



# 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 **Annual Certificates** must attach a separate schedule showing details of each event being covered. Full payment for Multiple events required at time of request.

FORWARD APPLICATION & PAYMENT TO: Sandra Johnston [sandraj@stoneridgespecialty.ca](mailto:sandraj@stoneridgespecialty.ca) or Fax: 1 905-648-7399  
1136 Sandhill Drive, Unit 4. Ancaster, ON L9G 4V5

Rate Code(s): \_\_\_\_\_

Amount: \_\_\_\_\_

8% Tax \_\_\_\_\_

Risk Management Fee \_\_\_\_\_

Late Fees (if applying less than 14 days before the event) add \$50.00: \_\_\_\_\_

HST (on Risk Management & Late fee) \_\_\_\_\_

**PAYMENT DUE (Payable to Stoneridge Speciality Insurance):** \_\_\_\_\_

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

Signature of Authorized Applicant: \_\_\_\_\_

Printed Name of Authorized Applicant: \_\_\_\_\_

Position of Applicant: \_\_\_\_\_

<b>STONERIDGE INSURANCE OFFICE USE</b>	Affiliation Verified:		Date Received:	
	Rate Code Checked:		Date Sent to CASC-OR:	
	Payment Received:		Date Issued to Club:	
	Invoice #:		Certificate #:	
	Confirmation of Permit:			