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MUNICIPAL LIABILITY RENEWAL APPLICATION

INSTRUCTIONS:

1. Please answer all questions – we cannot process incomplete forms.
2. Sign and date the completed form.
3. Attach a copy of the most recent audited financial statement along with your completed application

GENERAL INFORMATION

MUNICIPALITY:

MAILING ADDRESS:

POSTAL CODE:

WEBSITE:

NO. OF EMPLOYEES:

NO. OF CONTRACT EMPLOYEES:

ANNUAL PAYROLL: \$

ANNUAL REVENUE: \$

CONTACT INFORMATION

CHIEF ADMINISTRATIVE OFFICER:

PHONE NO.:

EMAIL:

INSURANCE ADMINISTRATOR:

PHONE NO.:

EMAIL:

RISK MANAGER:

PHONE NO.:

EMAIL:

BASIC PROFILE

CURRENT YEAR'S BUDGET:

CURRENT POPULATION:

TOTAL KM OF SIDEWALKS:

TOTAL KM OF SEWER LINES:

NO. OF BRIDGES:

TOTAL # OF LANDFILLS:

ACTIVE LANDFILLS:

CLOSED LANDFILLS:

TOTAL KM OF ROADWAY:

PAVED KM:

UNPAVED KM:

TOTAL KM OF WATER DISTRIBUTION LINES:

TOTAL KM OF TRAIL SYSTEMS:

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

If yes, please advise: _____

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RISK SURVEY

ADDITIONAL NAMED INSURED

NOTE: If your municipality permits any Additional Named Insureds (ANI's) onto its insurance coverage, a list of current ANI's is enclosed with this application.

Please review your municipality's list of ANI's and verify your list is complete.

If any corrections are required, please note these on the list of ANI's and return it with the completed application.

PUBLIC WORKS

NOTE: Please attach a copy of your municipality's current Alberta Environment Compliance Certificate for water operations.

1. Does your municipality have any **professional engineers** on staff? ☐ Yes ☐ No
- a. If yes, identify each engineer and confirm whether their professional services are provided: 1) exclusively to the municipality or 2) to other parties as well:

NAME OF ENGINEER	PROFESSIONAL SERVICES ARE PROVIDED:
	<input type="checkbox"/> exclusively to the municipality OR <input type="checkbox"/> to other parties as well
	<input type="checkbox"/> exclusively to the municipality OR <input type="checkbox"/> to other parties as well
	<input type="checkbox"/> exclusively to the municipality OR <input type="checkbox"/> to other parties as well

2. Does your municipality have any architects on staff?
- a. If yes, identify each architect and confirm whether their professional services are provided: 1) exclusively to the municipality or 2) to other parties as well:

NAME OF ARCHITECT	PROFESSIONAL SERVICES ARE PROVIDED:
	<input type="checkbox"/> exclusively to the municipality OR <input type="checkbox"/> to other parties as well
	<input type="checkbox"/> exclusively to the municipality OR <input type="checkbox"/> to other parties as well
	<input type="checkbox"/> exclusively to the municipality OR <input type="checkbox"/> to other parties as well

3. Please confirm whether the following services are performed by 1) your municipality, or 2) an independent contractor:

- a. Roadway construction: ☐ Municipality ☐ Contractor
- b. Roadway maintenance: ☐ Municipality ☐ Contractor
- c. Street cleaning: ☐ Municipality ☐ Contractor
- d. Street construction: ☐ Municipality ☐ Contractor
- e. Street maintenance: ☐ Municipality ☐ Contractor
- f. Sewer construction: ☐ Municipality ☐ Contractor
- g. Waterline Construction: ☐ Municipality ☐ Contractor

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PUBLIC WORKS (CONT'D)

4. Please confirm whether the following services are provided by 1) your municipality, or 2) contractor (a regional service commission or other entity):
- a. Water treatment: ☐ Municipality ☐ Contractor: _____
 - b. Water distribution: ☐ Municipality ☐ Contractor: _____
 - c. Sewage treatment: ☐ Municipality ☐ Contractor: _____
 - d. Solid water collection: ☐ Municipality ☐ Contractor: _____
 - e. Solid waste / landfill: ☐ Municipality ☐ Contractor: _____

RECREATION FACILITIES / ACTIVITIES

1. Please confirm how many of the following types of facilities are operated by your municipality:
- a. Arenas: _____
 - b. Beaches (total): _____
Supervised: _____
Unsupervised: _____
 - c. Curling rinks: _____
 - d. Docks / floats: _____
 - e. Fairgrounds: _____
 - f. Golf courses: _____
 - g. Playgrounds: _____
 - h. Skateboard parks: _____
 - i. Ski hills: _____
 - j. Sporting fields: _____
 - k. Stadiums: _____
 - l. Swimming / wading pools (total): _____
Indoor: _____
Outdoor: _____
2. What is the largest municipally-owned recreation facility? _____
- a. What is the maximum capacity of this facility? _____ persons

PERMIT ISSUANCE & INSPECTION SERVICES

1. Please confirm the range of permitting services performed by your municipality with respect to the administration and enforcement of the Alberta Safety Codes Act:
- a. Building permits:
 - ♦ Permits are issued by municipality: ☐ Yes ☐ No
If yes, what is the annual number of permits issued? _____
 - ♦ Inspections are performed to ensure code compliance: ☐ Yes ☐ No
 - b. Electrical permits:
 - ♦ Permits are issued by municipality: ☐ Yes ☐ No
If yes, what is the annual number of permits issued? _____
 - ♦ Inspections are performed to ensure code compliance: ☐ Yes ☐ No
 - c. Gas fitting permits:
 - ♦ Permits are issued by municipality: ☐ Yes ☐ No
If yes, what is the annual number of permits issued? _____
 - ♦ Inspections are performed to ensure code compliance: ☐ Yes ☐ No
 - d. Heating, ventilation, air conditioning permits:
 - ♦ Permits are issued by municipality: ☐ Yes ☐ No
If yes, what is the annual number of permits issued? _____
 - ♦ Inspections are performed to ensure code compliance: ☐ Yes ☐ No

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SALE AND / OR SERVICE OF ALCOHOL

1. Will your municipality be **DIRECTLY HOSTING** any **sale and service of alcohol events** in the upcoming year?

☐ Yes ☐ No

*(NOTE: **DIRECTLY HOSTING** means an event involving the sale and / or consumption of alcohol that is run directly by your organization, not by renters of your facilities (such as wedding parties or other events of third-party individuals or organizations). Renters of your facilities require their own separate liability policy that includes host liquor liability, naming your organization as an additional insured. All other special events such as rodeos, fairs, parades, mud bogs, etc., must be reported individually to your Insurance Risk Advisors prior to the event taking place.*

- a. If yes, how many such events are likely to have 150 or more attendees?
☐ 1 to 3 events ☐ 4 to 6 events ☐ 7 to 10 events
☐ 11 or more events
- b. Will your municipality be hosting the sale of alcohol through any municipal facilities? ☐ Yes ☐ No
- c. Do you have any restaurants within your municipal facilities? ☐ Yes ☐ No
- d. Is the serving of alcohol or operations of the restaurants contracted out to a third-party provider? ☐ Yes ☐ No

AGRICULTURAL SERVICES BOARDS

1. Has your municipality established an Agricultural Services Board under the *Agricultural Service Board Act*?

☐ Yes ☐ No

- a. If yes, confirm the scope of programs being implemented by your municipality's board:

☐ Gopher and pest control ☐ Weed control
☐ Beaver control ☐ Brush control ☐ Coyote control
☐ Livestock disease control

2. Does your municipality rent or lend agricultural equipment to outside parties? ☐ Yes ☐ No

- a. If yes, is a formal agreement used when renting or lending equipment? ☐ Yes ☐ No

3. Does your municipality operate or participate in a 911 service?

☐ Yes ☐ No

4. Does your municipality operate its own fire department?

☐ Yes ☐ No

- a. If yes, confirm whether the following key personnel are 1) municipal employees, or 2) volunteers (paid or otherwise):

- ♦ Fire Chief:
☐ Municipal employee ☐ Volunteer
- ♦ Deputy Fire Chief:
☐ Municipal employee ☐ Volunteer
- ♦ Safety / Training Officer:
☐ Municipal employee ☐ Volunteer
- ♦ Firefighters:
☐ Municipal employees ☐ Volunteers

- b. Total number of municipal employees: _____

- c. Total number of volunteers: _____

- d. Number of municipally owned and operated firehalls:

- e. Please list all firehalls that are municipally owned and operated: _____

5. Does your municipality participate in a mutual aid arrangement with other municipalities / entities with respect to firefighting services? ☐ Yes ☐ No

- a. If yes, confirm the names of the other participant municipalities / entities: _____

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AGRICULTURAL SERVICES BOARDS (CONT'D)

6. Does your municipality contract with any commercial or industrial organizations to provide firefighting services? ☐ Yes ☐ No
- a. If yes, confirm the names of these organizations: _____
7. Does your municipality receive firefighting services from a separately incorporated fire protection authority? ☐ Yes ☐ No
- a. If yes, confirm the name of the authority: _____

NOTE: Separate fire protection authorities are not automatically insured. Each such organization must apply for its own insurance coverage individually, either as an Additional Named Insured (under your municipality) or as an insured Community Group. Insurance applications can be obtained from RMA Insurance.

AMBULANCE / EMS SERVICE

1. Do you employ any healthcare professionals including, but not limited to, doctors, nurses, EMT's paramedics? ☐ Yes ☐ No
- a. If yes, please complete the attached supplemental healthcare questionnaire.
2. Does your municipality operate its own ambulance / EMS service? ☐ Yes ☐ No
- a. If yes, indicate how many ambulance units are owned or leased by your organization:
- ◆ # of active units: _____
 - ◆ # of standby units: _____
- b. If yes, confirm the following:
- ◆ # of full-time staff: _____
 - ◆ # of part-time staff: _____
 - ◆ # of calls per year: _____
- c. If yes, confirm how many personnel (number of staff) are qualified at the following levels:
- ◆ Paramedic (EMT-P): _____
 - ◆ Emergency Medical Technician (EMT): _____
 - ◆ Emergency Medical Responder (EMR): _____
3. Does your municipality participate in a mutual aid arrangement with other municipalities / entities with respect to ambulance / EMS services? ☐ Yes ☐ No
- a. If yes, confirm the names of the other participant municipalities / entities: _____
4. Does your municipality receive ambulance / EMS services from a separately incorporated ambulance / EMS authority? ☐ Yes ☐ No
- a. If yes, confirm the name of that authority: _____

NOTE: Separate ambulance / EMS authorities are not automatically insured. Each such organization must apply for its own insurance coverage individually, either as an Additional Named Insured (under your municipality) or as an insured Community Group. Insurance applications can be obtained from RMA Insurance.

POLICE SERVICES

1. Does your municipality operate its own police force? ☐ Yes ☐ No
- a. If yes, confirm the following:
- # of sworn officers _____ # of non-sworn officers _____
2. Are police services for your municipality provided through the RCMP? ☐ Yes ☐ No
3. Does your municipality employ any Special Constables? ☐ Yes ☐ No
- a. If yes, provide their names: _____
- _____
- _____

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FAMILY & COMMUNITY SUPPORT SERVICES

1. Do you employ any healthcare professionals including, but not limited to, social workers or councillors? ☐ Yes ☐ No

a. If yes, please complete the attached supplemental healthcare questionnaire.

2. Does your municipality operate its own Family and Community Support Service (FCSS)? ☐ Yes ☐ No

a. If yes, confirm the scope of programs and services provided to the community:

- ☐ Daycare services ☐ Outreach services ☐ Nursing home services ☐ Food bank services ☐ Seniors housing
☐ Family planning services

b. If other programs or services are provided, please describe: _____

3. Does your municipality receive such services from a separately incorporated FCSS association or society? ☐ Yes ☐ No

a. If yes, confirm the name of that association / society: _____

NOTE: Separate FCSS associations and societies are not automatically insured. Each such organization must apply for its own insurance coverage individually, either as an Additional Named Insured (under your municipality) or as an insured Community Group. Insurance applications can be obtained from RMA Insurance.

REMINDER: ATTACH THE FOLLOWING DOCUMENTS TO YOUR COMPLETED APPLICATION:

1. If applicable, include corrections to your municipality's current list of Additional Named Insureds.
2. Attach a copy of current Alberta Environment Compliance Certificate for water operation.
3. Attach a copy of the most recent audited financial statement
4. 5 Year claims experience letter(s)

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