



EVENT INSURANCE APPLICATION

Date of Application: _____ Permit #: _____

Organizing Club: _____ Acronym: _____

Club Contact: Name: _____ Telephone: _____

Email: _____

Name of Event _____

Type of Event _____

Event Date From: _____ To: _____ Number of Days: _____

Set Up Day (if different from Event Date) _____ Tear Down Day _____ Name of _____

Competition Facility: _____

Location of Competition Facility: Name(s) of _____

Additional Insured: _____

(Please include a copy of the signed contract
Specifying the request of Additional Insured)

NOTE: Clubs applying for **Multiple events** must attach a separate schedule showing details of each event covered.
Full payment for Multiple events required at time of request.

Rate Codes and fees – include \$50 late fee if applying less than 14 days before the event

8% Provincial sales tax _____

PAYMENT DUE (Payable to Stoneridge Specialty Insurance): _____

Payment Made By: E-transfer _____ Cheque by mail/courier _____

Signature of Authorized Applicant: Printed _____

Name of Authorized Applicant: _____

Position of Applicant: _____

Forward to: Sandra Johnston sandraj@stoneridgespecialty.ca or Fax: 1 905-648-7399
1136 Sandhill Drive, Unit 4. Ancaster, ON L9G 4V5

STONERIDGE OFFICE USE	Affiliation Verified:		Date Received	
	Rate Code Checked		Date Sent to Insurer	
	Payment Received:		Date Issued to Club	
	Invoice #:		Certificate #	
	Confirmation of Permit:			