



Empower Results®  
Member Club Application

**CURLSASK**

*For curling activities only (Including restaurant & lounge)  
Insurance Program*



**Club/Association**

Address	→	_____
City	→	_____
Postal Code	→	_____
Contact Name	→	_____
Contact Phone No.:	→	_____
E-mail Address	→	_____
Fax No.:	→	_____

Number of Curling Sheets	→	_____
Number of Members	→	_____
Estimated Revenue from - Member dues	→	_____
Ice Rentals:	→	_____
Liquor Sales:	→	_____
Food Sales:	→	_____
Total Revenue	→	_____

Describe details of any liability claims or losses in the past three years:

**Please Note:**

**Non-curling activities are not insured but can be considered for coverage under policy or a Special event insurance must be arranged.**

**Non-curling activities examples: festivals, fairs, Rental outside of Curling season, other sport activities**

Describe details of any Non Curling activities at your building through your club:

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Please return signed completed form to:  
Sharon Voroney, CAIB, CIP  
Phone 306-569-6720 fax: 306-359-0387  
email: sharon.voroney@aon.ca