



Catholic Women’s League of Canada General Liability Insurance Program

Name of CWL Council: _____

FULL Mailing address: _____

Contact person: _____

Phone Number: _____

E-mail Address: _____

Diocese: _____

Number of Council Members as at December 31, 2008: _____

Premium: \$1.00 per member per year

Coverage: Liability Limit of \$2,000,000, Tenants Legal \$100,000

Activities organized by the council:

Description of all fund-raising activities:

Date: _____

Signature: _____

Position: _____

Cheque Attached: _____

Please note that the deadline for submitting your application for the year 2010 is December 1, 2009.