

MUNICIPAL LIABILITY RENEWAL APPLICATION



INSTRUCTIONS:

1. Please answer all questions - Incomplete forms cannot be processed!
2. If applicable, review the attached list of current Additional Named Insureds for your municipality and note any corrections;
3. Attach a copy of your municipality's current Alberta Environment Compliance Certificate for water operations;
4. 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

GENERAL INFORMATION

MUNICIPALITY NAME _____ MEMBER ID# _____
MAILING ADDRESS _____ POSTAL CODE _____
CHIEF ADMINISTRATIVE OFFICER _____ WEBSITE ADDRESS _____
Number of Employees _____ Full Time _____ Part Time _____ Contracted _____ Annual payroll \$ _____

CONTACT INFORMATION

Insurance Administrator _____ Risk Manager _____
Phone _____ Phone _____
Fax _____ Fax _____
Email _____ Email _____

Current year's budget \$ _____ Current population _____
Total km of sidewalks _____ Total km of sewer lines _____ Number of bridges _____
BASIC PROFILE
Total number of landfills _____ Active landfills _____ Closed landfills _____
Total km of roadway _____ Paved km _____ Unpaved km _____
Total km of water distribution lines _____ Total km of trail systems _____

RISK SURVEY - ADDITIONAL NAMED INSURED:

Note: If your municipality permits any Additional Named Insureds (ANI's) onto its insurance coverage, a list of current ANI's is enclosed with this application.

Please review your municipality's list of ANI's and verify your list is complete.

If any corrections are required, please note these on the list of ANI's and return it with the completed application.

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RISK SURVEY – PUBLIC WORKS

Note: Please attach a copy of your municipality's current Alberta Environment Compliance Certificate for water operations.

Does your municipality have any **professional engineers** on staff? Yes No

If **Yes**, identify each engineer and confirm whether their professional services are provided 1) exclusively to the municipality or 2) to other parties as well:

NAME OF ENGINEER	PROFESSIONAL SERVICES ARE PROVIDED EXCLUSIVELY TO THE MUNICIPALITY	PROFESSIONAL SERVICES ARE PROVIDED TO THE MUNICIPALITY AND TO OTHER PARTIES
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

Does your municipality have any **architects** on staff? Yes No

If **Yes**, identify each engineer and confirm whether their professional services are provided 1) exclusively to the municipality or 2) to other parties as well:

NAME OF ARCHITECT	PROFESSIONAL SERVICES ARE PROVIDED EXCLUSIVELY TO THE MUNICIPALITY	PROFESSIONAL SERVICES ARE PROVIDED TO THE MUNICIPALITY AND TO OTHER PARTIES
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

RISK SURVEY – RECREATION FACILITIES & SALES AND SERVICE OF ALCOHOL AND:

Please confirm any new operations for your or facilities that offer recreation activities in your Municipality.

Will your Municipality be hosting the sale of alcohol through any Municipal facilities? Yes No

Do you have any restaurants within your Municipal Facilities? Yes No

Is the serving of alcohol or operations of the restaurants contracted out to a third party provider? Yes No

RISK SURVEY – FIRE FIGHTING/AMBULANCE/EMS SERVICES:

Advise any changes in Firefighting Services?

Does your municipality operate its own **ambulance / EMS** service? Yes No

If **Yes**, indicate how many ambulance units are owned or leased by your organization:

Number of active units: _____ Number of standby units: _____

If **Yes**, confirm the following:

Number of full-time staff: _____ Number of part-time staff: _____ Number of calls per year: _____

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If **Yes**, confirm how many personnel are qualified at the following levels:

NUMBER OF STAFF:

- Paramedic (EMT-P): _____
- Emergency Medical Technician (EMT): _____
- Emergency Medical Responder (EMR) _____

Does your municipality participate in a mutual aid arrangement with other municipalities / entities with respect to **ambulance / EMS services**? Yes No

If **Yes**, confirm the names of the other participant municipalities / entities:

Does your municipality receive ambulance / EMS services from a separately incorporated ambulance / EMS authority? Yes No

If **Yes**, confirm the name of that authority:

Note: Separate ambulance / EMS authorities are not automatically insured. Each such organization must apply for its own insurance coverage individually, either as an Additional Named Insured (under your municipality) or as an insured Community Group. Insurance applications can be obtained from RMA Insurance Agencies.

RISK SURVEY – POLICE SERVICES

Does your municipality operate its own police force? Yes No

If **Yes**, confirm the following:

Number of sworn officers _____ Number of non-sworn officers _____

Are police services for your municipality provided through the RCMP? Yes No

Does your municipality employ any Special Constables? Yes No

If **Yes**, provide their names:

Current year's budget \$ _____ Current population _____

Total km of sidewalks _____ Total km of sewer lines _____ Number of bridges _____

Total number of landfills _____ Active landfills _____ Closed landfills _____

Total km of roadway _____ Paved km _____ Unpaved km _____

Total km of water distribution lines _____ Total km of trail systems _____

Completed by _____ Position _____

Signature _____ Date _____

Reminder – Attach the following documents to your completed application:

- 1.If applicable, **corrections to your municipality's current list of Additional Named Insureds**
- 2.Copy of **current Alberta Environment Compliance Certificate for water operations**