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ANI RMA INSURANCE PROGRAM 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 Annual Return or 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:

CURRENT YEAR'S BUDGET: \$

LAST YEAR'S REVENUE: \$

MAIN CONTACT:

PHONE #:

POSITION:

OTHER PHONE #:

ADDRESS:

EMAIL ADDRESS:

BACKUP CONTACT

PHONE #:

POSITION:

OTHER PHONE #:

ADDRESS:

EMAIL ADDRESS:

PLEASE COMPLETE THIS SECTION, IF ANI ONLY

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

ANI RMA INSURANCE PROGRAM RENEWAL APPLICATION

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

ANI ONLY (CONT'D)

6. Does your organization have any other groups that are separately incorporated or governed? Yes No

If yes, please describe: _____

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

LIABILITY SECTION

LIABILITY ACTIVITIES

- | | | | |
|---------------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Agricultural society | <input type="checkbox"/> Community association | <input type="checkbox"/> Kindergarten | <input type="checkbox"/> Rodeo committee |
| <input type="checkbox"/> Airport board / commission | <input type="checkbox"/> Curling club | <input type="checkbox"/> Learning council | <input type="checkbox"/> Search and rescue association |
| <input type="checkbox"/> Ambulance board / authority | <input type="checkbox"/> Daycare / after school care | <input type="checkbox"/> Library foundation | <input type="checkbox"/> Seniors' club / society |
| <input type="checkbox"/> Ambulance service | <input type="checkbox"/> Drop in center | <input type="checkbox"/> Meals on wheels society | <input type="checkbox"/> Service club – local chapter |
| <input type="checkbox"/> Bingo association | <input type="checkbox"/> Family community social services | <input type="checkbox"/> Museum society | <input type="checkbox"/> Ski club |
| <input type="checkbox"/> Cemetery maintenance operation | <input type="checkbox"/> Fire association / club | <input type="checkbox"/> Neighbourhood watch/ citizens on patrol | <input type="checkbox"/> Sports league / group |
| <input type="checkbox"/> Chamber of commerce | <input type="checkbox"/> Fire protection authority | <input type="checkbox"/> Parents council | <input type="checkbox"/> Transportation society |
| <input type="checkbox"/> Childhood development society | <input type="checkbox"/> Fitness club | <input type="checkbox"/> Park / campground operator | <input type="checkbox"/> Waste management authority |
| <input type="checkbox"/> Climbing association | <input type="checkbox"/> Food bank | <input type="checkbox"/> Recreation board | <input type="checkbox"/> Youth camp |
| | <input type="checkbox"/> Golf club | <input type="checkbox"/> Recycling society | <input type="checkbox"/> Youth club |
| | <input type="checkbox"/> Homemaker services | <input type="checkbox"/> Riding club / society | |

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, marches, 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.

ANI RMA INSURANCE PROGRAM RENEWAL APPLICATION

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

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

Does your organization own and operate the building that you occupy? Yes No

1. 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: _____

2. If you have any tenant(s) or renter(s), do you ask for proof of liability insurance from them? Yes No

3. If you have any tenant(s) or renter(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 | 14. Fireworks
<input type="checkbox"/> Yes <input type="checkbox"/> No | 26. Medical services – midwifery, diagnosis, treatment, casual nursing
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Birthing clinics
<input type="checkbox"/> Yes <input type="checkbox"/> No | 15. First aid
<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 |
| 3. Bow hunting
<input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Fitness facilities
<input type="checkbox"/> Yes <input type="checkbox"/> No | 28. Mountain climbing / rock climbing
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Boxing / wrestling
<input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Flea markets / secondhand / thrift stores
<input type="checkbox"/> Yes <input type="checkbox"/> No | 29. Mud bog / tractor pull events
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Bungee jumping
<input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Food preparation
<input type="checkbox"/> Yes <input type="checkbox"/> No | 30. Paintballing
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Carnival / amusement rides
<input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Go-kart tracks
<input type="checkbox"/> Yes <input type="checkbox"/> No | 31. Parades
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Chuck wagon races / rodeos
<input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Horse pulls
<input type="checkbox"/> Yes <input type="checkbox"/> No | 32. Poker rallies
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Climbing walls – indoor, outdoor
<input type="checkbox"/> Yes <input type="checkbox"/> No | 21. Inflatable children’s jumping apparatus
<input type="checkbox"/> Yes <input type="checkbox"/> No | 33. Professional counseling – psychological, psychiatric
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Counselling services – emotional, social, welfare
<input type="checkbox"/> Yes <input type="checkbox"/> No | 22. Manufacturing / fabrication services
<input type="checkbox"/> Yes <input type="checkbox"/> No | 34. Professional services – legal, engineering, architectural, etc.
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Demolition derbies
<input type="checkbox"/> Yes <input type="checkbox"/> No | 23. Martial arts
<input type="checkbox"/> Yes <input type="checkbox"/> No | 35. Rental / lending of equipment to others
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Extreme sports
<input type="checkbox"/> Yes <input type="checkbox"/> No | 24. Mechanical bulls
<input type="checkbox"/> Yes <input type="checkbox"/> No | 36. Rodeo events for children / minors
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Farmers markets / agricultural fairs
<input type="checkbox"/> Yes <input type="checkbox"/> No | 25. Medical counselling – hospice, grief, suicide prevention
<input type="checkbox"/> Yes <input type="checkbox"/> No | |

ANI RMA INSURANCE PROGRAM RENEWAL APPLICATION

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

37. Rodeo events for children / minors

Yes No

39. Skydiving

Yes No

41. Trampolines

Yes No

38. "Running of the bulls" events

Yes No

40. Statutory holiday / festival celebrations

Yes No

42. Whitewater rafting

Yes No

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 question below.

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 conduct any scientific, food, chemical or similar research? Yes No

5. Do you provide or offer any sort of professional service to others that would usually require a fee being charged/paid?
 Yes No

6. Does anything you do involve handling materials that are environmentally sensitive or potential pollutants? Yes No

Notes:

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