



APPLICATION FOR LIABILITY INSURANCE

Organization _____

Mailing Address _____

City _____ Prov _____ Postal Code _____

Contact Person _____

Telephone Work _____ Home _____ Fax: _____

Email: _____

Activities and Sports _____

Number of Participants: _____

Does the organization rent, lease/maintain a building or property? Yes _____ No _____

If yes, describe use and frequency of such use: _____

Does the organization own or use motor vehicles? Describe _____

Does the organization own or use watercraft? Describe _____

Does the organization own any playground equipment?

If so describe equipment and provide full details of the maintenance program in place: _____

Note: MacDonald Chisholm Trask Insurance reserves the right to refuse insurance coverage in total, or in part, if it is determined that the associated risks are unacceptable. At no time prior to issuance of an insurance policy does MacDonald Chisholm Trask Insurance or RNS guarantee that coverage will be available.

This application form a cheque made payable to Recreation Nova Scotia must be sent to:

Recreation Nova Scotia

5516 Spring Garden Road, Suite 309

Halifax, NS B3J 1G6

Attention: Bernie Jollie, Recreation Nova Scotia, Office Coordinator

Telephone: (902) 425-1128 Fax: (902) 422-8201