

RURAL ELECTRIFICATION ASSOCIATION
LIABILITY INSURANCE RENEWAL APPLICATION



INSTRUCTIONS:

1. Please answer all questions – we cannot process incomplete forms;
2. Sign and date the completed form;
3. Attach copy of most recent Annual 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, CONTACT AND MUNICIPAL INFORMATION

MEMBER NAME _____ MEMBER ID#: _____

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 _____

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, including subsidiaries? Yes No
If yes, please describe:

ORGANIZATION TYPE

Description of all operations, services and activities undertaken by your organization:

SECTION A - 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 hosting any events involving service, sale or consumption of alcohol in the upcoming year? Yes No

NOTE: 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 – NEED FOR SPECIALIZED LIABILITY COVERAGE(S)

PLEASE INDICATE IF ANY OF THE FOLLOWING APPLY TO YOUR ORGANIZATION?

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 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

RISK SURVEY # 3 – REA OPERATIONS

Does your organization install power lines that you own? Yes No

Does your organization contract to install power lines owned by others? Yes No

Does your organization maintain your owned power lines? Yes No

Does your organization contract to maintain power lines owned by others? Yes No

Does your organization supply power line information (e.g. height, distance etc.) to outside entities? Yes No

Does your organization supply permitting? Yes No

How many users do you offer service to? Residential Customers _____ Commercial Customers _____ Industrial Customers _____

Signature of individual completing this application _____

Print Name _____

Title _____ Date _____