

COMMUNITY GROUP RENEWAL APPLICATION  
INSURANCE PROGRAM



**INSTRUCTIONS:**

1. Please answer all questions – we cannot process incomplete forms;
2. Sign and date the completed form;
3. Please provide a copy of your Annual Return or Certificate of Incorporation along with your completed application by the first Friday in September.

By Fax: (780) 955-3615  
By Mail: 2510 Sparrow Drive, Nisku, AB T9E 8N5  
By Email: forms@RMAInsurance.com

**GENERAL, CONTACT AND MUNICIPAL INFORMATION**

MEMBER NAME \_\_\_\_\_ ID# \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

WEBSITE ADDRESS \_\_\_\_\_

Number of Employees \_\_\_\_\_ Number of Volunteers \_\_\_\_\_ Number of Board Members \_\_\_\_\_

Current Year's Budget \$ \_\_\_\_\_ Last Year's Revenue \$ \_\_\_\_\_

Main Contact \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Position \_\_\_\_\_ Other/Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Backup Contact \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Position \_\_\_\_\_ Other/Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

In what County or MD does your organization operate? \_\_\_\_\_

Do you have a municipal representative or appointee on your Board of Directors?  Yes  No

Does the municipality provide an operating grant or other funding support to your organization?  Yes  No

Are municipal facilities used for your organization's administrative office?  Yes  No

Is your organization registered as a Not-for-Profit entity?  Yes  No

Does your organization have any other groups that are separately incorporated or governed?  Yes  No

**ORGANIZATION TYPE**

Please describe in your own words the purpose/operations of your organization, and your day-to-day activities:

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## SECTION A – LIABILITY INSURANCE

### RISK SURVEY #1 – SALE AND/OR SERVICE OF ALCOHOL

**NOTE: Directly hosting** means an event involving the sale and or consumption of alcohol that is run directly by your organization. It does not apply to Outside Renters of your facilities (such as wedding parties) **however**, such Renters do require their own separate liability policy that includes Host Liquor Liability and which names your organization as an additional insured.

Will your organization be directly hosting any sale and services of alcohol in the upcoming year?  Yes  No

1 to 3 events  4 to 6 events  7 to 10 events  11 or more events

If yes, how many events are likely to have 150 or more attendees? \_\_\_\_\_

Will you be hosting Festivals, Parades, Concerts, Marches, or other Special events where a large concentration of people is expected?

Yes  No

If yes, please describe \_\_\_\_\_

Do you own and operate a lounge or licensed restaurant?  Yes  No

If yes, how many hours a week? \_\_\_\_\_ How many days a year are you open? \_\_\_\_\_ Annual liquor sales \$ \_\_\_\_\_

Do you host special events at your facility (i.e. bonspiels, wedding)  Yes  No

CONTACT OUR OFFICE AT LEAST 3 WEEKS PRIOR TO THE SPECIAL EVENT

### NOTES:

**DO YOU HAVE TENANTS IN YOUR BUILDING?**  Yes  No

TENANTS ARE NOT AUTOMATICALLY INSURED UNDER THE BUILDING OWNERS POLICY. ALL TENANTS SHOULD PROVIDE PROOF OF LIABILITY INSURANCE ON AN ANNUAL BASIS WHICH SHOWS THE BUILDING OWNER AS AN ADDITIONAL INSURED UNDER THE POLICY.

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### RISK SURVEY #2 – HIGH RISK ACTIVITIES

DOES YOUR ORGANIZATION ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES?

Check the "Yes" or "No" box for each and every activity:

**NOTE:** if any activity or event is to take place that is not checked off below, this must be reported to your Insurance & Risk Advisor before it takes place

Biking /mountain biking on ski hills	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mechanical bulls	<input type="checkbox"/> Yes <input type="checkbox"/> No
Birthing clinics	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medical counselling –	
Bow hunting	<input type="checkbox"/> Yes <input type="checkbox"/> No	hospice, grief, suicide prevent	<input type="checkbox"/> Yes <input type="checkbox"/> No
Boxing/wrestling	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medical services - midwifery, diagnosis,	
Bungee jumping	<input type="checkbox"/> Yes <input type="checkbox"/> No	treatment, casual nursing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Carnival / amusement rides	<input type="checkbox"/> Yes <input type="checkbox"/> No	Motorized racing - cars, boats, motorbikes,	
Chuck wagon races/rodeos	<input type="checkbox"/> Yes <input type="checkbox"/> No	ATV's,snowmobiles	<input type="checkbox"/> Yes <input type="checkbox"/> No
Climbing walls - indoor, outdoor	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mountain climbing / rock climbing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Counselling services – emotional, social, welfare	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mud bog / tractor pull events	<input type="checkbox"/> Yes <input type="checkbox"/> No
Demolition derbies	<input type="checkbox"/> Yes <input type="checkbox"/> No	Paintballing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Extreme sports	<input type="checkbox"/> Yes <input type="checkbox"/> No	Parades	<input type="checkbox"/> Yes <input type="checkbox"/> No
Farmer's Markets/Agricultural Fairs	<input type="checkbox"/> Yes <input type="checkbox"/> No	Poker rallies	<input type="checkbox"/> Yes <input type="checkbox"/> No
Firearms use - hunting, shooting		Professional counseling - psychological,	
(target /trap/skeet)	<input type="checkbox"/> Yes <input type="checkbox"/> No	psychiatric	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fireworks	<input type="checkbox"/> Yes <input type="checkbox"/> No	Professional services – legal, engineering,	
First Aid	<input type="checkbox"/> Yes <input type="checkbox"/> No	architectural, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fitness facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rental / lending of equipment to others	<input type="checkbox"/> Yes <input type="checkbox"/> No
Flea markets / secondhand / thrift stores	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rodeo events for children / minors	<input type="checkbox"/> Yes <input type="checkbox"/> No
Food preparation	<input type="checkbox"/> Yes <input type="checkbox"/> No	"Running of the bulls" events	<input type="checkbox"/> Yes <input type="checkbox"/> No
Go-kart tracks	<input type="checkbox"/> Yes <input type="checkbox"/> No	Skydiving	<input type="checkbox"/> Yes <input type="checkbox"/> No
Horse pulls	<input type="checkbox"/> Yes <input type="checkbox"/> No	Statutory holiday / festival celebrations	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inflatable children's jumping apparatus	<input type="checkbox"/> Yes <input type="checkbox"/> No	Trampolines	<input type="checkbox"/> Yes <input type="checkbox"/> No
Manufacturing / fabrication services	<input type="checkbox"/> Yes <input type="checkbox"/> No	Whitewater rafting	<input type="checkbox"/> Yes <input type="checkbox"/> No
Martial arts	<input type="checkbox"/> Yes <input type="checkbox"/> No		

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WHERE "YES" IS INDICATED, PLEASE DESCRIBE ACTIVITY

DOES YOUR ORGANIZATION ENGAGE IN OTHER UNUSUAL ACTIVITIES? IF SO, PLEASE DESCRIBE

## NOTES:

**PARTICIPANTS IN HIGH RISK ACTIVITIES ARE NOT COVERED FOR BODILY INJURY AND PROPERTY DAMAGE TO THEIR OWN PROPERTY UNDER THIS POLICY. THE COVERAGE IS SPECIFICALLY EXCLUDED. PLEASE CHECK WITH YOUR INSURANCE AND RISK ADVISOR PRIOR TO AN EVENT TO CONFIRM PARTICIPANTS EXCLUSION.**

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## RISK SURVEY #3 – NEED FOR SPECIALIZED LIABILITY COVERAGE(S)

PLEASE INDICATE IF ANY OF THE FOLLOWING APPLY TO YOUR ORGANIZATION?

**Check the "Yes" or "No" box for each and every activity:**

Do you operate or perform any activities outside of Alberta?  Yes  No

Do you provide or offer any legal or financial advice?  Yes  No

Do you provide or offer any medical or nursing care or treatment or administer any drugs or medications?  Yes  No

Do you conduct any scientific, food, chemical or similar research?  Yes  No

Do you provide or offer any sort of professional service to others that would usually require a fee being charged/paid?  Yes  No

Does anything you do involve handling materials that are environmentally sensitive or potential pollutants?  Yes  No

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## SECTION B – BOND & CRIME INSURANCE

(IF COVERAGE IS NOT REQUIRED DO NOT COMPLETE THE FOLLOWING SECTION)

**\*\*If changes to your current limits are required please contact Jubilee Insurance.**

Number of Employees who handle money/securities as a regular part of their job responsibilities: \_\_\_\_\_

Number of Employees who handle money/securities on an infrequent basis: \_\_\_\_\_

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## SECTION C – INTERNAL PROCEDURES

Do your routine practices require:

All outgoing cheques to be signed by two (2) people?  Yes  No

Is there a separate individual who reconciles bank statements that DOES NOT have cheque signing authority?  Yes  No

Do you perform an annual independent financial audit for your Organization?  Yes  No

**\*\*WARRANTY: PLEASE NOTE THAT IF YOU ANSWER "NO" TO MORE THAN ONE OF THE ABOVE THREE QUESTIONS, EMPLOYEE DISHONESTY COVERAGE WILL BE LIMITED TO \$5,000.00.**

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## SECTION D – PROPERTY & OR CONTENTS

Is this Building:  Occupied  Seasonal  Vacant  Under Construction

**Choose 1 coverage option below and provide values to be insured.**

Replacement Cost: \$ \_\_\_\_\_ Contents Limit: \$ \_\_\_\_\_

Actual Cash Value: \$ \_\_\_\_\_ Contents Limit: \$ \_\_\_\_\_

(Owned Buildings) Annual Rental Income: \$ \_\_\_\_\_  1 Year Indemnity  2 Year Indemnity

Betterments & Improvements (Leased bldgs.) \$ \_\_\_\_\_

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**Building Type:**

Office/Museum/Fire Hall  
  Garage/Storage  
  Dwelling/Senior Residence: # of Units \_\_\_\_\_  
  Water/Service Building  
 School  
  Recreation Complex  
  Arena  
  Computers  
  Swimming Pools  
  Other, please describe: \_\_\_\_\_

**Building Construction: (Please see building construction codes below)**

Walls: \_\_\_\_\_ Roof \_\_\_\_\_ Floor \_\_\_\_\_ Sq. footage \_\_\_\_\_ Heat Source \_\_\_\_\_

Building Name \_\_\_\_\_ Building Owner \_\_\_\_\_

Building Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Number of Stories: \_\_\_\_\_ Year Built: \_\_\_\_\_ Year Upgraded: \_\_\_\_\_

Describe upgrades: \_\_\_\_\_

**Alarms:**

Sprinkler System     Yes    No    What Percentage of the bldg. is sprinklered: \_\_\_\_\_

Monitored Fire Alarm    Yes    No    Monitored Intrusion Alarm    Yes    No

**BUILDING CONSTRUCTION CODES**

WALLS	ROOF	FLOOR	HEATING
B    Brick/Masonry	C    Concrete	C    Concrete	FA    Forced Air
CB    Concrete Block	M    Metal	D    Dirt	HW    Hot Water
Mt/MC Metal with Metal Clad	P    Bonded	W    Wood	NH    No Heat
SF    Steel Frame	S    Steel	O    Other _____	
SM    Steel Frame/Metal Clad	W    Wood		UH    Unit Heater
WF    Wood Frame	X    Wood Shingle		FA/NG   Forced Air/Natural Gas
WM    Wood Frame/Metal Clad	FR    Fire Resistive		O    Other _____
O    Other _____	O    Tar & Gravel		
	O    Other _____		

**LOSS SETTLEMENT**

**Replacement Cost:** being the lesser of:

- a) The cost to repair, replace, construct or reconstruct (whichever is the less) with materials of like kind and quality;
- or
- b) The actual expenditure incurred in repairing, replacing, constructing or reconstructing

**Actual Cash Value:** Actual Cash Value is defined as the value of an item derived from subtracting depreciation from the Replacement cost. The depreciation is calculated by establishing a useful life of the item and determining the percentage of the life remaining. This percentage times the Replacement cost produces the Actual Cash Value (ACV) amount.

**NOTES:**

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

Print Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_