



ALBERTA HOUSING RENEWAL APPLICATION

INSTRUCTIONS:

1. Please answer all questions – we cannot process incomplete forms.
2. Sign and date the completed form.

GENERAL & CONTACT INFORMATION

ORGANIZATION NAME: _____

MAILING ADDRESS: _____

POSTAL CODE: _____

CONTACT: _____

PHONE #: _____

POSITION: _____

OTHER PHONE #: _____

ADDRESS: _____

EMAIL: _____

1. When was your organization first established? _____
2. Is your organization registered as a not-for-profit entity? Yes No

LIABILITY SECTION

1. Have there been any changes in operations? Yes No
 - a. If yes, please provide details: _____

2. Description of regular operations: _____

3. Annual Revenue: \$ _____
4. Annual Payroll: \$ _____
5. Total number of units: _____
6. Do you employ any healthcare professionals including, but not limited to, doctors, nurses, EMTs, paramedics, social workers, councilors? Yes No
 - a. If yes, please complete the attached healthcare questionnaire.

BOND & CRIME INSURANCE

UNDERWRITING DATA FOR INSURING AGREEMENTS II & III

In answering questions 1 and 2 use "Supplemental Application" for each additional premises.

1. When the principal premises are open for business:
 - a. At least _____ employees will be on duty therein; and _____ daytime watchmen or guards, with no other duties, will also be on duty therein.

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UNDERWRITING DATA FOR INSURING AGREEMENTS II & III (CONT'D)

- b. A holdup alarm system connecting with an outside central station _____ installed and _____ be
(is / is not) (will / will not)
connected and maintained in proper working order. If connected to an alarm monitoring station, the company name is

- c. Maximum amount of money and securities on the premises daily:
Money (not payroll): \$ _____ Securities: \$ _____ Payroll: \$ _____
- d. Is payroll paid to employees the same day it is received? Yes No
2. When the principal premises are closed for business, the money and securities (including payroll) will be kept within the following described safes, chests or vaults or night depository, and the following alarm or watchmen service will be afforded:

SAFES

MAKER OF SAFE:	ULC LISTING #:	ULC CLASSIFICATION:
RELOCKING DEVICE: <input type="checkbox"/> Yes <input type="checkbox"/> No	BRAND & MODEL OF RELOCKING DEVICE:	
CONSTRUCTION MATERIAL (INDICATE TYPE AND THICKNESS):	MAXIMUM \$ AMOUNT	
DOORS: _____ WALLS: _____	MONEY & SECURITIES: \$ _____	
TOP: _____ BOTTOM: _____	SECURITIES ONLY: \$ _____ PAYROLL: \$ _____	
WEIGHT:	ANCHORED: <input type="checkbox"/> Yes <input type="checkbox"/> No	

VAULTS

MAKER OF VAULT DOOR:	ULC LISTING #:	ULC CLASSIFICATION:
RELOCKING DEVICE: <input type="checkbox"/> Yes <input type="checkbox"/> No	BRAND & MODEL OF RELOCKING DEVICE:	
CONSTRUCTION MATERIAL (INDICATE TYPE AND THICKNESS):	MAXIMUM \$ AMOUNT:	
WALLS: _____ ROOF: _____	MONEY & SECURITIES: \$ _____	
FLOOR: _____	PAYROLL: \$ _____ SECURITIES ONLY: \$ _____	
THICKNESS OF VAULT DOOR:	WEIGHT:	

ALARM SYSTEMS

ULC LISTED: Yes No If yes, complete the fields below.

CERTIFICATE #:

TYPE OF CERTIFICATE: CENTRAL FULL SERVICE MONITORING SHARED SERVICE MONITORING LOCAL

LISTED ALARM COMPANY NAME(S):

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UNDERWRITING DATA FOR INSURING AGREEMENTS II & III (CONT'D)

ALARM SYSTEMS

ALARM COMPANY FULL ADDRESS: _____

TYPE OF INSTALLATION:

- PREMISES
 PREMISES, SAFE
 PREMISES, VAULT
 PREMISES, SAFE & VAULT
 SAFE
 VAULT
 SAFE & VAULT

EXTENT OF PROTECTION: I II III IV

SERVICE RESPONSE: I II III

LINE SECURITY: I II III

GUARD RESPONSE (CENTRAL STATION ONLY): I II III

DATE OF LAST TEST: _____

EXPIRY DATE OF CERTIFICATE: _____

Private Watchman (Watchmen) employed exclusively by the Applicant will be on duty within the premises at all times when the premises are not regularly open for business while this policy is in force. State number of watchmen: _____

Each such watchman will:

- a. Register at least hourly on a watchman's clock
- b. Signal an outside central station at least hourly

If night depository used, state name and location of bank: _____

3. Money and securities, while being conveyed outside the principal premises, will be conveyed by messengers, paymasters, collectors, deliverymen or salesmen (defined in the policy as messenger) and protected as follows:

MAX. # OF MESSENGERS OUTSIDE PREMISES AT ANY ONE TIME	MAX. AMOUNT OF CONVEYED BY EACH MONEY & SECURITIES	SECURTIES ONLY	# OF GUARDS WITH EACH	TYPE OF CONVEYANCE USED BY EACH	CONSTRUCTION OF MESSENGER SAFE, BAG, OR SACHEL USED BY EACH

4. Securities are contained within a leased safe deposit box or boxes in a _____ vault of _____
(fire rated / burglar-resistant rated) (to be called the Depository*)
 at _____
(Street and #) (City or Town) (County) (Province)

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COMPREHENSIVE DISHONESTY, DISAPPEARANCE, & DESTRUCTION

BLANKET BOND INSURANCE

All vacant land must be scheduled as liable does not extend.

NOTE: *Tenants are not automatically insured under the building owner's policy. Each tenant group or organization must provide proof of liability insurance on an annual basis to show the building owner as an additional insured under the policy.*

Please review attached schedule and advise of any changes or,

Renew as is

of Employees _____

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.

Warranty: *If you answer "no" to two of questions below, employee dishonesty coverage will be limited to \$5,000.*

As part of your routine practise:

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

**If higher limits are required, please contact our office.*

SIGNATURE OF INDIVIDUAL COMPLETING APPLICATION

(By typing your full name into the digital signature field above, you confirm the information on this form is accurate and binding.)

PRINTED NAME

POSITION / TITLE

DATE