



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