

Please fill-in **all** fields on the application and return to: Meeting and Conference Facilities Assistant
Executive Council
Email: EXC.ClientSupport-Facilities@gov.ab.ca

Room Request (the Premises)

- 11th floor, Edmonton Federal Building, 9820-107 Street NW, Edmonton, AB
- Government House, 12845 – 102 Avenue NW, Edmonton, AB

Event Information

Name of Not-for-Profit Organization

Mailing address

Name of representative

Title

Phone number

E-mail address

Date

Start time *(the Term)*

End time

Type of event *(the Activities)*
(please provide details)

Number of people

Catering requirements

Special requirements

The following information must be submitted with your application:

- Proof of registration under the Societies Act within the Province of Alberta as part of their application, **and**
- Proof of liability insurance in the amount of a minimum \$2,000,000 - Certificate of Insurance.

Cancellation

- Cancellations prior to 10 business days of the scheduled event will result in a full refund.
- Cancellations within 10 business days of the scheduled event will result in a refund of amount paid minus the deposit.
- Should the event require rescheduling due to Government of Alberta priority and an alternate date cannot be agree upon, a full refund will be returned.

Organization authorized

Name

Position Title

Signature

Date

For Internal Use Only (please print)

Received Date:

Received By:

Reviewed By:

All documentation Received: Yes No

Approved:

Comments:

Premises shall be

Room of

Instructions

- This certificate must be completed by your insurance agent or broker and submitted to Alberta Executive Council with the Facility Use Application form.
- Insurer's standard certificate of insurance is not acceptable in lieu of this certificate.
- It is understood that this certificate is issued as information only. It does not amend, extend, or alter coverages afforded by the policies described herein.
- Do not modify or alter this certificate except to enter required information in the spaces provided.

Identification of Insured

Name

Address

City / Town

Province

Postal Code

Identification of Event / Use

Description and date of your proposed activities for

General Liability Insurance

Please note that a minimum of \$2,000,000 is required.

General Liability Insurer's Name

General Liability Policy Number

Expiry Date

Limit of Liability (per occurrence)

Umbrella or Excess Liability Insurer's Name (if Applicable)

Umbrella or Excess Liability Policy Number

Expiry Date

Limit of Liability (per occurrence)

Certification

The undersigned hereby certifies that:

- The policies described herein, subject to their terms, conditions, and exclusions, have been issued to the named insured and are in force at this time.
- The undersigned is an authorized representative of each of the insurance companies listed herein, and has full knowledge of the facts set forth herein and believes them to be true.

Name of Issuing Agent

Address of Issuing Agent

City / Town

Province

Postal Code

Phone No.

Name of Authorized Representative

Signature of Representative

Date of Issue