

First Nations Property and Casualty Renewal Application

SECTION 1: General Information

Legal Name of Applicant _____

Key Contact _____ Position _____

Mailing Address _____ Postal Code _____

Phone _____ Website _____

Email _____

Key Broker Contact _____

Brokerage Name _____

Brokerage Address _____ Postal Code _____

Phone _____

Email _____

SECTION 2: Exposures

Indicate which of the following departments or activities are administered directly: : there are various department that may be contracted out as requested in the chart (marina, medical centre, daycare, police)

Type of Exposure	YES	NO	Measure
Ambulance/EMS/Paramedic	<input type="checkbox"/>	<input type="checkbox"/>	Number of Paramedics/EMS
			Payroll
Arenas/Recreation Centres	<input type="checkbox"/>	<input type="checkbox"/>	Number of Arenas/Rec Centres
			Gross Annual Receipts
Baseball Fields/Parks	<input type="checkbox"/>	<input type="checkbox"/>	Number of Fields/Parks
Building/Inspection Services	<input type="checkbox"/>	<input type="checkbox"/>	Number of Building Inspectors
Campgrounds	<input type="checkbox"/>	<input type="checkbox"/>	Number of Rental Sites
Casinos: Operated by Third Party	<input type="checkbox"/>	<input type="checkbox"/>	
Child & Family Services	<input type="checkbox"/>	<input type="checkbox"/>	
Community Halls/Centres	<input type="checkbox"/>	<input type="checkbox"/>	Number of Halls/Centres
Daycare	<input type="checkbox"/>	<input type="checkbox"/>	No. of Children No. of ECE's
Docks Wharfs Piers	<input type="checkbox"/>	<input type="checkbox"/>	Number of Docks
	<input type="checkbox"/>	<input type="checkbox"/>	Number of Wharfs
	<input type="checkbox"/>	<input type="checkbox"/>	Number of Piers
Owned Fire Department Shared with another Municipality(ies)	<input type="checkbox"/>	<input type="checkbox"/>	Number of Fire Departments Please provide details
	<input type="checkbox"/>	<input type="checkbox"/>	
Homes for the Aged/Long Term Care	<input type="checkbox"/>	<input type="checkbox"/>	Number of Homes
			Number of Beds
Housing	<input type="checkbox"/>	<input type="checkbox"/>	Number of Units
			Number of Buildings
Own/Operate Marina Operated by Third party	<input type="checkbox"/>	<input type="checkbox"/>	Number of Marinas
			Number of Slips
Parking Lots Contracted Out	<input type="checkbox"/>	<input type="checkbox"/>	Number of Parking Garages
			Number of Parking Lots
			Number of Parking Spaces

Type of Exposure	YES	NO	Measure
Police Services Contracted Out	<input type="checkbox"/>	<input type="checkbox"/>	Contract out to Whom
Public Beach(es)	<input type="checkbox"/>	<input type="checkbox"/>	Number of Beaches Number of Lifeguards
Roads Year-round accessibility by Road	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	MMS Compliant (YES/NO) Number of kms maintained by Insured in Winter
Sidewalks	<input type="checkbox"/>	<input type="checkbox"/>	Number of kms MMS Compliant (YES/NO/NA)
Skateboard Facilities	<input type="checkbox"/>	<input type="checkbox"/>	Number of Facilities
Skating Rinks - Outdoor	<input type="checkbox"/>	<input type="checkbox"/>	Number of Rinks
Solid Waste Collection (Garbage collection) Contracted Out	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
Swimming Pools	<input type="checkbox"/>	<input type="checkbox"/>	Number of Pools
Trails / Trail Systems (Maintained by Insured)	<input type="checkbox"/>	<input type="checkbox"/>	Number of Trails Number of Kilometres
Utilities - Solar	<input type="checkbox"/>	<input type="checkbox"/>	Number of installations Annual Revenue *Note farms not insured
Wading Pools Sprinkler Pads/Parks	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Number of Wading Pools Number of Sprinkler Pads/Parks
Wastewater Treatment	<input type="checkbox"/>	<input type="checkbox"/>	Population Serviced Number of Treatment Plants Operated or Contracted Out
Water Treatment/Distribution	<input type="checkbox"/>	<input type="checkbox"/>	Population Serviced Number of Treatment Plants Operated or Contracted Out
Wind Turbine	<input type="checkbox"/>	<input type="checkbox"/>	Number of Turbines **note farms not insured Total KW/MW Capacity
Annual Events operated by Insured (high hazard **)	<input type="checkbox"/>	<input type="checkbox"/>	Number of Events Provide list of events
USA exposure (including travel**)	<input type="checkbox"/>	<input type="checkbox"/>	Provide details
Organizational Chart	<input type="checkbox"/>	<input type="checkbox"/>	Please provide Organizational Chart
Vaping Exposure	<input type="checkbox"/>	<input type="checkbox"/>	
Tobacco Exposure	<input type="checkbox"/>	<input type="checkbox"/>	
Cannabis Exposure	<input type="checkbox"/>	<input type="checkbox"/>	
Fisheries: Lumber: Construction: Farming:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Provide full details of each exposure
List of all Commercial ventures	<input type="checkbox"/>	<input type="checkbox"/>	Provide full details of each venture
Other not listed above			

***Number of employees should include Full Time Equivalents**

SECTION 3: Property

Please complete the below.

Buildings: Complete attached statement of values						
Formal building electrical, HVAC and plumbing, regular maintenance schedule in place?					YES <input type="checkbox"/>	NO <input type="checkbox"/>
Recycling:						
Number of Facilities						
Describe operations (e.g. recycling, paper only, water bottle recycling).						
Has there been an environmental assessment completed? If yes, provide a copy.					YES <input type="checkbox"/>	NO <input type="checkbox"/>
Landfill Sites:						
Number of Landfills						
Number of Bio Gas Facilities						
Does the Bio Gas get burned off?					YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is there Methane gas? If yes, what happens to it?					YES <input type="checkbox"/>	NO <input type="checkbox"/>
Number of Composting Facilities					YES <input type="checkbox"/>	NO <input type="checkbox"/>
Watercraft*:						
Number of Watercrafts						
Year	Make	Model	Serial Number	Length	Department/Use	Specify Other Use
* watercraft over 30' will need to be reviewed by an Underwriter						
Hydrants:					YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are they Monitored					YES <input type="checkbox"/>	NO <input type="checkbox"/>
Number of Hydrants						
Housing:					YES <input type="checkbox"/>	NO <input type="checkbox"/>
Updated Rental Income					YES <input type="checkbox"/>	NO <input type="checkbox"/>
Housing:						
Number of Facilities						
Please provide updated values for each unit.						

Applicant Acknowledgement

The undersigned authorized officer of the organization declares that, to the best of their knowledge, the statements set forth herein are true. Signing of this application does not bind the Insurer to offer, nor the Applicant to accept Insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued, and this form will be attached to and become part of the policy.

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this form) has been collected in accordance with applicable privacy legislation and this information shall only be used or shared by the Company to assess, underwrite and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with regulatory or legal requirements.

Applicant Name	_____	Title/Position	_____
Applicant Signature	_____	Date	_____
Broker Name	_____		(dd/mm/yyyy)
Broker Signature	_____	Date	_____
			(dd/mm/yyyy)