

ADDITIONAL NAMED INSURED (ANI)  
BOND & CRIME RENEWAL APPLICATION



**INSTRUCTIONS:**

- 1. Please answer all questions – incomplete forms cannot be processed.
- 2. Attach a copy of the most recent Annual Return.
- 3. Sign and date the completed form and return 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

**LIABILITY AND BOND/CRIME ONLY**

NAME OF MUNICIPALITY \_\_\_\_\_ MEMBER ID#: \_\_\_\_\_

NAME OF ANI \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY/TOWN \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_

Are you a registered not for profit entity?  Yes  No

RENEW COVERAGE AS IS  COVERAGE NOT REQUIRED  CANCEL EXISTING COVERAGE

**\*\*If changes to your current limits are required please contact your municipal representative.**

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

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

Total Number of Employees/Volunteers: \_\_\_\_\_

**INTERNAL PROCEDURES**

Do your routine 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.**

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

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

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