



To: **HUB International Ontario Limited – St. Catherines**

# Pages \_\_\_\_

Fax: **905-688-9381**

Attn: Susan Dinning, CIP, CAIB  
Client Services Representative

Re: **Liquor application for event off premises**  
**Policy Number: ING#551461627-1012**

\*\*Attach copy of Special Occasion Permit if you are serving liquor

Full name and address of facility:

Type of Function:

\_\_\_\_\_

Licensed Facility Insurance Information:

\_\_\_\_\_

Company name \_\_\_\_\_

Phone: \_\_\_\_\_

Policy number: \_\_\_\_\_

Name and Address of Insured organization/association:

University of Windsor Students' Alliance and Uniwin Student Pub  
401 Sunset Avenue  
Windsor ON N9B 3P4

Number of People at function: \_\_\_\_\_

Club and/or Association holding event: \_\_\_\_\_

Location of function: \_\_\_\_\_

Name of hall or location: \_\_\_\_\_

Date from: \_\_\_\_\_ am/pm to: \_\_\_\_\_ am/pm

COVERAGES:      Liquor Liability Limit \$5,000,000 Bodily injury each occurrence  
Property Damage each accident  
\$1,000 deductible

SIGNATURE TO BIND:

\_\_\_\_\_ Insured

\_\_\_\_\_ Date