



SPECIAL RISK INSURANCE MANAGERS

Suite 103, 8411 – 200th St. Langley BC. V2Y 0E7
TOLL FREE 1800 993 6388 | FAX 604 888 1008 | WWW.SRIM.CA

Facility User Program SHORT FORM INSURANCE APPLICATION (NON-SPORT)

1. Name of Applicant/Insured: _____
 2. Mailing Address: _____
 3. Contact Name: _____
 4. Describe Event/Activity: _____
 5. Food/Drink Provided – by whom: _____
 6. Location: _____
 7. Effective Date: _____ AM _____ PM
Expiry Date: _____ AM _____ PM
 8. Please provide the following information about daily activities and estimated attendance:

	Main Activity	Attendance	Other	Total
Day 1	_____	_____	_____	_____
Day 2	_____	_____	_____	_____
Day 3	_____	_____	_____	_____
 9. Will there be liquor served at any of the activities? Yes____ No ____
 10. Describe any safety measures/risk management plans, i.e., parking, traffic, security, supervision, first aid, evacuation.

- Authorized Signature: _____ Position: _____
- Please Print Name: _____ Date: _____