



2007-2008 Application Comprehensive General Liability Insurance Ontario Association of Parents in Catholic Education

Limit of Liability = \$1,000,000

Please check one: New Application Renewal

Name of School Council: _____

School Board: _____

Mailing Address: _____

City: _____ Postal Code: _____

Main Contact Person: _____ Phone #: _____

Fax #: _____ Email Address: _____

Risk Location (frequent meeting place) if different from above: _____

City: _____ Postal Code: _____

Total number members/volunteers: _____

Please provide a brief description of the operations/activities of your association:

LOSS HISTORY (in the past 5 years, if any):

| Type of Loss | Date | Amount Paid |
|--------------|------|-------------|
| | | |
| | | |
| | | |

Date: _____ Name of person submitting application: _____

Cheque in the amount of \$850 + \$68 (PST) = \$918 should be made payable- and mailed directly- to:

LMS PROLINK Ltd. 800 – 480 University Avenue TORONTO ON M5G 1V2