

SMOKY LAKE COUNTY



Title: Insurance Liability Renewal Application for the Additional Named Insured		Policy No.: B.03-07
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Section: 14	Code: P-R	Page No.: 1 of 5

Legislation Reference:	Jubilee Insurance Agencies Ltd.
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Purpose:	To provide a process for non-profit community organizations to renew insurance coverage as Additional Named Insured from Smoky Lake County's insurance carriers " Jubilee Insurance Agencies Ltd. "
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Policy Statement and Guidelines:
<p>1. STATEMENT:</p> <p>1.1 Jubilee Insurance Agencies has a mandate to provide insurance coverage to non-profit community groups/entities that benefit the community as a whole.</p> <p>1.2 Smoky Lake County requires on an annual basis Questionnaires completed by all Additional Named Insured to renew insurance liability coverage, in order to remain under the County Master Insurance Policy.</p> <p style="margin-left: 40px;">This is an underwriting measure required in order to demonstrate due diligence as to the management of Additional Named Insured risk for the Superintendent of Insurance for the Province of Alberta, and the County's partner with the Jubilee program.</p> <p>2. RENEWAL APPLICATION PROCESS:</p> <p>Non-profit organizations maintaining coverage as "additional named insured (ANI)" parties to the Smoky Lake County's insurance plan are required to completed the following:</p> <p style="text-align: center;"><i>Schedule "A": Municipal 2015-2016 Additional Named Insured Liability Insurance Renewal Form.</i></p>

	Date	Resolution Number
Approved	August 16, 2007	# 553-07 - Page # 8433
Amended	September 25, 2008	# 686-08 - Page # 8741
Amended	August 20, 2009	# 751-09 - Page # 9076
Amended	October 21, 2010	# 982-10 - Page # 9493
Amended	October 25, 2012	# 53-12 - Page # 10282
Amended	August 28, 2014	# 743-14 - Page #11361
Amended	August 20, 2015	# 858-15 - Page #11884



SCHEDULE "A"

**MUNICIPAL 2015-2016 ADDITIONAL NAMED INSURED
LIABILITY INSURANCE RENEWAL FORM**

GENERAL, CONTACT AND MUNICIPAL INFORMATION	PLEASE ANSWER ALL QUESTIONS
Organization Name: _____ Mailing Address: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 20px;"> Box City or Town Postal Code </div> Website Address: _____	Number of Employees: _____ Number of Volunteers: _____ Number of Board Members: _____ Current Year's budget: \$ _____ Last Year's Revenue: \$ _____

Main Contact: _____ Position: _____ Address: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 20px;"> Box City or Town Postal Code </div>	Phone: (____) _____ Fax: (____) _____ Other/Cell Phone: (____) _____ Email: _____
Backup Contact: _____ Position: _____ Address: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 20px;"> Box City or Town Postal Code </div>	Phone: (____) _____ Fax: (____) _____ Other/Cell Phone: (____) _____ Email: _____

	Yes	No
▶ Do you have a municipal representative or appointee on your Board of Directors?	<input type="checkbox"/>	<input type="checkbox"/>
▶ Does the municipality provide an operating grant or other funding support to your organization?	<input type="checkbox"/>	<input type="checkbox"/>
▶ Are municipal facilities used for your organization's administrative office?	<input type="checkbox"/>	<input type="checkbox"/>
▶ Is the municipality regularly provided with copies of the Minutes for your organization's meetings?	<input type="checkbox"/>	<input type="checkbox"/>
▶ Is your organization registered as a Not-for-Profit entity?	<input type="checkbox"/>	<input type="checkbox"/>
▶ Does your organization have any other groups that are separately incorporated or governed? IF YES, PLEASE DESCRIBE: _____	<input type="checkbox"/>	<input type="checkbox"/>

ORGANIZATION TYPE:

- ▶ If available, please attach a copy of your Mission Statement.
- ▶ Please describe in your own words the purpose/operations of your organization, and your day-to-day activities:

SECTION A:		LIABILITY ACTIVITIES		<i>Please indicate (✓) the Category that best applies to you</i>	
Agricultural Society	<input type="checkbox"/>	Fire Association / Club	<input type="checkbox"/>	Recreation Board	<input type="checkbox"/>
Airport Board / Commission	<input type="checkbox"/>	Fire Protection Authority	<input type="checkbox"/>	Recycling Society	<input type="checkbox"/>
Ambulance Board / Authority	<input type="checkbox"/>	Fitness Club	<input type="checkbox"/>	Riding Club / Society	<input type="checkbox"/>
Ambulance Service	<input type="checkbox"/>	Food Bank	<input type="checkbox"/>	Rodeo Committee	<input type="checkbox"/>
Bingo Association	<input type="checkbox"/>	Golf Club	<input type="checkbox"/>	Search & Rescue Association	<input type="checkbox"/>
Cemetery Maintenance / Operations	<input type="checkbox"/>	Homemaker Services	<input type="checkbox"/>	Senior's Club / Society	<input type="checkbox"/>
Chamber of Commerce	<input type="checkbox"/>	Kindergarten	<input type="checkbox"/>	Service Club – Local Chapter	<input type="checkbox"/>
Childhood Development Society	<input type="checkbox"/>	Learning Council	<input type="checkbox"/>	Ski Club	<input type="checkbox"/>
Climbing Association	<input type="checkbox"/>	Library Foundation	<input type="checkbox"/>	Sports League / Group	<input type="checkbox"/>
Community Association	<input type="checkbox"/>	Meals on Wheels Society	<input type="checkbox"/>	Transportation Society	<input type="checkbox"/>
Curling Club	<input type="checkbox"/>	Museum Society	<input type="checkbox"/>	Waste Management Authority	<input type="checkbox"/>
Daycare / After School Care	<input type="checkbox"/>	Neighbourhood Watch / Citizens-on-Patrol	<input type="checkbox"/>	Youth Camp	<input type="checkbox"/>
Drop-in Centre	<input type="checkbox"/>	Parents Council	<input type="checkbox"/>	Youth Club	<input type="checkbox"/>
Family Community Social Services	<input type="checkbox"/>	Park / Campground Operator	<input type="checkbox"/>		
If not listed above, please describe: _____					

RISK SURVEY # 1 – SALE AND/OR SERVICE OF ALCOHOL		
<p>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 which names your organization as an additional insured.</p>		
	Yes	No
<p>▶ Will your organization be DIRECTLY HOSTING any events involving the sale or service of alcohol in the upcoming year?</p> <p>If Yes, how many such events are likely to have 150 or more attendees?</p> <p>1 to 3 events <input type="checkbox"/> 4 to 6 events <input type="checkbox"/> 7 to 10 events <input type="checkbox"/> 11 or more events <input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>▶ Will you be hosting Festivals, Parades, Marches, or other Special events where a large concentration of people is expected?</p> <p>IF YES, PLEASE DESCRIBE: _____</p>	<input type="checkbox"/>	<input type="checkbox"/>

RISK SURVEY# 2 – OTHER GROUPS SHARING OR USING YOUR PREMISES		
<p>NOTE: Tenants are not automatically insured! Each tenant group or organization must apply for / have its own insurance coverage.</p>		
	Yes	No
▶ Does your organization own and operate the building that you occupy?	<input type="checkbox"/>	<input type="checkbox"/>
▶ If Yes, do other groups or organizations also occupy your building as tenants?	<input type="checkbox"/>	<input type="checkbox"/>
<p>If Yes: - List the names of these tenant groups or organizations:</p> <p>_____</p>		
▶ If you have any tenant(s) , do you ask for proof of Liability Insurance from them?	<input type="checkbox"/>	<input type="checkbox"/>
▶ If you have any tenant(s) , do you ask that your organization be named as an Additional Insured on their Liability Policy?	<input type="checkbox"/>	<input type="checkbox"/>

RISK SURVEY # 3 – HIGH RISK ACTIVITIES:

DOES YOUR ORGANIZATION ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES? <i>Check the "Yes" or "No" box for each and every activity:</i>					
NOTE: If any activity or event is to take place that is not checked off below, this must be reported to your Insurance & Risk Advisor before it takes place.					
	Yes	No		Yes	No
Biking / Mountain Biking on Ski Hills	<input type="checkbox"/>	<input type="checkbox"/>	Martial Arts	<input type="checkbox"/>	<input type="checkbox"/>
Birthing Clinics	<input type="checkbox"/>	<input type="checkbox"/>	Mechanical Bulls	<input type="checkbox"/>	<input type="checkbox"/>
Bow Hunting	<input type="checkbox"/>	<input type="checkbox"/>	Medical Counselling – hospice, grief, suicide prevent	<input type="checkbox"/>	<input type="checkbox"/>
Boxing / Wrestling	<input type="checkbox"/>	<input type="checkbox"/>	Medical Services – midwifery / diagnosis / treatment, casual nursing	<input type="checkbox"/>	<input type="checkbox"/>
Bungee Jumping	<input type="checkbox"/>	<input type="checkbox"/>	Motorized Racing – cars, boats, motorbikes, ATV's, snowmobiles	<input type="checkbox"/>	<input type="checkbox"/>
Carnival / Amusement Rides	<input type="checkbox"/>	<input type="checkbox"/>	Mountain Climbing / Rock Climbing	<input type="checkbox"/>	<input type="checkbox"/>
Chuckwagon Races / Rodeos	<input type="checkbox"/>	<input type="checkbox"/>	Mud Bog / Tractor Pull Events	<input type="checkbox"/>	<input type="checkbox"/>
Climbing Walls – indoor, outdoor	<input type="checkbox"/>	<input type="checkbox"/>	Paintballing	<input type="checkbox"/>	<input type="checkbox"/>
Counselling Services – emotional, social, welfare	<input type="checkbox"/>	<input type="checkbox"/>	Parades	<input type="checkbox"/>	<input type="checkbox"/>
Demolition Derbies	<input type="checkbox"/>	<input type="checkbox"/>	Poker Rallies	<input type="checkbox"/>	<input type="checkbox"/>
Extreme Sports	<input type="checkbox"/>	<input type="checkbox"/>	Professional Counselling – psychological, psychiatric	<input type="checkbox"/>	<input type="checkbox"/>
Farmer's Markets / Agricultural Fairs	<input type="checkbox"/>	<input type="checkbox"/>	Professional Services – engineering, architectural, legal, etc.	<input type="checkbox"/>	<input type="checkbox"/>
Firearms use – hunting, shooting (target /trap/skeet)	<input type="checkbox"/>	<input type="checkbox"/>	Rental / Lending of Equipment to Others	<input type="checkbox"/>	<input type="checkbox"/>
Fireworks	<input type="checkbox"/>	<input type="checkbox"/>	Rodeo Events for Children / Minors	<input type="checkbox"/>	<input type="checkbox"/>
First Aid	<input type="checkbox"/>	<input type="checkbox"/>	"Running of the Bulls" Events	<input type="checkbox"/>	<input type="checkbox"/>
Fitness Facilities	<input type="checkbox"/>	<input type="checkbox"/>	Skydiving	<input type="checkbox"/>	<input type="checkbox"/>
Flea Markets / Secondhand / Thrift Stores	<input type="checkbox"/>	<input type="checkbox"/>	Statutory Holiday / Festival Celebrations	<input type="checkbox"/>	<input type="checkbox"/>
Food Preparation	<input type="checkbox"/>	<input type="checkbox"/>	Trampolines	<input type="checkbox"/>	<input type="checkbox"/>
Go-Kart Tracks	<input type="checkbox"/>	<input type="checkbox"/>	Whitewater Rafting	<input type="checkbox"/>	<input type="checkbox"/>
Horse Pulls	<input type="checkbox"/>	<input type="checkbox"/>			
Inflatable children's jumping apparatus	<input type="checkbox"/>	<input type="checkbox"/>			
Manufacturing / Fabrication Services	<input type="checkbox"/>	<input type="checkbox"/>			
WHERE "YES" IS INDICATED, PLEASE DESCRIBE ACTIVITY:					
DOES YOUR ORGANIZATION ENGAGE IN OTHER UNUSAL 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? <i>Check the "Yes" or "No" box for each area:</i>		
	Yes	No
▶ Do you operate or perform any activities outside of Alberta?	<input type="checkbox"/>	<input type="checkbox"/>
▶ Do you provide or offer any legal or financial advice?	<input type="checkbox"/>	<input type="checkbox"/>
▶ Do you provide or offer any medical or nursing care or treatment or administer any drugs or medications?	<input type="checkbox"/>	<input type="checkbox"/>
▶ Do you conduct any scientific, food, chemical or similar research?	<input type="checkbox"/>	<input type="checkbox"/>
▶ Do you provide or offer any sort of professional service to others that would usually require a fee being charged/paid?	<input type="checkbox"/>	<input type="checkbox"/>
▶ Does anything you do involve handling materials that are environmentally sensitive or potential pollutants?	<input type="checkbox"/>	<input type="checkbox"/>

Section 14

CONFIRMATION	
NAME OF INDIVIDUAL COMPLETING THIS APPLICATION:	_____
	(PRINT NAME)
SIGNATURE:	_____
TITLE:	_____
Date:	_____