Top of Form

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| **SECTION 1 – APPLICANT INFORMATION** | | | | | | | |
| NAME OF APPLICANT (as it should appear on the policy) |  | | | | | | |
| MAILING ADDRESS |  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | | |
| **SECTION 2 – DESCRIPTION OF AREA** | | | | | | | |
| POPULATION |  | | | | | | |
| TOTAL AREA | KM | UNPAVED STREETS | | | KM | | |
| PAVED STREETS | KM | SIDEWALKS | | | KM | | |
| MULTI-PURPOSE TRAILS | KM | PUBLIC PARKS | | | ACREAGE | | |
|  | | | | | | | |
| **SECTION 3 – WATER AND SEWAGE TREATMENT** | | | | | | | |
| DO YOU OPERATE A WATER TREATMENT PLANT? | | | | | | Yes | No |
| If yes, please indicate how many | **# OF PLANTS** | | **# OF PUMPING STATIONS** | | | **# OF RESERVOIR SITES** | |
|  | |  | | |  | |
| Who is responsible for its operations? | Municipality | | | Third Party | | | |
| Name of operator |  | Total population served | | | |  | |
| If operated by a third party, do you request a certificate of insurance annually? | | | | | | Yes | No |
| DO YOU OPERATE A SEWAGE TREATMENT PLANT? | | | | | | Yes | No |
| If yes, please indicate how many | **# OF PLANTS** | | **# OF PUMPING STATIONS** | | | **# OF RESERVOIR SITES** | |
|  | |  | | |  | |
| Who is responsible for its operations? | Municipality | | | Third Party | | | |
| Name of operator |  | Total population served | | | |  | |
| If operated by a third party, do you request a certificate of insurance annually? | | | | | | Yes | No |
|  | | | | | | | |

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| **SECTION 4 – MUNICIPAL SERVICES** | | | | |
| IS THE APPLICANT RESPONSIBLE FOR ANY OF THE FOLLOWING ACTIVITIES OR OPERATIONS? PLEASE PLACE AN “X” WHERE APPLICABLE. IF CONTRACTED, PLEASE INDICATE IF A CERTIFICATE OF INSURANCE (COI) FOR LIABILITY COVERAGE IS OBTAINED FROM THIRD PARTY OR NOT. | | | | |
| **MUNICIPAL SERVICE** | **MUNICIPALITY** | **CONTRACTED TO A THIRD PARTY** | **IF CONTRACTED, DO YOU REQUEST AN ANNUAL COI?** | **NOT APPLICABLE** |
| FIRE |  |  |  |  |
| POLICE |  |  |  |  |
| AMBULANCE SERVICE |  |  |  |  |
| BUILDING INSPECTION /PERMIT APPROVAL |  |  |  |  |
| WASTE DISPOSAL AND RECYCLING SERVICES |  |  |  |  |
| VEHICLE & EQUIPMENT MAINTENANCE FOR THIRD PARTIES |  |  |  |  |
| ROAD / STREET MAINTENANCE |  |  |  |  |
| SIDEWALK MAINTENANCE |  |  |  |  |
| WATERMAN / SEWAGE MAINTENANCE / CONSTRUCTION |  |  |  |  |
| SNOW REMOVAL |  |  |  |  |
| WEED SPRAYING |  |  |  |  |
| ARBORIST / TREE PRUNING / SPRAYING |  |  |  |  |
| ELECTRIC POWER DISTRIBUTION |  |  |  |  |
| INTERNET UTILITIES |  |  |  |  |
| TELEPHONE UTILITIES |  |  |  |  |
| DAYCARE |  |  |  |  |
| DAY CAMPS FOR CHILDREN |  |  |  |  |
| OVERNIGHT CAMP FOR CHILDREN |  |  |  |  |
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| **SECTION 5 – MUNICIPAL ACTIVITIES OR OPERATIONS** | | | | | | | | | |
| IS THE APPLICANT RESPONSIBLE FOR ANY OF THE FOLLOWING ACTIVITIES OR OPERATIONS? PLEASE PLACE AN “X” WHERE APPLICABLE. IF CONTRACTED, PLEASE INDICATE IF A CERTIFICATE OF INSURANCE (COI) FOR LIABILITY COVERAGE IS OBTAINED FROM THIRD PARTY OR NOT. | | | | | | | | | |
| **MUNICIPAL ACTIVITY OR OPERATION** | **MUNICIPALITY** | **CONTRACTED TO A THIRD PARTY** | | **IF CONTRACTED, DO YOU REQUEST AN ANNUAL COI?** | | | **NOT APPLICABLE** | | |
| HEALTH SERVICES |  |  | |  | | |  | | |
| HOMES FOR THE AGED / NURSING HOMES |  |  | |  | | |  | | |
| RETIREMENT HOMES |  |  | |  | | |  | | |
| MARINA |  |  | |  | | |  | | |
| DAMS / WHARFS / PIERS |  |  | |  | | |  | | |
| CAMPSITES |  |  | |  | | |  | | |
| ZOO |  |  | |  | | |  | | |
| GOLF COURSE |  |  | |  | | |  | | |
| AIRPORT |  |  | |  | | |  | | |
| CROSS-COUNTRY /DOWNHILL SKI HILLS |  |  | |  | | |  | | |
| TOBOGGAN / TUBING HILLS |  |  | |  | | |  | | |
| ADVENTURE PARK |  |  | |  | | |  | | |
| AMUSEMENTS (i.e. Midway Rides / Inflatables) |  |  | |  | | |  | | |
| UNLICENSED CONCESSION BOOTHS / RESTAURANTS |  |  | |  | | |  | | |
| LICENSED FACILITIES / RESTAURANTS |  |  | |  | | |  | | |
|  | | | | | | | | | |
| **SECTION 6 – OPERATING FACILITIES** | | | | | | | | | |
| DOES THE APPLICANT OWN OR OPERATE ANY OF THE FOLLOWING FACILITIES? IF YES, PLEASE ADVISE # OF LOCATIONS. | | | | | | | | | |
| **FACILITY** | | | **YES** | | **NO** | | | **# OF LOCATIONS** | |
| MULTI-PURPOSE SPORTS COMPLEX (i.e. arena, pool, fitness) | | |  | |  | | |  | |
| OUTDOOR SWIMMING POOL INCLUDING WADING POOLS | | |  | |  | | |  | |
| INDOOR SWIMMING POOL | | |  | |  | | |  | |
| PUBLIC BEACH | | |  | |  | | |  | |
| SKATEBOARD / BMX PARK | | |  | |  | | |  | |
| BLEACHERS OR GRANDSTAND | | |  | |  | | |  | |
| INDOOR SKATING RINKS | | |  | |  | | |  | |
| OUTDOOR SKATING RINKS | | |  | |  | | |  | |
| PLAYGROUNDS | | |  | |  | | |  | |
| SPORTS FIELDS | | |  | |  | | |  | |
| COMMUNITY CENTERS | | |  | |  | | |  | |
| MUSEUM / ART GALLERIES | | |  | |  | | |  | |
| LIBRARIES | | |  | |  | | |  | |
|  | | | | | | | | | |
| **SECTION 7 – FACILITY RENTALS** | | | | | | | | | |
| WHEN RENTING YOUR FACILITIES DO YOU ENSURE THAT EACH RENTER HAS INSURANCE? | | | | | | Yes | | | No |
| IF YOUR RESPONSE TO A) IS NO, AT A MINIMUM, DOES YOUR MUNICIPALITY REQUIRE A CONFIRMATION OF INSURANCE FOR EVENTS INVOLVING LIQUOR OR HIGHER RISK ACTIVITIES SUCH AS AMUSEMENT RIDES OR FIREWORK DISPLAYS? | | | | | | Yes | | | No |
| IF YOUR RESPONSE TO B) IS YES, IS YOUR REQUIRED MINIMUM LIMIT OF LIABILITY $5,000,000? | | | | | | Yes | | | No |
| DOES YOUR MUNICIPALITY HAVE A USER’S FACILITY PROGRAM IN PLACE? | | | | | | Yes | | | No |
|  | | | | | | | | | |
| **SECTION 8 – COMMUNITY SOCIAL HOUSING PROJECTS** | | | | | | | | | |
| DOES THE APPLICANT OWN / IS RESPONSIBLE FOR ANY COMMUNITY SOCIAL HOUSING PROJECTS? | | | | | | Yes | | | No |
| If yes, please advise # of units | | | | | |  | | | |
|  | | | | | | | | | |
| **SECTION 9 – FAIRS OR EXHIBITIONS** | | | | | | | | | |
| DOES THE APPLICANT OPERATE AN EXHIBITION OR FAIR? | | | | | | Yes | | | No |
| IF YES, IS IT OPERATED BY AN INDEPENDENT EXHIBITION ASSOCIATION OR AGRICULTURAL SOCIETY? | | | | | | Yes | | | No |
| IF YES, IS THIS ASSOCIATION / SOCIETY INSURED SEPARATELY? | | | | | | Yes | | | No |
| IF YES, IS THE MUNICIPALITY NAMED AS AN ADDITIONAL INSURED? | | | | | | Yes | | | No |
| ARE ANY SPEED CONTESTS, DEMOLITION DERBIES, OR TRACTOR PULLS INVOLVED? | | | | | | Yes | | | No |
| IF YES, IS A MINIMUM LIMIT OF $5,000,000 REQUESTED? | | | | | | Yes | | | No |
| WHAT IS THE ESTIMATED ANNUAL ATTENDANCE? | | | | | |  | | | |
| WHAT ARE THE GROSS RECEIPTS? | | | | | |  | | | |
|  | | | | | | | | | |

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| **SECTION 10 – ANNUAL MUNICIPAL EVENTS** | | |
| PLEASE PROVIDE A DESCRIPTION INCLUDING ACTIVITIES FOR ANNUAL MUNICIPAL EVENTS COVERED BY THIS POLICY I.E. CANADA DAY CELEBRATIONS, PARADES, ETC. IF LIQUOR IS SERVED UNDER ANY ACTIVITY / OPERATION UNDER ABOVE NOTED ITEMS, ADVISE IF ALCOHOL POLICY IS IN PLACE FOR EACH ACTIVITY / OPERATION. | | |
| **EVENT** | | |
| Is liquor served? | Yes | No |
| If yes, is there an alcohol policy in place? | Yes | No |
| **EVENT** | | |
| Is liquor served? | Yes | No |
| If yes, is there an alcohol policy in place? | Yes | No |
| **EVENT** | | |
| Is liquor served? | Yes | No |
| If yes, is there an alcohol policy in place? | Yes | No |
| **EVENT** | | |
| Is liquor served? | Yes | No |
| If yes, is there an alcohol policy in place? | Yes | No |
| **EVENT** | | |
| Is liquor served? | Yes | No |
| If yes, is there an alcohol policy in place? | Yes | No |
| **EVENT** | | |
| Is liquor served? | Yes | No |
| If yes, is there an alcohol policy in place? | Yes | No |
|  | | |
| **SECTION 11 – OPERATIONAL** | | |
| IS YOUR SNOW CLEARING EQUIPTMENT / VEHICLES EQUIPPED WITH GPS? | Yes | No |
| ARE YOUR STAFF MEMBERS OR VOLUNTEERS WHO ARE WORKING WITH THE GENERAL PUBLIC SCREENED ON AN ANNUAL BASIS? | Yes | No |
| DO YOU HAVE AN ABUSE PROTOCOL IN PLACE? | Yes | No |
| HAVE YOU IMPLEMENTED AN EMERGENCY PLAN IN ACCORDANCE WITH PROVINCIAL REQUIREMENTS WHERE APPLICABLE? | Yes | No |
| DO YOU HAVE A DISASTER RECOVERY PLAN? | Yes | No |
| DO YOU HAVE A DOCUMENTATION RETENTION POLICY IN PLACE? | Yes | No |
| DO YOU REQUEST CERTIFICATES OF INSURANCE FROM ALL THIRD PARTY VENDORS NAMING YOUR MUNICIPALITY AS AN ADDITIONAL INSURED? | Yes | No |
|  | | |

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| **SECTION 12 – INSPECTION / MAINTENANCE** | | |
| DO YOU HAVE A FORMAL INSPECTION/MAINTENANCE PROGRAM IN PLACE FOR: | | |
| RECREATIONAL FACILITIES I.E. SPORTS COMPLEXES, ARENAS, SWIMMING POOLS | Yes | No |
| OUTDOOR RECREATIONAL FACILITIES I.E. SWIMMING POOLS, SKATING RINKS, SPORTS FIELDS | Yes | No |
| PLAYGROUND EQUIPMENT | Yes | No |
| ROADS, SIDEWALKS, LANEWAYS | Yes | No |
| If yes, do you meet or exceed Provincial Guidelines for Minimum Maintenance Standards? | Yes | No |
| COMMUNITY / SENIOR CENTERS | Yes | No |
|  | | |
| **SECTION 13 – PUBLIC TRANSIT** | | |
| IS THE APPLICANT RESPONSIBLE FOR THE OPERATION OF A PUBLIC TRANSIT SYSTEM? | Yes | No |
| IF YES, DO YOU CONTRACT OUT TO A THIRD PARTY OPERATOR? | Yes | No |
| IF YES, DO YOU COLLECT AN ANNUAL CERTIFICATE OF INSURANCE? | Yes | No |
| 1. IF YES, PLEASE SUPPLY A COMPLETE SCHEDULE OF ALL PUBLIC TRANSIT VEHICLES, SHOWING NUMBER OF PASSENGER SEATS IN EACH VEHICLE. | | |
|  | | |
| **SECTION 14 – PROFESSIONAL EMPLOYEES** | | |
| **PROFESSIONALS EMPLOYED IN THE FOLLOWING CAPACITIES** | **NUMBER OF EMPLOYEES** | |
| ENGINEERS |  | |
| ARCHITECTS |  | |
| LAWYERS / PARALEGALS |  | |
| PLANNERS AND / OR DEVELOPERS |  | |
| BUILDING INSPECTORS AND / OR SURVEYORS |  | |
| SOCIAL WORKERS |  | |
| NURSES |  | |
| PARAMEDICS |  | |
| DIETICIANS |  | |
| DENTAL HYGIENISTS |  | |
| OTHERS (PLEASE LIST) |  | |
|  | | |

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| **SECTION 15 – DEPARTMENTAL EMPLOYEE COUNT (APPROVED COMPLEMENT)** | | |
| NOTE: PLEASE ENSURE YOUR TOTALS INCLUDE:   1. ALL TEMPORARY, PART TIME, OR SEASONAL EMPLOYEES MUST BE INCLUDED AS FULL TIME EQUIVALENTS. 2. PLEASE INDICATE ANY PROPOSED MATERIAL CHANGE IN EMPLOYEE COUNT FOR UPCOMING YEARS. | | |
| **FUNCTION** | **DESCRIPTION** | **NUMBER OF EMPLOYEES (Full Time or Converted to Full Time Equivalents)** |
| FIRE | ALL PERSONNEL |  |
| HEALTH | ALL PERSONNEL (Doctors, Nurses, Paramedics) |  |
| BUILDING | INCLUDES BUILDING INSPECTIONS, BUILDING PERMIT ISSUANCE, PLAN REVIEW, BYLAW ENFORCEMENT |  |
| WORKS | INCLUDES ENGINEERING, SOLID WASTE MANAGEMENT, UTILITIES, TRAFFIC & TRANSPORTATION CONSTRUCTION, ROADS & SIDEWALKS, SURVEY |  |
| PARKS & RECREATION | INCLUDES AQUATICS, ARENAS / RINKS, PARK OPERATIONS & MAINTENANCE, COMMUNITY SCHOOLS & CENTERS, PLAYGROUNDS, SENIORS, HEALTH CLUBS, FORESTRY |  |
| POLICE | ALL PERSONNEL |  |
| AMBULANCE | ALL PERSONNEL |  |
| TRANSIT | ALL PERSONNEL |  |
| ALL OTHERS | ALL STAFF NOT IDENTIFIED ABOVE |  |
| TOTAL EMPLOYEES FOR MUNICIPALITY AS OF: | |  |
|  | | |

Signing of this Application does not obligate the Applicant or the Insurer to effect the insurance, but it is agreed that all information submitted to or requested by the Insurer in conjunction with this Application is hereby incorporated by reference into this Application and made a part thereof. Terms and conditions, including limits of coverage, offered by the Insurer may differ from those applied for by the Applicant. It is further agreed that this Application and all information submitted to or requested by the Insurer in conjunction with this Application is the basis of and is deemed attached and incorporated into any policy effected pursuant to this Application.

Material Change Disclosure and False Information

In addition to providing all basic information necessary to enable us to place the risk and/or completing this Application, you must ensure that you are complying with your legal duty to disclose all changes relevant to the risk, including any change occurring after completion of this Application and throughout the policy term, which might affect the Insurer’s decisions as to coverage and premium. Please be aware that if you do not disclose all such information, Insurers may have the right to void the policy in its entirety from its inception, or sections thereof, which may lead to claims not being covered.

Please ensure that all information provided is accurate and complete, as it relates to the risk, whether favourable or not. Any person who files an Application for insurance containing any false information, or conceals information concerning any fact material thereto for the purpose of misleading any insurance company commits a fraudulent act.

I have read and understood the above

Applicant’s initials

**Declaration and signature**

The applicant certifies that the statements, facts and data provided in this application form are accurate and complete in representing the nature of the risk and that no information has been withheld or misstated.

|  |  |
| --- | --- |
| Name of person completing the application: |  |
| Title: |  |
| Signature: |  |
| Date: |  |