

Affiliated Municipal Groups Liability Questionnaire

1. NAME OF ORGANIZATION _____
- KEY CONTACT: _____ POSITION: _____ PHONE NO. _____
2. (A) IS YOUR ORGANIZATION INCORPORATED? YES NO NON-PROFIT? YES NO
- IF YES, PLEASE SUBMIT A COPY OF THE LETTERS PATENT.
- (B) DOES YOUR ORGANIZATION CARRY LIABILITY INSURANCE? _____
- (C) NAME OF INSURANCE COMPANY/INSURANCE BROKER _____
- (D) ARE THERE ANY EMPLOYEES? FULL TIME _____ PART TIME _____
- (E) NUMBER OF FUNCTIONS WHERE LIQUOR IS SERVED _____ ATTENDANCE _____
- (F) DESCRIPTION OF ACTIVITIES INCLUDING EVENTS HELD DURING THE YEAR.

3. IS THERE AN EXECUTIVE? _____ NUMBER OF MEMBERS _____
4. ARE ALL ACTIVITIES HELD ON MUNICIPAL PREMISES? _____
IF NO, EXPLAIN _____

5. ARE THERE ANY INDIVIDUALS (E.G. INSTRUCTORS) UNDER CONTRACT? _____
6. NUMBER OF COACHES _____ NUMBER OF ASSISTANT COACHES _____
7. IS THE ORGANIZATION ASSOCIATED WITH ANY PROVINCIAL OR REGIONAL BODY? _____
IF YES, EXPLAIN _____

8. NUMBER OF PARTICIPANTS _____ NUMBER OF VOLUNTEERS _____
- DATE: _____
- COMPLETED BY: _____ POSITION: _____