



ANGLICAN
DIOCESE OF
NIAGARA

USER GROUP PROGRAM

THE SYNOD OF THE DIOCESE OF NIAGARA

Name of Parish: _____ City: _____

1. If the renter does not have their own insurance coverage, they can purchase the insurance through the Synod of the Diocese of Niagara User Group Program. **Rate Schedule attached**

2. Fill out the following information for each rental:

a) Name of User Group: _____

b) Type of Activity: _____

c) Number of Participants: _____

d) Date(s) of use: _____

Will alcohol be available? Yes No If yes a liquor license and Smart servers are required and are the responsibility of the renter.

e) Premium charged: _____

3. The user receives a copy of the **Summary of Insurance Coverage**; this is the actual policy, after payment is received by you. The cheque should be made out to **"The Diocese of Niagara"**.

4. Please send the cheque or payment with a copy of this info sheet to Kim Waltmann at the Diocese of Niagara, 252 James Street, North, Hamilton, ON L8R 2L3.

5. Please contact Kim Waltmann at kim.waltmann@niagaraanglican.ca or 905-527-1316 ext 540 with any questions.

Cathedral Place
252 James St. N.
Hamilton, ON
L8R 2L3

Tel: 905-527-1316
niagaraanglican.ca

CALLED TO LIFE
COMPELLED TO LOVE