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RURAL ELECTRIFICATION ASSOCIATION RENEWAL APPLICATION

INSTRUCTIONS:

1. Please answer all questions – we cannot process incomplete forms.
2. Sign and date the completed form

GENERAL, CONTACT, & MUNICIPAL QUESTIONS

MEMBER NAME: **MEMBER NO.:**

MAILING ADDRESS: **CITY/TOWN:** **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:**

BACKUP CONTACT: **PHONE NO.:**

POSITION: **OTHER PHONE NO.:**

ADDRESS: **EMAIL:**

1. Is your organization registered as a not-for-profit entity? ☐ Yes ☐ No
2. Does your organization have any other groups that are separately incorporated or governed, including subsidiaries? ☐ Yes ☐ No

   If yes, please describe: _____

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

RURAL ELECTRIFICATION RENEWAL APPLICATION

LIABILITY INSURANCE

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. If does not apply to Outside Renters of your facilities, however, such Renters do require their own separate liability policy that includes Host Liquor Liability and names your organization as an additional insured.*

1. Will your organization be hosting any events involving services, sale, or consumption of alcohol in the upcoming year?
   ☐ Yes ☐ No
2. Do you have tenants in your building? ☐ Yes ☐ No

   ***NOTE:** Tenants are not automatically insured under the building owner's policy. Each tenant group or organization must provide proof of liability insurance on an annual basis to show the building owner as an additional insured under the policy.*

RISK SURVEY #2 – NEED FOR SPECIALIZED LIABILITY COVERAGE(S)

Please indicate if any of the following apply to your organization.

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 sort of professional service to others that would usually require a fee being charged / paid?
   ☐ Yes ☐ No
4. Does anything you do involve handling materials that are environmentally sensitive or potential pollutants? ☐ Yes ☐ No

RISK SURVEY #3 – REA OPERATIONS

***NOTE:** This policy **DOES NOT** provide 'failure to provide' coverage.*

1. How many customers, of each type, do you offer service to?
   _____ Residential _____ Commercial _____ Industrial
2. Does your organization install power lines that you own? ☐ Yes ☐ No
3. Does your organization contract to install power lines owned by others? ☐ Yes ☐ No
4. Does your organization maintain your own power lines? ☐ Yes ☐ No
5. Does your organization contract to maintain power lines owned by others? ☐ Yes ☐ No
6. Does your organization supply power line information (e.g. height, distance, etc.) to outside entities? ☐ Yes ☐ No
7. Does your organization supply permitting? ☐ 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