

ANI PROGRAM
INSURANCE QUOTE APPLICATION



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.
4. 5 Year Claims Experience Letter from your current broker.

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

GENERAL, CONTACT AND MUNICIPAL INFORMATION

NAME OF MUNICIPALITY _____

ORGANIZATION NAME _____ CUSTOMER NUMBER _____

MAILING ADDRESS _____

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 _____

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 the municipality regularly provided with copies of the Minutes for your organization's meetings? 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

If yes, please describe _____

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 B – BOND AND CRIME INSURANCE

Please indicate if you require coverage: Yes No

Inside/Outside Robbery (Cash): \$5,000.00 \$10,000.00 HIGHER \$ _____

Do you require dual cheque signing as part of your cheque issuing process? Yes No

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

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

COVERAGE REQUIRED

Employee Dishonesty: \$25,000 \$30,000 \$40,000 \$50,000 \$100,000 \$250,000 \$500,000 \$1,000,000

Loss Inside/Outside Premises: \$5,000 \$10,000 \$15,000 \$25,000 \$50,000

Money Orders/Counterfeit Currency: \$20,000 \$25,000 \$50,000

Depositor's Forgery Coverage: \$5,000 \$10,000 \$15,000 \$25,000 \$50,000

Remote Access Telephone Fraud: \$2,500 \$5,000 \$7,500 \$10,000

Employee Theft of Client Property: \$50,000 \$100,000 \$250,000

***If higher limits are required, please contact our office.*

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: _____

Total Number of Employees: _____

INTERNAL PROCEDURES

Do your routines practices require:

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

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

c) 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.**

SECTION C – LIABILITY INSURANCE

LIABILITY ACTIVITIES

Please check any Category that applies to you.

- | | | | | | |
|----------------------------------|--------------------------|---|--------------------------|------------------------------|--------------------------|
| Agricultural society | <input type="checkbox"/> | Fire association / club | <input type="checkbox"/> | Park / campground operator | <input type="checkbox"/> |
| Airport board/commission | <input type="checkbox"/> | Fire protection authority | <input type="checkbox"/> | Recreation board | <input type="checkbox"/> |
| Ambulance board / authority | <input type="checkbox"/> | Fitness club | <input type="checkbox"/> | Recycling society | <input type="checkbox"/> |
| Ambulance service | <input type="checkbox"/> | Food bank | <input type="checkbox"/> | Riding club / society | <input type="checkbox"/> |
| Bingo association | <input type="checkbox"/> | Golf club | <input type="checkbox"/> | Rodeo committee | <input type="checkbox"/> |
| Cemetery maintenance/operations | <input type="checkbox"/> | Homemaker services | <input type="checkbox"/> | Search & rescue association | <input type="checkbox"/> |
| Chamber of commerce | <input type="checkbox"/> | Kindergarten | <input type="checkbox"/> | Seniors' club / society | <input type="checkbox"/> |
| Childhood development society | <input type="checkbox"/> | Learning council | <input type="checkbox"/> | Service club - local chapter | <input type="checkbox"/> |
| Climbing association | <input type="checkbox"/> | Library foundation | <input type="checkbox"/> | Ski club | <input type="checkbox"/> |
| Community association | <input type="checkbox"/> | Meals on wheels society | <input type="checkbox"/> | Sports league / group | <input type="checkbox"/> |
| Curling club | <input type="checkbox"/> | Museum society | <input type="checkbox"/> | Transportation society | <input type="checkbox"/> |
| Daycare / after school care | <input type="checkbox"/> | Neighborhood watch/
citizens on patrol | <input type="checkbox"/> | Waste management authority | <input type="checkbox"/> |
| Drop in center | <input type="checkbox"/> | Parents council | <input type="checkbox"/> | Youth camp | <input type="checkbox"/> |
| Family community social services | <input type="checkbox"/> | | <input type="checkbox"/> | Youth club | <input type="checkbox"/> |

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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

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).

Contact out office at least 3 weeks prior to the special event.

RISK SURVEY #2 – OTHER GROUPS SHARING OR USING YOUR PREMISES

NOTE: Tenants are not automatically insured. Each tenant group or organization must apply for/have its own insurance coverage.

Does your organization own and operate the building that you occupy? Yes No

If Yes, do other groups or organizations also occupy your building as tenants? Yes No

If Yes, list the names of these tenant groups or organizations:

If you have any tenant(s), do you ask for proof of Liability insurance from them? Yes No

If you have any tenant(s), do you ask that your organization be named as an Additional Insured on their Liability Policy? Yes No

RISK SURVEY #3 – 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	Flea markets / secondhand / thrift stores	<input type="checkbox"/> Yes <input type="checkbox"/> No
Birthing clinics	<input type="checkbox"/> Yes <input type="checkbox"/> No	Food preparation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bow hunting	<input type="checkbox"/> Yes <input type="checkbox"/> No	Go-kart tracks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Boxing/wrestling	<input type="checkbox"/> Yes <input type="checkbox"/> No	Horse pulls	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bungee jumping	<input type="checkbox"/> Yes <input type="checkbox"/> No	Inflatable children's jumping apparatus	<input type="checkbox"/> Yes <input type="checkbox"/> No
Carnival / amusement rides	<input type="checkbox"/> Yes <input type="checkbox"/> No	Manufacturing / fabrication services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chuck wagon races/rodeos		Martial arts	<input type="checkbox"/> Yes <input type="checkbox"/> No
Climbing walls - indoor, outdoor	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mechanical bulls	<input type="checkbox"/> Yes <input type="checkbox"/> No
Counselling services – emotional, social, welfare	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medical counselling – hospice, grief, suicide prevention	<input type="checkbox"/> Yes <input type="checkbox"/> No
Demolition derbies	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medical services - midwifery, diagnosis, treatment, casual nursing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Extreme sports	<input type="checkbox"/> Yes <input type="checkbox"/> No	Motorized racing - cars, boats, motorbikes, ATV's,snowmobiles	<input type="checkbox"/> Yes <input type="checkbox"/> No
Farmer's Markets/Agricultural Fairs	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mountain climbing / rock climbing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Firearms use - hunting, shooting (target /trap/skeet)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mud bog / tractor pull events	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fireworks	<input type="checkbox"/> Yes <input type="checkbox"/> No	Paintballing	<input type="checkbox"/> Yes <input type="checkbox"/> No
First Aid	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Fitness facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No		

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Parades	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rodeo events for children / minors	<input type="checkbox"/> Yes <input type="checkbox"/> No
Poker rallies	<input type="checkbox"/> Yes <input type="checkbox"/> No	"Running of the bulls" events	<input type="checkbox"/> Yes <input type="checkbox"/> No
Professional counseling - psychological, psychiatric	<input type="checkbox"/> Yes <input type="checkbox"/> No	Skydiving	<input type="checkbox"/> Yes <input type="checkbox"/> No
Professional services – legal, engineering, architectural, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Statutory holiday / festival celebrations	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rental / lending of equipment to others	<input type="checkbox"/> Yes <input type="checkbox"/> No	Trampolines	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Whitewater rafting	<input type="checkbox"/> Yes <input type="checkbox"/> No

WHERE "YES" IS INDICATED, PLEASE DESCRIBE ACTIVITY

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

RISK SURVEY #4 – 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

Notes:

Signature of individual completing this application _____

Print Name _____

Title _____ Date _____

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Miscellaneous

Have you had any major upgrades done to the original structure? Yes No

If yes, please describe _____

If yes, when was this done? _____

If your building was destroyed or seriously damaged by fire, would you wish to rebuild on the same footprint?

Yes We would likely rebuild something smaller We would not rebuild We don't know

Have you had your Building Value appraised for Insurance purposes? Yes No

If yes, which Appraiser? _____

If yes, when was this done? _____

INSURANCE REQUIRED

Please state below the amounts of insurance you require for A, B, C and D.

A. Buildings \$ _____

B. Contents \$ _____

Note: If you lease your Building or space, you may wish to insure your Tenants' Improvements and Betterments.

Value of Improvements and Betterments

(if applicable) \$ _____

C. Mobile or Moveable Equipment: *Please complete the attached Equipment Form for all items.*

D. Rental Income \$ _____
(Annual Amount)