



SHORT-TERM ACCOMMODATION (STA) INSURANCE DECLARATION FORM

Municipal Address: _____

Town: _____

Postal Code: _____

Unit#: _____

Declaration

I, as the owner, solemnly declare that I have confirmed that the property complies with the Town of Wasaga Beach (Town) Short-Term Accommodation By-law insurance requirements, including maintaining general liability insurance coverage of no less than \$5,000,000 per occurrence. I further confirm that the insurance policy identifies that a short-term accommodation is being operated at the property, and that this coverage will remain in full force and effect for the entire duration that the property is operated as a licensed short-term accommodation in the Town.

I, as the owner, agree to provide to the Town satisfactory proof of such insurance, at any time, upon request. Should the insurance at any time be canceled or otherwise become void, in whole or in part, I agree to notify the Town immediately in accordance with the provisions of the Short-Term Accommodation Bylaw, and acknowledge that the license may be suspended with associated demerit points, or revoked,

Name of Owner: _____

Signature of Owner: _____

Date: _____

Notice of Collection: Personal Information is collected under the legal authority of the Municipal Act, 2001, S.O. 2001 c.25, and the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) and will be used in the administration and enforcement of the Short-Term Accommodation Licensing By-law. Personal information will only be kept for as long as necessary to fulfill the purpose for which it is collected. Questions regarding this collection, use and disclosure of personal information may be directed to the Clerk's Department, 30 Lewis Street, Wasaga Beach, ON L9Z 1A1 (705)429-3844 foi@wasagabeach.com.