/DD/YY) *Expiry Time: _____ AM PM

*Effective and Expiry Times must match liquor license. If no license required times cannot exceed 9:00am to 3:00am the following day.

COVERAGES		LIMIT OF LIABILITY		DEDUCTIBLE
Inclusive Limit	Liquor Liability Coverage Only	\$ __,000,000.00	Bodily Injury each occurrence	\$250.00
	a. Bodily Injury Liability		Property Damage each occurrence	
	b. Property Damage Liability		Aggregate	

Attendance	\$1,000,000.00	\$2,000,000.00	\$3,000,000.00	\$4,000,000.00	\$5,000,000.00
1-100	\$80.00	\$110.00	\$156.00	\$163.00	\$171.00
101-500	\$105.00	\$125.00	\$195.00	\$200.00	\$210.00
501-1,000	\$145.00	\$170.00	\$215.00	\$230.00	\$240.00

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 for quotation.

Premium: \$ _____ + Broker Fee: \$ _____ + Tax (if applicable) \$ _____ = Total: \$ _____

ONLY the Premium is payable to PAL Insurance Brokers Canada Ltd. DO NOT SEND BROKER FEE NOR TAX. Insured's cheque or credit card will not be accepted.

Payment Options: Broker's Visa Broker's MasterCard Broker's Cheque
 Broker's Visa or MasterCard No: _____ Expiry: _____

BROKERAGE/ COMPANY: _____

Broker/ Agent: _____

Address: _____

City, Province: _____ Postal Code: _____

Telephone: () _____ Fax: () _____

Broker/ Agent E-mail: _____

*Broker/ Agent Signature: _____

*By signing this application, you are stating that you and your brokerage are compliant with the PIPEDA.