

MARSH

MARSH MERCER KROLL
GUY CARPENTER OLIVER WYMAN

Marsh Canada Limited
161 Bay Street, Suite 1400
Toronto, Ontario M5J 2S4

Anglican Church of Canada
Single Event, Individual and User Groups Liability Application

IMPORTANT

Please, complete this application in full, since it forms the basis upon which insurance is provided. In the event of a non-disclosure and/or misrepresentation, the policy may be voided at the option of the insurer.

Payment of premium, fee and applicable taxes must be made to the church before coverage can be placed; applicant acknowledges failing to provide payment with the application will result in delays processing your policy.

Cheques payable to Marsh Canada Limited must be issued by the church.

INSURED CONTACT DETAILS

Name of Individual or User Group

Mailing Address

E-Mail Address

City

Province

Postal Code

SECTION I - COMPLETE FOR SPECIAL (SINGLE) EVENTS

Name of Church

Certificate Number

Method of Payment to the Church:

Cash Cheque

Name of the Individual Arranging the Event

Event Contact Phone Number
()

Event Contact Fax Number
()

Type of event (briefly describe activities):

Estimated Number of Attendees:

Will Alcohol be served:

Yes No

Start Date of the Event:

/ /
mon dd yyyy

End Date of the Event:

/ /
mon dd yyyy

(Not withstanding the policy expiry date of December 31, 2010, coverage will terminate after the End of the event)

Premium for Event:

\$

Sales Tax (8%):

\$

Total Premium for Event:

\$

SECTION II - COMPLETE FOR ALL INDIVIDUAL AND USER GROUPS

Individuals or Groups that meet on the premises on a regular basis and "DO NOT SERVE ALCOHOL"

No annual coverage available for users who serve alcohol

Name of Church

Certificate Number

TO 127

Method of Payment to the Church:

Cash Cheque

Name of the Individual Arranging the Event

Event Contact Phone Number
()

Event Contact Fax Number
()

Type of event (briefly describe activities):

Start Date of the Event:

/ /
mon dd yyyy

End Date of the Event:

/ /
mon dd yyyy

Will this event involve minors (under 18):

Yes No

How often does this group meet?:

Weekly Monthly Other :

Group Premium for Event:

\$

Sales Tax (8%):

\$

Total Group Premium for Event:

\$

DECLARATIONS

The Applicant represents that the statements and facts contained within this application are true and that no material facts have been suppressed or misstated, asserts that he/she is authorized to sign this application on behalf of the Group, and acknowledge will assume legal responsibility for the operations of the group applicant if the group is not a legal entity. Completion of this form does not bind coverage. Applicant's acceptance of an insurer's quotation is required prior to binding coverage and policy issuance. It is agreed that this form shall be the basis of the contract should a policy be issued.

Signature must be that of the applicant.

WHEN ISSUING PAYMENT PLEASE INDICATE CHURCH CERTIFICATE NUMBER ON CHEQUE.

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Transparency and Privacy Compliance Consent Form

BETWEEN: MARSH CANADA LIMITED ("Marsh")

AND: _____ (the "Client")

A. PRIVACY COMPLIANCE

The Client hereby acknowledges that Marsh has been retained by the Client, the Association, and/or a member of the Association, which is a Client, to provide insurance coverage and products to its members and/or to acquire or renew a policy or policies of insurance or to provide Surety, Consulting, and/or Risk Management Services for the Client, Association and/or members of the Association, under which the Client, individual Client, named individual members of the Client, named individuals in addition to the Client, or where the Client is a commercial or other entity, its employees, servants and representatives (hereafter collectively called "insured individuals") may be insured.

As part of the application for new or renewal insurance coverage(s) or to provide Surety, Consulting and/or Risk Management Services, the Client hereby authorizes and expressly consents to Marsh collecting, using or disclosing Personal Information of such insured individuals as required and as permitted pursuant to relevant privacy laws or other laws and providing such Personal Information to third parties as required, including insurance companies, intermediaries, reinsurers, other brokers, claims adjusters, the association if applicable, and other third parties involved in providing the above services as outlined in Marsh's Privacy Policy which can be viewed at www.Marsh.ca or can be forwarded to the Client on request.

Where there are insured individuals in addition to the Client, or where the Client is a commercial or other entity, the Client hereby covenants and warrants that the Client has obtained the appropriate consent from all of the insured individuals for its disclosure of their Personal Information to Marsh and to the collection, use and disclosure of their Personal Information by Marsh for these purposes and has either provided a copy of Marsh's Privacy Policy or referred the insured individuals to the Marsh.ca website. The Client agrees to indemnify and hold Marsh harmless for any claims arising from the Client's breach of this warranty.

B. COMMISSION DISCLOSURE

Marsh Commissions:

Coverage Type	Insurer Name	Premium (\$)	Commission Percentage (%)	Income (\$)	Administration Fee (\$)	Enhanced Commission (%)
User Group (1-250 Attendants No Alcohol)	AllSport Insurance marketing, Ltd.	\$64.00	15.00%	\$9.60	\$36.00	0.00%
User Group (251-500 Attendants No Alcohol)	AllSport Insurance marketing, Ltd.	\$128.00	15.00%	\$19.20	\$47.00	0.00%
User Group (1-250 Attendants With Alcohol)	AllSport Insurance marketing, Ltd.	\$128.00	15.00%	\$19.20	\$47.00	0.00%
User Group (251-500 Attendants With Alcohol)	AllSport Insurance marketing, Ltd.	\$213.00	15.00%	\$31.95	\$68.00	0.00%
Group Flat Rate	AllSport Insurance marketing, Ltd.	\$64.00	15.00%	\$9.60	\$36.00	0.00%

Notes: Enhanced Commissions - In some circumstances, the Enhanced Commission may only apply to a portion of the premium.

For disclosures with respect to the items below, please refer to www.marsh.ca > About Marsh > Disclosure:

- MMC and Subsidiaries Direct & Indirect Investments In Insurance and Reinsurance Companies
- Contractual Agreements with Insurers and Wholesale Brokers
- ENCON Group Inc.
- Premium Financing -Marsh Income disclosure statement

C. SIGNATURE

PLEASE RETURN OR FAX THE SIGNED CONSENT TO THE ADDRESS OR FAX NUMBER CONTAINED IN THE APPLICATION

Client Name (or an authorized signing Officer where the Client is a commercial or other entity)(Please Print)

Signature of Client

Date (dd/mon/yyyy)

By signing this form you are consenting to the statements above.