|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION 1 – GENERAL INFORMATION** | | | | | | | |
| ORGANIZATION NAME : | | | | | | | |
| POSTAL ADDRESS : |  | | | | | | |  |
|  |  | | | FAX NO. : | |  | |
|  |  | | | TELEPHONE NO. : | |  | |
|  |  | | | WEBSITE : | |  | |
| CONTACT PERSON : |  | | | DIRECT LINE : | | | |
| CELL PHONE NO. : |  | | | EMAIL: | |  | |
| LINKED TO THE MUNICIPALITY OF : | | | |  | | | |
| INSURED PREMISES: | | | | | | | |
| ADDRESS OF RISK 1 : |  | | | | | | |
| ADDRESS OF RISK 2 : |  | | | | | | |
| ADDRESS OF RISK 3 : |  | | | | | | |
| ADDRESS OF RISK 4 : |  | | | | | | |
|  | | | | | | | |
| IS YOUR ORGANIZATION A MEMBER OF A SPORTING  OR LEISURE  FEDERATION?  IF SO, WHICH ONE?  IS IT A PROVINCIAL OR NATIONAL  FEDERATION? | | | | | | | |
| NUMBER OF EMPLOYEES : | |  | | MAIN OCCUPATION OF EMPLOYEES: | | |  |  | |
| NUMBER OF VOLUNTEERS : | |  | | MAIN OCCUPATION OF VOLUNTEERS : | | |  |  | |
| NUMBER OF EVENTS/YEAR (DAYS) : | | | AVERAGE AGE OF PARTICIPANTS : | | ANNUAL BUDGET **(important):** | | |  | |
|  | | |  | |  | | |  | |
| NUMBER OF YEARS IN OPERATION : |  | | | | | | |  | |
| DO THE EMPLOYEES OR VOLUNTEERS OF YOUR NFPO HAVE TO TRAVEL OUTSIDE THE COUNTRY WITHIN THE SCOPE OF THEIR DUTIES? **YES  NO**  **IF YES, HOW MANY TIMES PER YEAR?** | | | | | | | |  | |
| **IF YOU WISH TO ADD INSUREDS OTHER THAN THE MUNICIPALITY, PLEASE CONTACT YOUR INSURANCE BROKER.** | | | | | | | |  | |

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| **Coverage**  Inception date:      (important)  Expiration date : November 30th | **Insurance limit** | **Annual minimum Premium**  (for those joining before June 1st) | **Semi-Annual Minimum Premium**  (for those joining after June 1st) |
| 1. **Property :**    * Mandatory minimum (also covered outside the insured premises)    * Optional additionnal limit :      1. Building (Complete the property questionnaire):      2. Contents :      3. Loss of income and/or rental   Add $5.85 for each additional $1,000 of limit required ($2.93 from June 1,). For example, for a $20,000 limit, the additional limit would be $15,000 at $5.85 per $1,000, for an additional annual premium of $87.75 (15\*$5.85 = $87.75)  For limits over $300,000, please contact your broker.  **Total Property limit required and total premium:** | 5 000 $  A -       $  B -       $  C -       $          $ | 68 $        $        $        $            $ | 34 $        $        $        $          $ |
| 1. **General Liability** (Per occurrence limit)**:** | 5 000 000 $ | 175 $ | 88 $ |
| 1. **Directors and Officers Liability :**   (per occurrence limit of $5,000,000 and annual aggregate limit of $5,000,000 shared by all program participants) | 5 000 000 $ | 38 $ | 19 $ |
| 1. **Accident Insurance Limited To Administrators And Volunteers :**   (Sum insured - limits for main coverage are shown in the policy wording sent to each municipality) | 20 000 $ | 22 $ | 11 $ |
| 1. **Crime Policy (optional)**   Transfer the limit and corresponding premium chosen on page 2 of the brochure to the appropriate column on the right | $ | $ | $ |
| 1. **Boiler and Machinery Insurance (optional)**   Transfer the limit and corresponding premium chosen on page 2 of the brochure to the appropriate column on the right | $ | $ | $ |
| **Total Premium :** |  | $ | $ |
| **Administrative Fees (15% HST included)**  AFMNB members  **OR**  Non Members (Please select the appropriate amount on the right) |  | 97.75 $  **OU**  132.25$ | 48.88 $  **OU**  66.13 $ |
| **Grand Total (Premiums + Fees)** |  | $ | $ |

**Additional Information:**

**The insurer requires an annual minimum premium for NFPOs joining between November 30 and May 31 and a semi-annual minimum premium for NFPOs joining between June 1 and November 29.**

**In addition to reviewing application forms submitted by each Insured, the Insurer reserves the right to examine all activities, revenue and claims of the Insured as well as any other information relevant to the acceptance of the risk by the Insurer. Should the Insurer consider the risk associated with a specific NFPO to be too important, the Insurer, at his discretion, may offer to underwrite the risk at an additional premium.**

**Invoices and certificates will be sent to Municipalities around the 15th of each month. NFPOs must make their payment to the Municipality they are attached to.**

**Confirmation of coverage will be provided within 30 days of inception.**

**If, during the policy period, the NFPO becomes involved in events that have not been fully described in this Application form, the coverage available could be restricted or non-existent. Consult page 3 of the brochure and contact your broker if you have any questions.**

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| **SECTION 2 – DESCRIPTION OF ACTIVITIES** | | | | | | |
| **DESCRIBE YOUR GENERAL ACTIVITIES, FUNDRAISIN ACTIVITIES AND SOCIAL EVENTS :** | | | | | | |
| **What is the main type of activities of your organization? (Please refer to the list of activities attached) :** | | | | | | |
| **DESCRIBE THE MISSION OF YOUR NFPO (ATTACH ANY DOCUMENTS THAT CAN HELP US UNDERSTAND YOUR ACTIVITIES) :** | | | | | | |
| **SECTION 3 – CLAIMS HISTORY – LAST 5 YEARS (or 3 years minimum)** | | | | | | |
|  | Yes | No | | KNOWN SINCE : | years | |
| **DATE** | **TYPE** | | **DESCRIPTION** | | | **AMOUNT PAID** |
|  |  | |  | | |  |
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**The applicant certifies that the above statements and facts are true and that no information has been suppressed or misstated. It is also understood and agreed that this application in no way compels the applicant to purchase insurance nor the Insurer to accept to underwrite the risks described above.**

|  |  |
| --- | --- |
| **Name of Authorized Person :** | **Title of Authorized PErson :** |
| **Signature of Authorized Person :** | **Date :** |

BUILDING TECHNICAL INFORMATION (ONLY IF INSURANCE NEEDED ON THE BUILDING)

Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Owner :  Yes  No

Year of construction : \_\_\_\_\_\_\_\_\_\_ Area (sq.ft) : \_\_\_\_\_\_\_\_\_\_ Number of floors : \_\_\_\_\_\_\_\_\_\_

Building over 30 years old, please indicate the year of the last renovations on the following items:  
Electricity: \_\_\_\_\_\_\_\_\_\_ Plumbing: \_\_\_\_\_\_\_\_\_\_\_\_ Roof: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nature of activities taking place at this address:

Foundations : Concrete  Stone  None

Floor structure: Wood  Concrete  Steel

Wall structure: Wood  Concrete  Steel

Outside walls : Wood  Brick  Steel

Inside walls : Drywall  Wood  Steel

Roof structure: Wood  Concrete  Steel

Roof sheathing : Shingles  Multilayer  Steel

Type de roof : Flat  Slope

Heating (type) : Electric  Gas  Oil  Wood

Heating (distribution) : Central oil/gas  Hot water  Electricity

Sprinklers : (fire)  : Yes  No

Distance from fire hydrant : \_\_\_\_\_\_\_\_\_\_ (meters) Distance from fire station : \_\_\_\_\_\_\_\_\_\_ (kilometers)

Fire alarm system : N/A  Connected to a central  Local

Theft alarm system : N/A  Connected to a central  Local

Vacant building : Yes  No

Rebuilding cost for the building : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$ (do not indicate the municipal assessment role)

Annual rental revenue : \_\_\_\_\_\_\_\_\_\_\_\_$

Amount of insurance for the contents required for this location : \_\_\_\_\_\_\_\_\_\_\_\_$

**Do you occupy the building 100%? If not, please name the other occupants and describe their activities: :**