

PEARSON DUNN

ASSEMBLY OF CATHOLIC BISHOPS OF ONTARIO LIABILITY INSURANCE PROGRAM FOR USE OF CHURCH FACILITIES & PARISH EVENTS

Who can apply?

Anyone applying for permit use of a Member Parish Facility where an insurance application has been completed and payment received - subject to Approved Activity ONLY.

How to Apply?

The **Application** and **Full Payment** must be received a minimum of 2 weeks prior to the start of the event. Coverage is valid **only if premium has been paid in full**. Confirmation will **only** be provided upon receipt of completed application and payment. **Fax copies of applications** will **only** be accepted if payment is made by online banking. Confirmation will be provided to the **Parish** by **email or fax**. Please ensure this information is provided on the application.

Payment Options

1. By Cheque, payable to: **Pearson Dunn Insurance Inc.**
2. By Online Banking:
 - Please add Pearson Dunn Insurance as a “new payee”
 - Please enter the following account number:
Banks: Scotiabank, TD Canada Trust, Royal Bank, CIBC, Bank Of Montreal
Account Number: **ONTC55**

What Else Should I Know?

Because of your operations, or actions, you are open for possible suit from Third Parties. You may not be liable but you will need to be defended in court. A liability policy pays for this defence as well as any costs found against you. Legal fees can be very expensive and this can be an affordable way to have them covered. This policy covers your legal liability for bodily injury to or damage to property of others such as spectators, passers-by, property owners and others resulting from your activity. **This policy provides Commercial General Liability in the amount of \$2,000,000 per occurrence and all claims are subject to a \$500 deductible. This policy also includes Liquor Liability for those events where liquor is dispensed and the Event Including Alcohol premium has been paid.**

Applications to be forwarded to:

Pearson Dunn Insurance Inc.
435 McNeilly Road, Suite 103, Stoney Creek Ontario, L8E 5E3
Phone: 1-877-813-4649 Fax: 905-643-8321

PEARSON DUNN

ASSEMBLY OF CATHOLIC BISHOPS OF ONTARIO RATING SCHEDULE

Type of Event	Estimated # of Participants	Premium for Event with No Alcohol	Premium for Event Including Alcohol
(1) Individual / Group Events <i>including Dances, Receptions, Showers, Anniversary Celebrations, etc.</i>	1-25	\$27.00	\$129.60
	26-100	\$75.60	\$210.60
	101-250*	\$129.60*	\$264.60*
(2) Daytime Individual / Group Events only for events listed below and which are ending prior to 8:00 p.m. <i>Showers, anniversary celebrations, first communion, confirmation, baptism, daytime reception</i>	1-25	\$27.00	\$27.00
	26-100	\$75.60	\$75.60
* For larger daytime groups use the Individual / Group event rates as per (1) above			
Multiple Day-Same Event	***Contact Pearson Dunn Insurance		
(3) Meetings <i>i.e. Community Association (daily rate)</i>	1-25	\$16.20	Contact Pearson Dunn Insurance
	26-100	\$27.00	
	101-250	\$75.60	
(4) Series of Meetings Series of Weekly Meetings (annual rate) Series of Monthly Meetings (annual rate)	1-25	\$102.60	
	26-100	\$129.60	
	101-250	\$156.60	
<p>All Premiums Include 8% Tax Premiums of \$50 or more include \$20 Broker Administration Fee Broker Administration Fee is Non-Refundable in the event of Cancellation ***For questions please contact the Pearson Dunn office 1-877-813-4649 Toll Free for the Parish Program Coordinator parishprogram@pearsondunn.com</p>			

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 Tel: 1-877-813-4649 Fax: (905) 643-8321 Email: parishprogram@pearsondunn.com

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ASSEMBLY OF CATHOLIC BISHOPS OF ONTARIO APPLICATION FOR USE OF CHURCH FACILITIES

1	Name of Applicant:			
2.	Contact Name:			
3.	Street Address:			
4.	City:		Postal Code:	
5.	Telephone:		Contact Persons Fax and/or Email Address:	
6	Contact Persons Fax and/or Email Address:			
6.	Name of Parish:	St. Patrick's Parish, Fallowfield	Email Address of Parish:	stpatricks1866@rogers.com
	Name of Diocese:	Archdiocese of Ottawa		
7.	Describe Event: <i>(reception, shower, meeting, etc.)</i>			
8.	Will alcohol be served?	~ Yes ~ No		
9.	Confirm # of participants:			
10.	Location of Event:	Msgr. Baxter Parish Hall 15 Steeple Hill Cres, Nepean, ON K2R 1G2		
11.	Date of Event: Be specific, include start & end if multiple dates.		Start & End Time:	

Total Premium Enclosed: *(please refer to rating schedule attached)* \$ _____

Payment Terms: **We do not accept cash, credit cards or post-dated cheques**

Cheque # _____ On-Line Banking (please enter confirmation # here) _____

Signature of Applicant _____ Date ____/____/____
DD MMM YYYY

Office Use Only	
Date Application Received ____/____/____	Date Payment Received: ____/____/____
Confirmation provided by: Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Office Visit <input type="checkbox"/> Date: ____/____/____ DD MMM YYYY	

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