

Additional Named Insured New Member Application

INSTRUCTIONS

1. Please answer all questions - Incomplete forms cannot be processed!
2. Sign and date the completed form;
3. Complete and sign the **Letter of Agreement** provided by your County/MD representative;
4. Attach a copy of the corporate **Certificate of Registration**;
5. Provide a **copy of current Claims Experience Letter** for your existing insurance carrier;
6. Send the completed form and attachments to your County/MD Representative

GENERAL INFORMATION

Organization name: _____ Number of employees: _____

Mailing address _____ Number of volunteers: _____

Website address: _____ Current year's budget: \$ _____

What Act is your organization incorporated under? Societies Act Business Corporations Act

Other Act - describe: _____

Please attach a copy of the Certificate of Registration for your organization. (available from the provincial Corporate Registries office).

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

If Yes, please describe: _____

Note: These other groups are not automatically insured! If your organization has such groups, each group must apply for its own insurance coverage individually. Additional applications can be obtained from Jubilee Insurance Agencies. Please contact your Insurance and Risk Advisor at 780.955.3639.

CONTACT INFORMATION

Contact name: _____ Backup contact: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Fax: _____ Fax: _____

Email: _____ Email: _____

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MUNICIPAL AFFILIATION

In what county or MD does your organization operate? _____		
	Yes	No
Does your organization have a municipal representative on its Board of Directors?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes:		
Does the representative have full voting powers?	<input type="checkbox"/>	<input type="checkbox"/>
The representative is a:	<input type="checkbox"/> council member <input type="checkbox"/> municipal employee	
Provide the representative's name: _____		
Does the municipality provide an operating grant or other funding support to your organization?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, describe what support is provided: _____		
Are municipal facilities used for the organization's administrative office?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, provide the office address: _____		
Is the municipality regularly provided with copies of the minutes for your organization's meetings?	<input type="checkbox"/>	<input type="checkbox"/>

ORGANIZATION TYPE

Please describe the purpose of your organization: _____

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Which of the following categories best describes the nature of your organization? Indicate with a check mark:

- | | | |
|--|--|---|
| Agricultural society 1 <input type="checkbox"/> | Fire association / club 17 <input type="checkbox"/> | Recreation board 32 <input type="checkbox"/> |
| Airport board / commission 2 <input type="checkbox"/> | Fire protection authority 18 <input type="checkbox"/> | Recycling society 33 <input type="checkbox"/> |
| Ambulance board / authority 3 <input type="checkbox"/> | Fitness club 20 <input type="checkbox"/> | Riding club / society 34 <input type="checkbox"/> |
| Ambulance service 4 <input type="checkbox"/> | Food bank 21 <input type="checkbox"/> | Rodeo committee 35 <input type="checkbox"/> |
| Bingo association 5 <input type="checkbox"/> | Golf club 22 <input type="checkbox"/> | Search & rescue association 36 <input type="checkbox"/> |
| Cemetery maintenance/ operations 9 <input type="checkbox"/> | Homemaker services 23 <input type="checkbox"/> | Seniors' club / society 38 <input type="checkbox"/> |
| Chamber of commerce 6 <input type="checkbox"/> | Kindergarten <input type="checkbox"/> | Service club - local chapter <input type="checkbox"/> |
| Childhood development society 7 <input type="checkbox"/> | Learning council 24 <input type="checkbox"/> | Ski club 39 <input type="checkbox"/> |
| Climbing association 8 <input type="checkbox"/> | Library foundation 25 <input type="checkbox"/> | Sports league / group <input type="checkbox"/> |
| Community association 9 <input type="checkbox"/> | Meals on wheels society 26 <input type="checkbox"/> | Transportation society 41 <input type="checkbox"/> |
| Curling club 11 <input type="checkbox"/> | Museum society 27 <input type="checkbox"/> | Waste management authority 42 <input type="checkbox"/> |
| Daycare / after school care <input type="checkbox"/> | Neighbourhood watch / citizens on patrol 28 <input type="checkbox"/> | Youth camp 43 <input type="checkbox"/> |
| Drop in center 14 <input type="checkbox"/> | Parents council 29 <input type="checkbox"/> | Youth club 37 <input type="checkbox"/> |
| Family community social services 16 <input type="checkbox"/> | Park / campground operator 30 <input type="checkbox"/> | |

If not listed above, please describe: _____

Risk survey - Special organizations

	Yes	No
Is your organization a regional authority that is owned by two or more municipalities?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, provide the names of the municipalities that have an interest in your organization:		

Is your organization an ambulance service?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, indicate how many ambulance units are owned or leased by your organization:		
Number of active units: _____		
Number of standby units: _____		

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Risk survey - Sale and/or service of alcohol:

	Yes	No
<p>Will your organization be DIRECTLY HOSTING any beer gardens in the upcoming year? (PLEASE NOTE: DIRECTLY HOSTING means an event involving the sale and or consumption of alcohol that is run directly by your organization, not by renters of your facilities such as wedding parties or other events of third party individuals or organizations. Renters of your facilities require their own separate liability policy that includes host liquor liability, naming your organization as an additional insured.) All other special events such as rodeos, fairs, parades, mud bogs etc, must be reported individually to your County/MD representative who must in turn report such event to the Jubilee office prior to the event taking place.</p>	<input type="checkbox"/>	<input type="checkbox"/>

<p>If Yes, how many beer gardens will be occurring? _____</p>			
<p>Other than beer gardens, will your organization be DIRECTLY HOSTING any events involving the service, sale or consumption of alcohol in the upcoming year?</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>If Yes, how many such events are likely to have 150 or more attendees?</p>			
<p>1 to 3 events <input type="checkbox"/></p>	<p>4 to 6 events <input type="checkbox"/></p>	<p>7 to 10 events <input type="checkbox"/></p>	<p>11 or more events <input type="checkbox"/></p>

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Risk survey - High risk activities:

Does your organization engage in any of the following activities? Check the Yes or No box for each activity:

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

If Yes, describe the activity(ies):

Does your organization engage in other unusual activities? If so, describe:

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Risk survey - Other groups sharing your premises:

	Yes	No
Does your organization own and operate the building that you occupy?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, do other groups or organizations also occupy your building as tenants?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes:		
List the names of these tenant groups or organizations:		
<hr/>		
<hr/>		
<hr/>		
Do you ask for proof of Liability insurance from these tenant groups or organizations?	<input type="checkbox"/>	<input type="checkbox"/>
Do you ask that your organization and the county / MD be named as insureds on your tenants' Liability insurance?	<input type="checkbox"/>	<input type="checkbox"/>
<p>Note: These tenant groups or organizations are not automatically insured! Each such group or organization must apply for its own insurance coverage individually. Additional applications can be obtained from Jubilee Insurance Agencies. Please contact your Insurance and Risk Advisor at 780.955.3639.</p>		

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Comprehensive dishonesty, disappearance & destruction

(Crime section)

This section must be fully completed if coverage is required. If this section is not fully completed, crime coverage including inside/outside robbery, money orders & counterfeit currency as well as employee dishonesty will not be bound. Should you not require crime coverage, please indicate this by checking the box at the bottom of this page and signing in the area indicated for signature.

Employee Dishonesty: \$50,000 (Minimum) \$ 100,000

Number of Employees: _____

Employee means any person in the insured's service who is compensated directly by salary, wages or commissions and whom the insured has the right to direct and control while performing services for the insured. Employee is NOT a Director or Trustee except while performing acts within the scope of the usual duties of any employee.

1. Do you require dual cheque signing as part of your cheque issuing process? Yes No
2. Is there a separate individual who reconciles bank statements that DOES NOT have cheque signing authority? Yes No
3. Do you perform an annual independent financial audit for your organization? Yes No

Please note that if you answer “no” to any of the above three questions, employee dishonesty coverage will be limited to a maximum of \$5,000.

Crime coverage that includes employee dishonesty, inside/outside robbery as well as money orders and counterfeit currency is not required.

Signature & Title of Authorized Representative completing the crime section of this application

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Insurance coverage requirements:

In addition to Liability insurance, Jubilee offers insurance coverage for the policy types listed below. Should your organization not already maintain such coverage through Jubilee, and your organization require such coverage, please advise your County or MD contact who will in turn advise Jubilee Insurance.

Note: *The following coverage descriptions are intended as general examples only. The actual scope of coverage is subject to detailed policy terms, conditions and exclusions. In the event of a claim, the policy terms, conditions and exclusions will govern the coverage provided.*

Property insurance: *This coverage responds for physical loss or damage to the buildings, contents, tenant's improvements and other assets owned or leased by your organization.*

Mobile Equipment insurance: *This coverage responds for physical loss or damage to unlicensed mobile equipment (such as tractors, loaders, bulldozers) that are owned or leased by your organization.*

Crime/Employee Dishonesty insurance: *This coverage responds for loss of money or securities arising from employee dishonesty, burglary, robbery or theft.*

Automobile insurance: *This coverage responds for 1. Liability for bodily injury or property damage to outside parties arising from the use, ownership or operation of the insured automobile, and; 2. Physical damage to the automobile itself. Generally, this exposure arises when the organization owns or leases licensed automobiles.*

Completed by: _____ Position: _____

Signature: _____ Date: _____

Reminder: Attach the following documents to your completed application for return to your County/MD Representative

1. Signed **Letter of Agreement**;
2. Copy of the corporate **Certificate of Registration** for your organization;
3. Provide a copy of current **Claims Experience Letter** for your existing insurance carrier.

For Jubilee office use only:

IRA review Initials: _____ Date: _____ Rating code: _____ Date scanned: _____
RMA review Initials: _____ Date: _____ Date forwarded to AON: _____