



Ministry of Municipal Affairs and Housing
 University Endowment Lands
APPLICATION TO HOLD A PUBLIC EVENT

Phone: (604) 660-1808 Fax: (604) 660-1874

TO: Manager, University Endowment Lands

Date: _____

Name of Individual or Organization Applying to Hold Event

CONTACT INFORMATION:

Name of Person Responsible Contact Telephone Number Fax Number

Address

Name of Assistant Contact Telephone Number Fax Number

Address

EVENT INFORMATION:

Name of Event

Date of Event Start Time End Time

Location of Event, including a brief description (**show location on attached map**):

Anticipated number of participants/attendees: _____

Will there be amplified music or other noise?

No Yes, please describe: _____

Will food or beverages be provided or sold?

No Yes, you will need to obtain a permit from the Health Officer at the Vancouver Coastal Health Authority 604-736-2866. The Application will not be approved unless/until a copy of the required food permit is submitted.

INSURANCE & HOLD HARMLESS AGREEMENT:

A valid Certificate of Insurance (attached) in the amount of \$5,000,000 issued to the Province of British Columbia and University Endowment Lands as well as a Hold Harmless Agreement (also attached) are required.

Applicant's Signature Print Name of Applicant Date

OFFICE USE ONLY Approved Not Approved

Manager, University Endowment Lands Date

c: RCMP – UBC Detachment
 Vancouver Fire Dept. – Hall #10
 UEL Public Works
 Applicant



UNIVERSITY ENDOWMENT LANDS HOLD HARMLESS AGREEMENT

_____ (the Licensee) will indemnify and save harmless the Province of British Columbia, Ministry of Municipal Affairs and Housing, University Endowment Lands (UEL), its employees and agents, from and against any and all losses, claims, damages, actions, causes of action, costs and expenses that the UEL may sustain, incur, suffer or be put to at any time either before or after the expiration or termination of this Agreement, where the same or any of them are based upon, arise out of or occur, directly or indirectly, out of the Licensee's occupancy or use of _____ (the Property) or by reason of any act or omission of the Licensee or of any agent, employee, officer, director, sub-licensee or invitee of the Licensee pursuant to this Agreement, excepting always liability arising out of the independent negligent acts of the UEL.

Licensee's Insurance

1. The Licensee shall, without limiting its obligations or liabilities herein and at its own expense, provide and maintain at all times throughout the term of this Agreement, the following insurance with insurers licensed in British Columbia and in forms and amounts acceptable to the UEL:
 - (a) Comprehensive General Liability in an amount not less than Five Million (\$5,000,000) Dollars inclusive per occurrence against bodily injury, personal injury and property damage occurring on, in or about the Property and including liability assumed under contract. The UEL is to be added as an additional insured under this policy, and this policy shall be endorsed to provide the UEL with 30 days advance written notice of cancellation or material change.
2. The Licensee shall provide the UEL with evidence of all required insurance upon request. Such evidence of insurance shall be in the form of a detailed Certificate of Insurance. When requested by the UEL, the Licensee shall provide certified copies of required insurance policies.

The Licensee hereby waives any right of recourse it may have or obtain against the Province of British Columbia, Ministry of Municipal Affairs and Housing, University Endowment Lands, its employees or agents, with regard to loss or damage to its property located on, in, or about the Property.

Business Name: _____

Applicant: _____ Title: _____

Signature: _____ Date: _____



CERTIFICATE OF INSURANCE

Freedom of Information and Protection of Privacy Act
 The personal information requested on this form is collected under the authority of and used for the purpose of administering the *Financial Administration Act*. Questions about the collection and use of this information can be directed to the Director, Client Services, Core Government and Crowns at 250 356-8915, PO Box 9405 STN PROV GOVT, Victoria BC V8W 9V1.
Please refer all other questions to the contact named in Part 1.

Part 1 To be completed by the Province

THIS CERTIFICATE IS REQUESTED BY and ISSUED TO (<i>Name of office</i>) Ministry of Municipal Affairs and Housing, University Endowment Lands		AGREEMENT IDENTIFICATION NO.	
PROVINCE'S CONTACT PERSON NAME & TITLE Jonn Braman, Manager		PHONE NO (604) 398-5180	
MAILING ADDRESS 5495 Chancellor Boulevard, Vancouver, BC		FAX NO (604) 660-1874	
CONTRACTOR NAME		POSTAL CODE V6T 1E2	
CONTRACTOR ADDRESS		POSTAL CODE	

Part 2 To be completed by the Insurance Agent or Broker

INSURED	NAME		
	ADDRESS		POSTAL CODE
OPERATIONS INSURED	PROVIDE DETAILS		
TYPE OF INSURANCE <i>List each separately</i>	COMPANY NAME, POLICY NO. & BRIEF DESCRIPTION	EXPIRY DATE YYYY/MM/DD	LIMIT OF LIABILITY/AMOUNT

This certificate certifies that policies of insurance described herein are in full force and effective as of the date of this certificate and comply with the insurance requirements of the Agreement identified above, except as follows:

AGENT OR BROKER COMMENTS:

AGENT OR BROKER	ADDRESS	PHONE NO ()
SIGNED BY THE AGENT OR BROKER ON BEHALF OF THE ABOVE INSURER(S)		DATE SIGNED

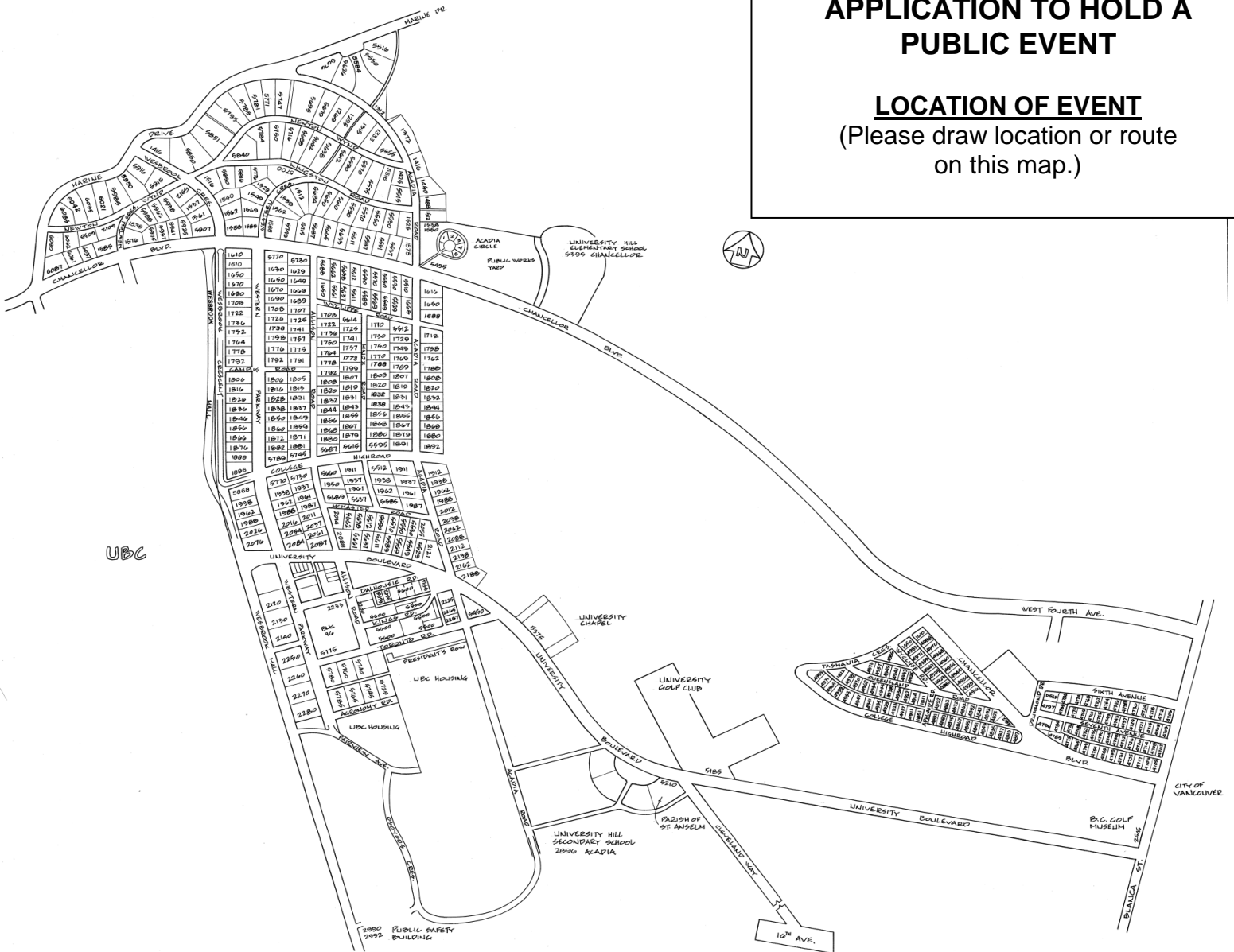
**University Endowment Lands
Residential Areas A, B and C**

UNIVERSITY ENDOWMENT LANDS

**APPLICATION TO HOLD A
PUBLIC EVENT**

LOCATION OF EVENT

(Please draw location or route
on this map.)



UNIVERSITY ENDOWMENT LANDS		
DATE: OCT/89 FEB/99	ADDRESS MAP	SCALE: 1:5000 DRAWN: JD

South-West Marine Drive (from approximately 16th Avenue to Camosun Street)

