



**ANGLICAN DIOCESE OF OTTAWA
THIRD PARTY LIABILITY INSURANCE
USER GROUP PROGRAM**

DEANERY _____

CONGREGATION _____

PLACE _____

PARISH _____

NAME OF USER GROUP _____

TYPE OF ACTIVITY _____

NUMBER OF PARTICIPANTS _____

DATES OF USE _____

PREMIUM CHARGED _____

PREMIUM ATTACHED _____

PERSON SUBMITTING FORM _____
(Please print name)

SIGNATURE _____

CONTACT TELEPHONE # _____

DATE _____

This document serves as proof of liability coverage only when a premium has been paid.

Complete and send this form with premium, payable to Anglican Diocese of Ottawa, to:

Anglican Diocese of Ottawa
Attn: Liability Insurance Administrator
71 Bronson Avenue, Ottawa, ON K1R 6G6