

# COMMUNITY GROUP 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. Provide a 5 year claims experience letter from your current insurer.

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

**GENERAL, CONTACT AND MUNICIPAL INFORMATION**

ORGANIZATION NAME \_\_\_\_\_

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?  Yes  No

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

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 C – 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 events involving the sale or service of alcohol in the upcoming year?  Yes  No

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

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 \_\_\_\_\_

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?

**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.**

### 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 –	<input type="checkbox"/> Yes <input type="checkbox"/> No
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,	<input type="checkbox"/> Yes <input type="checkbox"/> No
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,	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 (target /trap/skeet)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Professional counseling - psychological, psychiatric	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fireworks	<input type="checkbox"/> Yes <input type="checkbox"/> No	Professional services – legal, engineering, architectural, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No
First Aid	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rental / lending of equipment to others	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fitness facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rodeo events for children / minors	<input type="checkbox"/> Yes <input type="checkbox"/> No
Flea markets / secondhand / thrift stores	<input type="checkbox"/> Yes <input type="checkbox"/> No	"Running of the bulls" events	<input type="checkbox"/> Yes <input type="checkbox"/> No
Food preparation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Skydiving	<input type="checkbox"/> Yes <input type="checkbox"/> No
Go-kart tracks	<input type="checkbox"/> Yes <input type="checkbox"/> No	Statutory holiday / festival celebrations	<input type="checkbox"/> Yes <input type="checkbox"/> No
Horse pulls	<input type="checkbox"/> Yes <input type="checkbox"/> No	Trampolines	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inflatable children's jumping apparatus	<input type="checkbox"/> Yes <input type="checkbox"/> No	Whitewater rafting	<input type="checkbox"/> Yes <input type="checkbox"/> No
Manufacturing / fabrication services	<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 D – BOND & CRIME INSURANCE

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 EFFECTIVE YOUR RENEWAL DATE.

Employee Dishonesty  \$50,000

Inside Burglary  \$5,000

Outside Robbery  \$5,000

Money Order/Counterfeit Paper  \$20,000

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 D – 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 E – PROPERTY AND/OR CONTENTS

### BUILDING

BUILDING NAME \_\_\_\_\_

CIVIC ADDRESS \_\_\_\_\_

LEGAL LAND DESCRIPTION \_\_\_\_\_

#### What is the occupancy of this building?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Arena            | <input type="checkbox"/> Garage        | <input type="checkbox"/> Seniors Residence       |
| <input type="checkbox"/> Fire Hall        | <input type="checkbox"/> School        | <input type="checkbox"/> Water/Services Building |
| <input type="checkbox"/> Office           | <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Other (please describe) |
| <input type="checkbox"/> Storage Building | <input type="checkbox"/> Dwelling      | _____  |
| <input type="checkbox"/> Community Hall   | <input type="checkbox"/> Museum        | _____  |

#### When is the building used?

- Year Round    Seasonal   **OR**    Building is Vacant    Under Construction    To be demolished

#### What is the construction of this building?

##### WALLS

- Brick/Masonry  
 Concrete Block  
 Metal  
 Steel Frame  
 Steel Frame/Metal Clad  
 Wood Frame  
 Wood Frame/Metal Clad  
 Other \_\_\_\_\_

##### ROOF

- Concrete  
 Metal  
 Bonded  
 Steel  
 Wood  
 Wood Shingle  
 Fire Resistive  
 Tar & Gravel

##### FLOOR

- Concrete  
 Dirt  
 Wood  
 Other \_\_\_\_\_

##### HEAT

- Natural Gas  
 Wood Burning  
 Other \_\_\_\_\_

#### Please indicate the following features of this building

Age of Building (year built) \_\_\_\_\_ Height of Building (#of storeys) \_\_\_\_\_

Building Size (ground floor square feet) \_\_\_\_\_

Does your building have any of the following? (Please check those boxes that apply)

Sprinkler System  No    Yes, Partial (estimated % = \_\_\_\_%)    Yes, Fully Sprinklered (100%)

Fire Alarm  No    Yes

Intrusion Alarm  No    Yes

Is this Alarm Monitored  No    Yes

Is this Alarm Monitored  No    Yes

Name of Monitoring Station \_\_\_\_\_

Name of Monitoring Station \_\_\_\_\_

**Note: Copy of Certificate from monitoring company should be attached to this form, if applicable.**

#### Please indicate the following details of your location

Name of Nearest Firehall \_\_\_\_\_ Distance from Nearest Firehall \_\_\_\_\_

Nearest Fire Hydrant is  \_\_\_\_ ft. away    N/A

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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? \_\_\_\_\_

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## 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)

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## 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 \_\_\_\_\_