



<p>INSTRUCTIONS:</p> <ol style="list-style-type: none"> 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 by the first Friday in September. 	<p>By Fax: (780) 955-3615 By Mail: 2510 Sparrow Drive, Nisku, AB T9E 8N5 By Email: forms@RMAInsurance.com</p>
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LIABILITY AND BOND/CRIME ONLY

MEMBER NAME _____ MEMBER ID#: _____

MAILING ADDRESS _____

CITY/TOWN _____ POSTAL CODE: _____

PHONE _____ FAX _____

EMAIL _____ CONTACT PERSON _____

Is your organization Not for Profit? Yes No

Number of Employees _____ Number of Volunteers _____ Number of Board Members _____

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

**Please see attached schedule & confirm your locations insured, addresses, number of units and type of location (Lodge, Self-Contained, Single Family are some examples), and Bond and Crime Limits.*

**Please verify which facilities you own on the included Property Schedule and advise if rental income coverage is required and the amount.*

SENIORS HOUSING

LIABILITY SECTION

Does your lease agreement with your tenants require them to carry Tenants Liability Insurance? Yes No

Do you provide or offer any medical or nursing care? Yes No

If Yes – are they your staff or employed by AHS? Yes No

Do you administer any drugs or medication to your tenants? Yes No

Are there any Businesses that operate in your facility? Yes No

If Yes – are they providing you with proof of insurance every year? Yes No

Are you listed as an Additional Insured on their policy? Yes No

Do you have a liquor license for your facilities if alcohol is served? Yes No

If Yes – what are your annual liquor sales? \$ _____

ALBERTA HOUSING RENEWAL APPLICATION

SENIORS HOUSING

COMPREHENSIVE DISHONESTY, DISAPPEARANCE & DESTRUCTION (CRIME SECTION)

Number of Employees that have access to money, cheques & securities: _____

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 TWO OF THE ABOVE THREE QUESTIONS, EMPLOYEE DISHONESTY COVERAGE LIMIT WILL BE REDUCED TO \$5,000 EFFECTIVE YOUR RENEWAL DATE.

Please see attached schedule & confirm Bond & Crime Limits for your locations that require coverage.

Signature of individual completing this application _____

Print Name _____

Title _____ Date _____