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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;

## GENERAL, CONTACT, & MUNICIPAL INFORMATION

ORGANIZATION NAME:

MEMBER NO:

MAILING ADDRESS:

POSTAL CODE:

WEBSITE:

NO. OF EMPLOYEES:

NO. OF VOLUNTEERS:

NO. OF CONTRACTED EMPLOYEES:

ANNUAL REVENUE: \$

ANNUAL PAYROLL: \$

MAIN CONTACT PERSON:

PHONE NO.:

POSITION:

OTHER PHONE NO.:

ADDRESS:

EMAIL ADDRESS:

BACKUP CONTACT PERSON:

PHONE NO.:

POSITION:

OTHER PHONE NO.:

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)

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

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

If yes, please advise: \_\_\_\_\_

## 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.

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, 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.**

### 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

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## 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<br><input type="checkbox"/> Yes <input type="checkbox"/> No                     | 16. Fitness facilities<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | 30. Paintballing<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 2. Birthing clinics<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | 17. Flea markets / secondhand / thrift stores<br><input type="checkbox"/> Yes <input type="checkbox"/> No                          | 31. Parades<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 3. Bow hunting<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | 18. Food preparation<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | 32. Poker rallies<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 4. Boxing / wrestling<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | 19. Go-kart tracks<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | 33. Professional counseling – psychological, psychiatric<br><input type="checkbox"/> Yes <input type="checkbox"/> No            |
| 5. Bungee jumping<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | 20. Horse pulls<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | 34. Professional services – legal, engineering, architectural, etc.<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Carnival / amusement rides<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                | 21. Inflatable children’s jumping apparatus<br><input type="checkbox"/> Yes <input type="checkbox"/> No                            | 35. Rental / lending of equipment to others<br><input type="checkbox"/> Yes <input type="checkbox"/> No                         |
| 7. Chuck wagon races / rodeos<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                | 22. Manufacturing / fabrication services<br><input type="checkbox"/> Yes <input type="checkbox"/> No                               | 36. Rodeo events for children / minors<br><input type="checkbox"/> Yes <input type="checkbox"/> No                              |
| 8. Climbing walls – indoor, outdoor<br><input type="checkbox"/> Yes <input type="checkbox"/> No                          | 23. Martial arts<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | 37. “Running of the bulls” events<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                   |
| 9. Counselling services – emotional, social, welfare<br><input type="checkbox"/> Yes <input type="checkbox"/> No         | 24. Mechanical bulls<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | 38. Skydiving<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 10. Demolition derbies<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                       | 25. Medical counselling – hospice, grief, suicide prevention<br><input type="checkbox"/> Yes <input type="checkbox"/> No           | 39. Statutory holiday / festival celebrations<br><input type="checkbox"/> Yes <input type="checkbox"/> No                       |
| 11. Extreme sports<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | 26. Medical services – midwifery, diagnosis, treatment, casual nursing<br><input type="checkbox"/> Yes <input type="checkbox"/> No | 40. Trampolines<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 12. Farmers markets / agricultural fairs<br><input type="checkbox"/> Yes <input type="checkbox"/> No                     | 27. Motorized racing – cars, boats, motorbikes, ATV’s, snowmobiles<br><input type="checkbox"/> Yes <input type="checkbox"/> No     | 41. Whitewater rafting<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 13. Firearms use – hunting, shooting (target / trap / skeet)<br><input type="checkbox"/> Yes <input type="checkbox"/> No | 28. Mountain climbing / rock climbing<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                  | 42. Swimming Pool<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 14. Fireworks<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | 29. Mud bog / tractor pull events<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                      |   |
| 15. First aid<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |  |   |

Where “yes” is indicated, please describe activity.

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

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

### 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