



Making a difference...together

**JUAN DE FUCA LOCAL AREA SERVICES
FACILITY USE APPLICATION**

GENERAL INFORMATION

The Facility Use Permit requires the following:

- Submission of a completed Use Permit application form (copy attached)
- Submission of a signed copy of the release and indemnification form (copy attached)
- Submission of rental fee, if applicable, janitorial and security deposit (see attached fee schedule)
- Submission of a proof of commercial general liability insurance policy with the Capital Regional District added as additional insured.

OR

- Participation in the CRD Third Party Insurance Program and submission of the CRD Facility Rental Insurance Application (non-sport) (see Overview, User Group Rating Schedule attached)
- Submission of a copy of a Liquor or Casino Licence, when applicable

A use permit for the facility will be issued when:

- The above documentation has been received in its entirety.
- The permit application has been approved by the CRD.
- The non-refundable permit fees has been received, when applicable.
- The refundable security deposit and janitorial fee has been received, when applicable.



Making a difference...together

Juan de Fuca Local Area Services

FACILITY USE APPLICATION

The Capital Regional District has a Use Permit system to properly manage all major activity and event uses within its facilities. At all times, we endeavour to ensure that any special use of any facility does not have a negative impact on the structure and associated facilities, or other users. All activities and uses within the facility are subject to rules, fee structures and any associated provincial regulations and bylaws.

Note: The person signing the application form is responsible for ensuring that all conditions are met, and is expected to be on-site during the event.

APPLICANT INFORMATION

COMPANY/SOCIETY/INDIVIDUAL:		COMPANY INC. NO./SOCIETY NO. (when applicable):	
MAILING ADDRESS:		CITY & PROVINCE:	POSTAL CODE:
BUSINESS PHONE:		FAX NO.:	
NAME OF COMPANY/SOCIETY REP:		POSITION:	
BUSINESS PHONE:	CELL/HOME PHONE:	EMAIL:	

EVENT INFORMATION

TYPE OF EVENT/ACTIVITY:		EVENT/ACTIVITY DATE(S):	
DAY(S) OF WEEK:		TIMES:	
SET-UP TIMES BEGIN: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM		DISMANTLE: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	
EVENT TIMES START: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM		FINISH: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	
LIQUOR LICENCE: <input type="checkbox"/> N/A <input type="checkbox"/> Attached to Facility Use Application			
PURPOSE OF EVENT/ACTIVITY:			
NUMBER OF PARTICIPANTS:	NUMBER OF SPECTATORS:	VOLUNTEERS/PERSONNEL:	
EVENT DESCRIPTION: (Describe all activities you are planning during this event – Use additional paper if necessary)			

EQUIPMENT NEEDS

TABLES: <input type="checkbox"/> YES Number: _____ <input type="checkbox"/> NO	TABLE SKIRTS: <input type="checkbox"/> YES <input type="checkbox"/> NO	CHAIRS: <input type="checkbox"/> YES Number: _____ <input type="checkbox"/> NO
---	---	---

INSURANCE

SEE ATTACHED INSURANCE SCHEDULE	
<input type="checkbox"/> CRD SPECIAL EVENT INSURANCE	<input type="checkbox"/> OTHER, specify: (Attach Certificate)

I HEREBY CERTIFY THAT ALL THE INFORMATION PROVIDED FOR THIS APPLICATION IS TRUE AND CORRECT.	
SIGNATURE: _____	DATE: _____

FREEDOM OF INFORMATION
Personal information contained on this form is collected under the authority of the <i>Local Government Act</i> and is subject to the <i>Freedom of Information and Protection of Privacy Act</i> . The personal information will be used for purposes associated with the facility use application. Enquiries about the collection or use of information in this form can be directed to the Freedom of Information and Protection of Privacy contact: Manager, Information Services at 250-360-3000.

APPROVAL – FOR OFFICE USE ONLY		
DATE: _____		
INSURANCE QUOTE/BINDER RECEIVED: <input type="checkbox"/> YES <input type="checkbox"/> NO	MAINTENANCE STAFF INFORMED OF EVENT: <input type="checkbox"/> YES <input type="checkbox"/> NO	
APPLICANT ISSUED CONFIRMATION OF APPROVAL: <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> LETTER <input type="checkbox"/> EMAIL <input type="checkbox"/> PHONE <input type="checkbox"/> RECEIPT	DATE: _____
LIQUOR LICENCE: <input type="checkbox"/> N/A <input type="checkbox"/> Received _____ General Manager, Planning & Protective Services		
FILE NOTES: _____		

CONTACT INFORMATION

Juan de Fuca Local Area Services Building
 3 – 7450 Butler Road, Otter Point, BC
 T: 250.642.1500 | F: 250.642.5274

Mailing Address
 3 – 7450 Butler Road
 Sooke, BC V9Z 1N1

JUAN DE FUCA LOCAL AREA SERVICES

FACILITY USE RENTAL FEES AND DEPOSITS – May 30, 2014

Room Use	Room Rental *	Janitorial Cost	Security Deposit**
Meetings & recreation programs	\$25 for first 4 hours and \$50.00 for 5 or more hours	\$25.00**	n/a
Private events e.g., weddings, dances	\$500.00 a night/day	\$50.00	\$100.00
All events open to the public with entrance fees	\$500.00 a night/day	\$50.00	\$100.00
All events open to the public without an entrance fee or donation	\$250.00 a night/day	\$50.00	\$50.00

*Rental fees will not be charged for Juan de Fuca Electoral Area not-for-profit meetings but the group will be required to provide a \$25 Janitorial deposit which will be refunded if not required.

**Refunded if not required. Full charge for security company dispatch.

FACILITY USE INSURANCE SCHEDULE

The permit holder must maintain insurance for the facility use permit which authorizes a use or activity where a potential risk to loss or damage to the permit holder's clients, other users, or the Capital Regional District (CRD) is present.

Insurance is to be provided, maintained and paid for by the permit holder and shall include:

- Commercial General Liability Insurance in an amount not less than \$2,000,000 (two million dollars) inclusive per occurrence against bodily injury, personal injury and property damage and including liability assumed under contract.
- If alcohol is being served at the event, this policy coverage should not exclude Host Liquor Liability.
- The Capital Regional District is to be added as an additional insured on this policy and the policy shall include a cross liability clause.
- The policy shall contain a clause providing that the insurer will give the Capital Regional District 15 (fifteen) days prior written notice in the event of cancellation or material change to the insurance.
- The permit holder shall provide the Capital Regional District with evidence of such insurance coverage in the form of an executed copy of a Certificate of Insurance, prior to the issuance of the permit.

For those groups or individuals who do not have an insurance policy in place, Insurance coverage may be available under the Capital Regional District's Third Party Insurance Program.

If needed, please fill out and return the CRD Facility Rental Insurance Application (Non-Sport or Sport) to arrange for an insurance premium quote.



Making a difference...together

OVERVIEW OF THE THIRD PARTY USER INSURANCE PROGRAM

BACKGROUND

Periodically an individual, Society, group and/or company requests the use of a Capital Regional District (CRD) facility or property to host an event. These events include, but are not limited to, meetings, dances, theatre and various sporting activities.

Although CRD facilities are sometimes made available, the CRD does not have any care, custody and control over these events and as such requires the User to provide proof of Commercial General Liability (CGL) insurance protecting the CRD from any related claims.

If the User indicates that they have insurance, they **must** add the Capital Regional District as an additional insured on their CGL policy and provide evidence of this insurance.

If alcohol is to be served, the CGL policy must **not** exclude Host Liquor Liability.

Recognizing it may be difficult for some Users to meet the insurance requirement, the CRD has arranged a User Group Insurance Program, through our Insurance Broker.

DETAILS OF COVERAGE:

The Commercial General Liability policy is underwritten by All Sport Insurance Marketing Ltd. and administered through our Insurance Broker, Aon Reed Stenhouse Inc. The policy provides a \$2,000,000 limit of liability for third party bodily injury and third party property damage.

INSURANCE PREMIUMS

The insurance premiums are indicated on the attached **User Group Rating Schedule**. The premiums are based on the type of event, the number of participants and the level of risk. Please note the excluded activities. For quotes on High Risk events, contact the Manager, Risk & Insurance.

Any organization, group or event may be denied coverage under the Insurance Policy at the discretion of the CRD, Aon or All Sports Insurance Marketing Ltd.

ADMINISTRATION OF PROGRAM:

If the User requires insurance, they should complete a CRD Facility Rental Insurance application either for a Sport or Non-Sport event (attached).

Rates are preset for most events and the premium should be confirmed at the time of approval of the insurance application. The application should be authorized by the CRD staff or Commission member responsible for renting the facility. The original application should be kept on file and a **copy of the approved application should be provided to the applicant.**

A monthly report (form attached) must be forwarded to the Manager, Risk & Insurance at the beginning of the month following the event (i.e., events for June reported by the 5th of July). If no events take place, please forward an email confirming same.

If you have any questions about this program, please contact Nancy Moore, Manager, Risk & Insurance at (250)360-3015 or by e-mail nmoore@crd.bc.ca.



Making a difference...together

CRD FACILITY RENTAL INSURANCE APPLICATION (NON-SPORT)
625 Fisgard Street, Victoria, BC V8W 1R7

- 1. Name of Applicant (legal entity):
2. Mailing Address:
3. Telephone No: Fax No.
4. Describe Event:
5. Food/Drink provided by whom:
6. Location:
7. Effective Date: AM PM
Expiry Date: AM PM
8. Estimated attendance:
9. Will there be liquor served? Yes No
10. Describe any safety measures/risk management plans, i.e., parking, traffic, security, supervision, first aid, evacuation.

Authorized Signature: Position:

Please Print Name: Date:

The User Group Liability policy is arranged through All Sport Insurance Marketing Ltd. providing a \$2,000,000 limit of liability for third party bodily injury and third party property damage. A Certificate of Insurance will not be issued. Please keep this form for your records.

OFFICE USE ONLY

Insurance approved: Yes No Premium Collected \$

Authorized Signature: Date:

FREEDOM OF INFORMATION

Personal information contained on this form is collected under the authority of the Local Government Act and is subject to the Freedom of Information and Protection of Privacy Act. The personal information will be used for purposes associated with the User Group Insurance program. Enquiries about the collection or use of information in this form can be directed to the Freedom of Information and Protection of Privacy contact: Capital Regional District, Manager Risk, Insurance and FOI (250) 360-3015.

USER GROUP RATING SCHEDULE
2,000,000 Commercial General Liability

Rates effective January 2009

Internal Use Only

Sport Activities

Low Risk Activities: Badminton, Bowling, Curling, Dance Lessons, Horseshoes, Tennis

Medium Risk Activities: Baseball, Basketball, Field Hockey, Floor Hockey, Handball, Racquetball, Soccer, Softball, Squash, Swimming with Lifeguard, Non-Contact Touch / Flag Football, Track & Field, Volleyball

Refer to the broker for all other sports

Excluded Activities: Alpine Skiing, Boxing, Climbing Walls, Contact Hockey, Contact Martial Arts, Cycling, Fireworks, Gymnastics, Horse Related, Kickboxing, Lacrosse, Minor Hockey (18 & under), Rugby, Skateboarding/Skateboard Parks, Snowboarding, Tackle Football

All insurance inquiries & all non-Canadian user groups must be referred to the broker

Type of Event	# of Participants	Premium		
		Low	Medium	High
One Day Sporting Events • 2-3 day events are twice daily rate	1-25 26-100 101-250 Over 250	\$10 \$25 \$50 Refer	\$25 \$50 \$75 Refer	Refer Refer Refer Refer
Beer Garden -- applicable to sporting events	1-100 101-250 251-500		\$100/day \$150/day \$200/day	
All Season Sporting Activities (except hockey) <i>BASEBALL</i>	1-25 26-100 101-250 over 250	\$30 \$75 \$150 Refer	\$75 \$150 \$225 Refer	Refer Refer Refer Refer

Recreational Non-Contact Ice Hockey	Season September - April	Season May - August
Adult pickup -- max. 30 players	\$125	\$75
Adult league	\$200/team	\$100/team
Adult tournaments	Up to 8 teams 9 - 16 teams Over 16 teams	\$250 \$375 Refer
One time recreational adult hockey	1 - 30 players	\$15 (max 1½ hrs)
One time recreational skating • no sticks or pucks	1 - 25 participants 26 - 100 participants 101 - 250 participants	\$15 (max 1½ hrs) \$35 (max 1½ hrs) \$75 (max 1½ hrs)

Recreational Non-Contact Ball / Roller Hockey	Season September - April	Season May - August
Pickup -- max 30 players	\$100	\$100
League	Refer	Refer

Meetings & Events

Type of Event	# of Participants	Premium	
Meetings -- No Alcohol (including arts & craft, bridge, etc.) • seasonal -- monthly: 3 times rate • seasonal -- weekly: 5 times rate	1-25 26-100 101-250 Over 250	\$10 \$15 \$25 Refer	
	# of Participants	No Alcohol	With Alcohol
Weddings, Block Parties, Small Kids Functions, i.e birthday parties, baptism <i>Note: Rates are lower than for events below due to the familiar relationship</i>	1-25 26-100 101-250 Over 250	\$10 \$25 \$50 Refer	\$50 \$100 \$150 Refer
Events, including Festivals & Parades	1-25 26-100 101-250 Over 250	\$25 \$50 \$75 Refer	\$75 \$125 \$200 Refer
• 2-3 day meetings/events are twice daily rate • 4-5 day meetings/events are triple daily rate			



Making a difference...together

**FACILITY USE
RELEASE AND INDEMNIFICATION FORM**

The Individual, Group or Organization, hereinafter called the "Licensee", accepts and will use Capital Regional District (CRD) lands and facilities, hereinafter called the "Facilities", at its own risk and shall assume all risks and hazards incidental to use of the Facilities by the Licensee and agrees to release, absolve, save harmless and keep indemnified the CRD, its directors, officers, employees, officials, agents, servants, volunteers or representatives from and against all claims, actions, costs, expenses, and demands in respect to death, injury, loss or damage suffered or incurred by the Licensee.

No warranty is implied for use of the Facilities of the CRD and this agreement is to be binding on the Licensee, his/her heirs, executors, and assigns.

The Licensee is responsible for inspecting the Facilities prior to use to confirm they are suitable for their purpose. The Licensee agrees to accept the Facilities as is, and will use the property at their own risk.

The Licensee is responsible for ensuring the Facilities are appropriate for the activity; the activity is conducted in a safe, orderly manner; the activity is restricted to the Facilities; and the special use does not interfere with other Facilities users.

The Capital Regional District reserves the right to cancel an activity for any reason and shall not be responsible for any associated costs or damages incurred by the Licensees or others.

SIGNED this _____ day of _____, 20__

Signature

Printed Name of Person Representing Group or Organization