



2510 Sparrow Drive, Nisku, AB T9E 8N5 | Phone: 780.955.3639 Fax: 780.955.3615 | [renewal@rmainsurance.com](mailto:renewal@rmainsurance.com)

## 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 PERSON:

PHONE NO.:

POSITION:

OTHER PHONE NO.:

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. Are you contractually obligated to carry Medical Malpractice Insurance? ☐ Yes ☐ No
  - a. If yes, please attach a copy of the contract.

**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**