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ANI 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 most recent audited financial statement.

GENERAL, CONTACT, & MUNICIPAL INFORMATION

♦ MUNICIPALITY:

ORGANIZATION NAME:

MEMBER NO.:

MAILING ADDRESS:

POSTAL CODE:

WEBSITE:

NO. OF EMPLOYEES:

NO. OF VOLUNTEERS:

NO. OF CONTRACT EMPLOYEES:

ANNUAL REVENUE: \$

ANNUAL PAYROLL: \$

♦ MAIN CONTACT:

PHONE NO.:

POSITION:

OTHER PHONE NO.:

ADDRESS:

EMAIL ADDRESS:

♦ BACKUP CONTACT:

PHONE NO.:

POSITION:

OTHER PHONE NO.:

ADDRESS:

EMAIL ADDRESS:

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

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

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

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

If yes, please describe: _____

LIABILITY SECTION

LIABILITY OPERATIONS

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Agricultural society | <input type="checkbox"/> Community association | <input type="checkbox"/> Kindergarten | <input type="checkbox"/> Rodeos |
| <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.

1. 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
2. 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: _____
3. 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? _____
4. 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 / 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

☐ Yes ☐ No

2. Birthing clinics

☐ Yes ☐ No

3. Bow hunting

☐ Yes ☐ No

4. Boxing / wrestling

☐ Yes ☐ No

5. Bungee jumping

☐ Yes ☐ No

6. Carnival / amusement rides

☐ Yes ☐ No

7. Chuck wagon races / rodeos

☐ Yes ☐ No

8. Climbing walls – indoor, outdoor

☐ Yes ☐ No

9. Counselling services – emotional, social, welfare

☐ Yes ☐ No

10. Demolition derbies

☐ Yes ☐ No

11. Extreme sports

☐ Yes ☐ No

12. Farmers markets / agricultural fairs

☐ Yes ☐ No

13. Firearms use – hunting, shooting (target / trap / skeet)

☐ Yes ☐ No

14. Fireworks

☐ Yes ☐ No

15. First aid

☐ Yes ☐ No

16. Fitness facilities

☐ Yes ☐ No

17. Flea markets / secondhand / thrift stores

☐ Yes ☐ No

18. Food preparation

☐ Yes ☐ No

19. Go-kart tracks

☐ Yes ☐ No

20. Horse pulls

☐ Yes ☐ No

21. Inflatable children’s jumping apparatus

☐ Yes ☐ No

22. Manufacturing / fabrication services

☐ Yes ☐ No

23. Martial arts

☐ Yes ☐ No

24. Mechanical bulls

☐ Yes ☐ No

25. Medical counselling – hospice, grief, suicide prevention

☐ Yes ☐ No

26. Medical services – midwifery, diagnosis, treatment, casual nursing

☐ Yes ☐ No

27. Motorized racing – cars, boats, motorbikes, ATV’s, snowmobiles

☐ Yes ☐ No

28. Mountain climbing / rock climbing

☐ Yes ☐ No

29. Mud bog / tractor pull events

☐ Yes ☐ No

30. Paintballing

☐ Yes ☐ No

31. Parades

☐ Yes ☐ No

32. Poker rallies

☐ Yes ☐ No

33. Professional counseling – psychological, psychiatric

☐ Yes ☐ No

34. Professional services – legal, engineering, architectural, etc.

☐ Yes ☐ No

35. Rental / lending of equipment to others

☐ Yes ☐ No

36. Rodeo events for children / minors

☐ Yes ☐ No

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

37. "Running of the bulls" events

☐ Yes ☐ No

39. Statutory holiday / festival celebrations

☐ Yes ☐ No

41. Whitewater rafting

☐ Yes ☐ No

38. Skydiving

☐ Yes ☐ No

40. Trampolines

☐ 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