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COMMUNITY GROUP RENEWAL APPLICATION

INSTRUCTIONS:

1. Please answer all questions – we cannot process incomplete forms;
2. Sign and date the completed form;
3. Please provide a copy of your Certificate of Incorporation along with your completed application.

GENERAL, CONTACT, & MUNICIPAL INFORMATION

MUNICIPALITY:

ORGANIZATION NAME:

CUSTOMER #:

MAILING ADDRESS:

POSTAL CODE:

WEBSITE:

OF EMPLOYEES:

OF VOLUNTEERS:

OF BOARD MEMBERS:

ANNUAL REVENUE: \$

PAYROLL: \$

MAIN CONTACT:

PHONE #:

POSITION:

OTHER PHONE #:

ADDRESS:

EMAIL ADDRESS:

BACKUP CONTACT:

PHONE #:

POSITION:

OTHER PHONE #:

ADDRESS:

EMAIL ADDRESS:

1. Do you have a municipal representative or appointee on your Board of Directors? ☐ Yes ☐ No
2. Are you a registered not-for-profit? ☐ Yes ☐ No
3. Does the municipality provide an operating grant or other funding support to your organization? ☐ Yes ☐ No
4. Are municipal facilities used for your organization's administrative office? ☐ Yes ☐ No
5. Is the municipality regularly provided with copies of the minutes for your organization's meetings? ☐ Yes ☐ No
6. Does your organization have any other groups that are separately incorporated or governed? ☐ Yes ☐ No

If yes, please describe: _____

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GENERAL, CONTACT, & MUNICIPAL INFORMATION (CONT'D)

Please describe your organization's operations, services, and day-to-day activities.

1. Have there been any changes in operations?: ☐ Yes ☐ No

If yes, please advise: _____

BOND & CRIME INSURANCE

If higher limits are required, please contact our office.

Total # of Employees: _____

INTERNAL PROCEDURES

WARRANTY: If you answer "no" to two of questions in this section, employee dishonesty coverage will be limited to \$5,000.

As part of your routine practises:

- Do you require dual cheque signing as part of your cheque issuing process? ☐ Yes ☐ No
- Is there a separate individual who reconciles bank statements that DOES NOT have cheque signing authority? ☐ Yes ☐ No
- Do you perform an annual independent financial audit for your organization? ☐ Yes ☐ No

UNDERWRITING DATA FOR INSURING AGREEMENTS II & III

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

- When the principal premises are open for business:
 - At least _____ employees will be on duty therein; and _____ daytime watchmen or guards, with no other duties, will also be on duty therein.
 - 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 _____
 - Maximum amount of money and securities on the premises daily:
Money (not payroll): \$ _____ Securities: \$ _____ Payroll: \$ _____
 - Is payroll paid to employees the same day it is received? ☐ Yes ☐ No
- 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: ☐ Yes ☐ No

BRAND & MODEL OF RELOCKING DEVICE:

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

SAFES

CONSTRUCTION MATERIAL (INDICATE TYPE AND THICKNESS):

MAXIMUM \$ AMOUNT

DOORS: _____ WALLS: _____

MONEY & SECURITIES: \$ _____

TOP: _____ BOTTOM: _____

SECURITIES ONLY: \$ _____ PAYROLL: \$ _____

WEIGHT:

ANCHORED: ☐ Yes ☐ No

VAULTS

MAKER OF VAULT DOOR:

ULC LISTING #:

ULC CLASSIFICATION:

RELOCKING DEVICE: ☐ Yes ☐ 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:

ALARMS 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):

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:

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

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:

- Register at least hourly on a watchman's clock
- 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	SECURITIES 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)

LIABILITY SECTION

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 names your organization as an additional insured.

Please check any category that applies to you.

- Will your organization be directly hosting any sale and services of alcohol in the upcoming year? ☐ Yes ☐ No
If yes: ☐ 1 to 3 events ☐ 4 to 6 events ☐ 7 to 10 events ☐ 11 or more events
- Will you be hosting festivals, parades, concerts, or other special events where a large concentration of people is expected?
☐ Yes ☐ No
If yes, please describe: _____
- Do you own and operate a lounge or licensed restaurant? ☐ Yes ☐ No
If yes, how many hours a week? _____ How many days a year are you open? _____ Annual liquor sales? _____
- Do you host special events at your facility? (i.e. bonspiels, weddings) ☐ Yes ☐ No

Contact our office at least 3 weeks prior to the special event.

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RISK SURVEY #2 – OTHER GROUPS SHARING OR USING YOUR PREMISES

NOTE: Tenants are not automatically insured. Each tenant group or organization must apply for / have its own insurance coverage.

1. Does your organization own and operate the building that you occupy? ☐ Yes ☐ No
2. If “yes”, do other groups or organizations also occupy your building as tenants? ☐ Yes ☐ No
If “yes”, list the names of these tenant groups or organizations: _____
3. If you have any tenant(s), do you ask for proof of liability insurance from them? ☐ Yes ☐ No
4. If you have any tenant(s), do you ask that your organization be named as an Additional Insured on their Liability Policy?
☐ Yes ☐ No

RISK SURVEY #3 – HIGH RISK ACTIVITIES

Does your organization engage in any of the following activities? Check “yes” or “no” for each and every activity.

NOTE: If any activity or event is to take place that is not checked off below, this must be reported to your Member Services Representative before it takes place.

- | | | |
|--|--|---|
| 1. Biking / mountain biking on ski hills
<input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Fitness facilities
<input type="checkbox"/> Yes <input type="checkbox"/> No | 30. Paintballing
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Birthing clinics
<input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Flea markets / secondhand / thrift stores
<input type="checkbox"/> Yes <input type="checkbox"/> No | 31. Parades
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Bow hunting
<input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Food preparation
<input type="checkbox"/> Yes <input type="checkbox"/> No | 32. Poker rallies
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Boxing / wrestling
<input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Go-kart tracks
<input type="checkbox"/> Yes <input type="checkbox"/> No | 33. Professional counseling – psychological, psychiatric
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Bungee jumping
<input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Horse pulls
<input type="checkbox"/> Yes <input type="checkbox"/> No | 34. Professional services – legal, engineering, architectural, etc.
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Carnival / amusement rides
<input type="checkbox"/> Yes <input type="checkbox"/> No | 21. Inflatable children’s jumping apparatus
<input type="checkbox"/> Yes <input type="checkbox"/> No | 35. Rental / lending of equipment to others
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Chuck wagon races / rodeos
<input type="checkbox"/> Yes <input type="checkbox"/> No | 22. Manufacturing / fabrication services
<input type="checkbox"/> Yes <input type="checkbox"/> No | 36. Rodeo events for children / minors
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Climbing walls – indoor, outdoor
<input type="checkbox"/> Yes <input type="checkbox"/> No | 23. Martial arts
<input type="checkbox"/> Yes <input type="checkbox"/> No | 37. “Running of the bulls” events
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Counselling services – emotional, social, welfare
<input type="checkbox"/> Yes <input type="checkbox"/> No | 24. Mechanical bulls
<input type="checkbox"/> Yes <input type="checkbox"/> No | 38. Skydiving
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Demolition derbies
<input type="checkbox"/> Yes <input type="checkbox"/> No | 25. Medical counselling – hospice, grief, suicide prevention
<input type="checkbox"/> Yes <input type="checkbox"/> No | 39. Statutory holiday / festival celebrations
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Extreme sports
<input type="checkbox"/> Yes <input type="checkbox"/> No | 26. Medical services – midwifery, diagnosis, treatment, casual nursing
<input type="checkbox"/> Yes <input type="checkbox"/> No | 40. Trampolines
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Farmers markets / agricultural fairs
<input type="checkbox"/> Yes <input type="checkbox"/> No | 27. Motorized racing – cars, boats, motorbikes, ATV’s, snowmobiles
<input type="checkbox"/> Yes <input type="checkbox"/> No | 41. Whitewater rafting
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. Firearms use – hunting, shooting (target / trap / skeet)
<input type="checkbox"/> Yes <input type="checkbox"/> No | 28. Mountain climbing / rock climbing
<input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 14. Fireworks
<input type="checkbox"/> Yes <input type="checkbox"/> No | 29. Mud bog / tractor pull events
<input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 15. First aid
<input type="checkbox"/> Yes <input type="checkbox"/> No | | |

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RISK SURVEY #3 – HIGH RISK ACTIVITIES (CONT'D)

Where "yes" is indicated, please describe activity.

Does your organization engage in other unusual activities? If so, please describe.

RISK SURVEY #4 – NEED FOR SPECIALIZED LIABILITY COVERAGE(S)

Please indicate if any of the following apply to your organization. Check 'yes' or 'no' for each and every activity.

1. Do you operate or perform any activities outside of Alberta? ☐ Yes ☐ No
2. Do you provide or offer any legal or financial advice? ☐ Yes ☐ No
3. Do you provide or offer any medical or nursing care or treatment or administer any drugs or medications? ☐ Yes ☐ No
4. 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.
5. Do you conduct any scientific, food, chemical or similar research? ☐ Yes ☐ No
6. Do you provide or offer any sort of professional service to others that would usually require a fee being charged / paid?
☐ Yes ☐ No
7. Does anything you do involve handling materials that are environmentally sensitive or potential pollutants? ☐ Yes ☐ No

PROPERTY

Please review your schedule and notify our office of changes.

EXAMPLE OF CO-INSURANCE

The Community Group policy includes an 80% co-insurance clause. Please insure to value.

- ♦ This clause requires that insurance be maintained to at least 80% of the value of the policy at the time of loss.
- ♦ This does not mean the insurer will only pay 80% of the loss.
- ♦ If insurance is carried to at least 80% of the value of the policy at the time of loss, the insurance company will pay the whole of the damage up to the limit of the policy.
- ♦ If insurance is not carrier to 80% of the value, then the claim settlement is calculated using the following formula:

$$\frac{\text{Amount of insurance carried (did)}}{\text{Amount of insurance requires (should)}} \times \text{Amount of Damage} = \text{Amount of Recovery}$$

For example:

- ♦ Value of property \$500,000
- ♦ Insurance required (80%) \$400,000
- ♦ Insurance at time of loss \$300,000
- ♦ Loss \$150,000
- ♦ Claims settlement would be calculated as follows:

$$\frac{\$300,000}{\$400,000} \times \$150,000 = \$112,500$$

In this example, the insurance company would pay \$112,500 of the \$150,000 loss. This means that the insured would be penalized for not insuring the building to value and will be required to contribute \$37,500 of the loss.

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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