



Title: Insurance Application for Non-Profit Community Organizations	Policy No.: B.01-01 <i>E</i>
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Legislation Reference:	Jubilee Insurance Agencies Ltd.
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Purpose:	To provide a process for non-profit community organizations to obtain insurance coverage from Smoky Lake County’s insurance carriers “ Jubilee Insurance Agencies Ltd. ”
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Policy Statement and Guidelines:

1. STATEMENT:

Jubilee Insurance Agencies has a mandate to provide insurance coverage to non-profit community groups/entities that benefit the community as a whole.

2. DEFINITION:

Non-Profit Community Organizations:

- 2.1. A non-profit organization may own and/or operate public facilities in the Smoky Lake County and must be registered societies or legally recognized incorporated entities.
- 2.2 Provide services to Smoky Lake County region which benefits the community as a whole.

3. ELIGIBILITY:

Non-profit organizations may apply to the Municipality to access “additional insured” coverage, subject to all of the following conditions:

- 3.1 They must be registered societies or legally recognized incorporated entities that are community based, non-profit organization.
- 3.2 Their primary programs and activities and any related insured property are to be located within the Municipality’s geographic boundaries.

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Policy Statement and Guidelines:

- 3.3 Programs and facilities eligible for “additional insured” coverage as arranged and confirmed with Jubilee Insurance Agencies Ltd., include:
- ◆ Community halls
 - ◆ Playground sites
 - ◆ Recreation facilities
 - ◆ Drop-in centers
 - ◆ Campgrounds
 - ◆ Museums and historical sites
 - ◆ Other leased municipal reserve sites with improvements
 - ◆ A vehicle which has been formally classified by the insurance company as a handibus to be used exclusively to transport seniors and disabled individuals
 - ◆ Spectators at competitive horse show jumping, horse track and barrel racing, and rodeo events and spectators at non-competitive 4-H Club horse activities.

3.4 Other programs, activities and facilities not identified above will be reviewed by the Municipality’s and the insurance company’s staff on a case-by-case basis to determine and the related request shall be presented for Council’s consideration.

4. APPLICATION PROCESS:

- 4.1 Non-profit organizations accessing coverage as **“additional insured”** parties to the Smoky Lake County’s insurance plan are required to completed ***Schedule “A”: Community Groups/Additional Insured Questionnaire.***
- 4.2 All requests for insurance coverage are subject to the approval of Smoky Lake County’s insurance carrier: **Jubilee Insurance Agencies Ltd.**
- 4.3 Smoky Lake County, upon receiving confirmation “Approval” from Jubilee Insurance Agency will present same to County Council for review and approval.
- 4.4 The Council of Smoky Lake County retains ultimate and final authority with respect to approving any insurance requests from organizations.
- 4.5 Applications rejected by Jubilee Insurance Agency will not be considered by Smoky Lake County.

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Policy Statement and Guidelines:	
5. INSURANCE PROGRAM:	
Non-profit Community Organizations approved to obtain insurance coverage through Smoky Lake County:	
5.1	Will be responsible for all premiums related to them being an “Added Named Insured”.
5.2	Will be required to implement and adhere to all County Insurance Policies.

	Date	Resolution Number
Approved	September 20, 2007	# 598-07 - Page # 8460
Amended		
Amended		



SCHEDULE "A"

2510 Sparrow Drive • Nisku • Alberta • T9E 8N5
PHONE # 955-3639 • FAX # 955-3615

COMMUNITY GROUPS/ADDITIONAL INSURED QUESTIONNAIRE

NAME OR GROUP / ASSOCIATION: _____

ADDRESS: _____

CONTACT PERSON: _____ PHONE # _____

FAX #: _____ EMAIL: _____

Is your organization not-for-profit? Yes No

Is your organization community based? Yes No

Does your organization get its funding from the Municipality? Yes No

LIABILITY (to be completed if liability insurance required)

1. Which of the following does your organization own and/or operate?

- Arena Museum Outside Rodeo Arena Wall Climbing
- Curling Rink Race Track RV Parks Zip Lines
- Community Hall Fairgrounds Theatres Board/Bike Park
- Drop In Center Swimming Pool Youth Camps Fire Hall

2. Which of the following special events do you co-ordinate?

- Beer Gardens Fireworks Midway Rides
- Demolition Derby Horseracing Rodeo
- Farmers Market Gymkhana Skidoo Rallies

3. Please indicate if your organization is involved in any of the following:

- Medical / Dental clinics Zoos
- Professional Counseling Shooting Range /Hunting Clubs
- Birth center Mountain Climbing
- Rehabilitation Facilities Racing Clubs – Watercraft, Auto
- Medical Labs Flying Clubs
- Property Development Martial Arts / Boxing
- Financial / Lending institutions Driving Schools
- Emergency Services - Police, Fire, Ambulance Employment Agencies
- Jails / Detention Centers Sports Leagues
- Contracting Tour Groups
- Legal Services Professional Services
- Daycares / Schools, Kindergartens Senior Foundations

4. Please give a brief description of the purpose of the organization.

PROPERTY (to be completed if required)

Is your organization the owner of the property to be insured? Yes No
If no, who is the owner of the property?

****A Boiler and Machinery Policy will be added to all property policies.**

Location #1

1. Name of Hall: _____

2. Address of Hall: _____ Postal Code: _____

3. Use of Hall or Building: _____

4. Current replacement cost of Building: _____ Contents: _____

5. Building Square Footage: _____ (ground area) Heating: _____

6. Building Construction Details:

- B – Brick
- WM – Wood Frame/Metal Clad
- Wood Frame
- CB – Concrete Block
- MT – Metal
- SM – Steel Frame/Metal Clad

Note: Please choose building construction details for codes above for walls, roof and floor.

Walls: _____

Roof: _____

Floor: _____

ALARMS:

Intrusion Alarm: Yes No

Fire Alarm: Yes No

Sprinkler System: Yes No

Location #2

1. Name of Hall: _____

2. Address of Hall: _____ Postal Code: _____

3. Use of Hall or Building: _____

4. Current replacement cost of Building: _____ Contents: _____

5. Building Square Footage: _____ (ground area) Heating: _____

6. Building Construction Details:

- B – Brick
- Wood Frame
- MT – Metal
- WM – Wood Frame/Metal Clad
- CB – Concrete Block
- SM – Steel Frame/Metal Clad

Note: Please choose building construction details for codes above for walls, roof and floor.

Walls: _____

Roof: _____

Floor: _____

ALARMS:

Intrusion Alarm: Yes No

Fire Alarm: Yes No

Sprinkler System: Yes No

Bond & Crime (to be completed if required)

1. Number of members handling cash? _____

2. Amount of money handled? _____

3. Number of bank transactions a year? _____

4. Number of members _____

5. Number of employees _____

Please provide a claims experience letter from your present insurer for the past 5 years
(must be on insures letterhead) with your completed application.

*****HAS THERE BEEN ANY CLAIMS WITH RESPECT TO LIABILITY, PROPERTY OR BOND & CRIME MADE BY OR AGAINST YOUR ASSOCIATION WITHIN THE PAST THREE (3) YEARS?**

IF YES, PLEASE EXPLAIN

Name: _____

Signature: _____

Position: _____

Date: _____

Revised January 14, 2004
Com.groups questionnaire 2003 rlb