



# COMMUNITY GROUP ORGANIZATIONS PROPERTY INSURANCE

## APPLICATION AND QUOTATION FORM

### INSTRUCTIONS:

1. Please answer all questions – we cannot process incomplete forms;
2. Sign and date the completed form;
3. Return the completed application and attachments to Jubilee Insurance Agencies - fax 780.955.3615 or mail to 2510 Sparrow Drive Nisku, AB T9E 8N5.

### DETAILS OF EXISTING POLICY

NAME OF INSURER: \_\_\_\_\_

EXPIRY DATE:

Month: \_\_\_\_\_ Date: \_\_\_\_\_ Year: \_\_\_\_\_

### GENERAL, CONTACT AND MUNICIPAL INFORMATION

Organization name: _____	Number of employees: _____															
Mailing address: _____	Number of volunteers: _____															
Website: _____	Current year's budget: \$ _____															
	Annual revenue: \$ _____															
Contact name: _____	Phone: _____															
Position: _____	Fax: _____															
Address: _____	Other phone: _____															
	Email: _____															
<ul style="list-style-type: none"> <li>▪ In what county or MD does your organization operate? _____</li> <li>▪ Does your organization have a municipal representative on its Board of Directors?</li> <li>▪ Does the municipality provide an operating grant or other funding support to your organization?</li> <li>▪ Are municipal facilities used for the organization's administrative office?</li> <li>▪ Is the municipality regularly provided with copies of the minutes for your organization's meetings?</li> </ul>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%;">Yes</th> <th style="width: 20%;">No</th> </tr> </thead> <tbody> <tr> <td> </td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td> </td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td> </td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td> </td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		Yes	No		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No														
	<input type="checkbox"/>	<input type="checkbox"/>														
	<input type="checkbox"/>	<input type="checkbox"/>														
	<input type="checkbox"/>	<input type="checkbox"/>														
	<input type="checkbox"/>	<input type="checkbox"/>														

### ORGANIZATION TYPE

Please describe the purpose/operations of your organization:

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Please indicate the occupancy of your building:

<input type="checkbox"/> Office	<input type="checkbox"/> Museum	<input type="checkbox"/> Fire Hall
<input type="checkbox"/> Garage	<input type="checkbox"/> Community Hall	<input type="checkbox"/> Swimming Pool
<input type="checkbox"/> Storage	<input type="checkbox"/> School	<input type="checkbox"/> Arena
<input type="checkbox"/> Dwelling/senior residence	<input type="checkbox"/> Water/service building	Other: _____

Please indicate when the building is used:

<input type="checkbox"/> Year round	<input type="checkbox"/> Summer, mostly	<input type="checkbox"/> Winter, mostly
<input type="checkbox"/> When needed	<input type="checkbox"/> Never	<input type="checkbox"/> Building is vacant

Building is under construction

### BUILDING DESCRIPTION

(If quotation required for more than one building, please complete this information for each of them.)



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### BUILDING CONSTRUCTION

<b>Walls</b> Brick <input type="checkbox"/> Concrete block <input type="checkbox"/> Metal <input type="checkbox"/> Steel frame <input type="checkbox"/> Steel frame/metal clad <input type="checkbox"/> Wood frame <input type="checkbox"/> Wood frame/metal clad <input type="checkbox"/> Other (please describe) <input type="checkbox"/> _____ _____	<b>Roof</b> Concrete <input type="checkbox"/> Metal <input type="checkbox"/> Bonded <input type="checkbox"/> Steel <input type="checkbox"/> Wood <input type="checkbox"/> Wood shingle <input type="checkbox"/> Fire resistive <input type="checkbox"/> Tar and gravel <input type="checkbox"/> Other (describe) <input type="checkbox"/> _____	<b>Floor</b> Concrete <input type="checkbox"/> Dirt <input type="checkbox"/> Wood <input type="checkbox"/> Other <input type="checkbox"/>
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**Heating:**

Forced air  
 Hot water  
 No heat  
 Unit heater  
 Forced air/Natural gas  
 Other—must describe: \_\_\_\_\_

Building Sq. footage: \_\_\_\_\_ Air conditioning:  Yes  No  
 Fireplace:  None  Wood  Natural Gas  Other: \_\_\_\_\_  
 Number of stories (height of building): \_\_\_\_\_ Year built (age): \_\_\_\_\_  
 Have you made any upgrades to the original structure?  Yes  No  
 If so, date? \_\_\_\_\_ Describe: \_\_\_\_\_

Sprinklered?  Yes – 100%  Yes - \_\_\_\_%  No Fire alarm:  Yes  No  
 Intrusion alarm:  Yes  No Monitored by alarm company:  Yes  No  
 Name of monitor provider: \_\_\_\_\_  
(please submit copy of certificate from monitoring company if applicable)

Distance from nearest fire hydrant: \_\_\_\_\_  
 Distance from nearest fire hall: \_\_\_\_\_  
 Distance to nearest adjacent building: \_\_\_\_\_  
 Occupancy of adjacent building (if applicable): \_\_\_\_\_  
 Is building owned?  Yes  No Is building leased?  Yes  No  
 If leased, name of building owner: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact name and phone no.: \_\_\_\_\_  
 Replacement cost of building(s): \$ \_\_\_\_\_  
(If more than one building, identify value of each building to be insured)

Is this building insured for  Replacement cost  Actual cash value  Demolition cost  
 Betterments and Improvements limit: (if leased building) \$ \_\_\_\_\_  
 Is rental value required?  Yes  No If yes, to what value? \$ \_\_\_\_\_  
 Deductible options:  \$1,000  \$5,000  \$10,000

### CONTENTS COVERAGE



**COMMUNITY GROUP ORGANIZATIONS  
PROPERTY INSURANCE**

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Do you require it?    Yes    No                      If so, what value is required?   \$ \_\_\_\_\_  
Describe type of contents: (e.g. Sports uniforms/equipment, office furniture/equipment, maintenance tools/equipment)

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Mobile/movable outdoor equipment:  
Do you require it?    Yes    No                      If so, what value is required?   \$ \_\_\_\_\_  
Describe type of equipment: (e.g. Lawn tractors, snow blowers, scoreboards, tools)

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Have you had claims on your property policy in the last three (3) years?    Yes    No  
If yes, please indicate (1) the date(s); (2) describe the incident(s); (3) amount of settlement(s):

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\_\_\_\_\_  
Signature of individual completing this application                      Title                      Date

\_\_\_\_\_  
Please print name