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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)

Professionals: *The following professionals and professional services are excluded under our policy (both liability and errors and omissions). Medical/dental/nursing treatment by physicians, dentists, nurse practitioners, architectural/engineering/design services, computer programming/IT consulting or claims adjusting services.*

Type of Exposure (check yes/no)					Measure	
Ambulance/EMS/Paramedic	YES	☐	NO	☐	Number of Paramedics Payroll	 $
Arenas/Recreation Centres	YES	☐	NO	☐	Number of Arenas/Rec Centres Gross Annual Receipts	 $
Base ball Fields/Parks	YES	☐	NO	☐	Number of fields/parks	
Building/Inspection Services	YES	☐	NO	☐	Number of Building Inspectors	
Campgrounds	YES	☐	NO	☐	Number of Rental Sites	
Casinos: **Operated by Third Party**	YES	☐	NO	☐		
Child & Family Services	YES	☐	NO	☐		
Community Halls/Centres	YES	☐	NO	☐	Number of Halls	
Daycare	YES	☐	NO	☐	No. of Children No. of Ece's	
Docks **Wharfs** **Piers**	YES YES YES	☐ ☐ ☐	NO NO NO	☐ ☐ ☐	Number of Docks Number of Wharfs Number of Piers	
Owned Fire Department **Shared with another Municipality(ies)**	YES YES	☐ ☐	NO NO	☐ ☐	Number of Fire Departments Please provide details	
Homes for the Aged/Long Term Care	YES	☐	NO	☐	Number of Homes Number of Beds	
Housing	YES	☐	NO	☐	Number of Units Number of Buildings	
Own/Operate Marina **Operated by Third party**	YES YES	☐ ☐	NO NO	☐ ☐	Number of Marinas Number of Slips	

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Own/Operate Medical Centres **Operated by Third Party**	YES YES	☐ ☐	NO NO	☐ ☐	Number of Centres Services Provided	
Parking Lots **Contracted Out**	YES YES	☐ ☐	NO NO	☐ ☐	Number of Parking Garage Number of Parking lots Number of parking spaces	
Police Services **Contracted Out**	YES	☐	NO	☐	Contract out to Whom	
Public Beach	YES	☐	NO	☐	Number of Beaches Number of Lifeguards	
Roads **Year-round accessibility by Road**	YES YES	☐ ☐	NO NO	☐ ☐	MMS Compliant (YES/NO) Number of km maintained by Insured in Winter	
Schools	YES	☐	NO	☐	Number of Schools Number of Students	
Sidewalks	YES	☐	NO	☐	Number of km MMS Compliant (YES/NO)	
Skateboard Facilities	YES	☐	NO	☐	Number of Facilities	
Skating Rinks - Outdoor	YES	☐	NO	☐	Number of Rinks	
Solid Waste Collection (Garbage collection) Is it contracted out?	YES	☐	NO	☐		
Swimming Pools	YES	☐	NO	☐	Number of Pools	
Trails / Trail Systems (Maintained by Insured)	YES	☐	NO	☐	Number of Trails Number of Kilometres	
Utilities - Solar	YES	☐	NO	☐	Number of installations Annual Revenue *Note farms not insured	
Wading Pools **Sprinkler Pads/Parks**	YES YES	☐ ☐	NO NO	☐ ☐	Number of Wading Pools Number of Sprinkler Pads/Parks	
Wastewater Treatment	YES	☐	NO	☐	Population Serviced Number of Treatment Plants Operated or Contracted Out	
Water Treatment/Distribution	YES	☐	NO	☐	Population Serviced Number of Treatment Plants Operated or Contracted Out	
Wind Turbine	YES	☐	NO	☐	Number of Turbines *Note farms not insured Total KW/MW Capacity	
Annual Events operated by Insured (high hazard **)	YES	☐	NO	☐	Number of Events Provide list of events	
USA exposure (including travel)**	YES	☐	NO	☐	Provide details	
Organizational Chart	YES		NO		Please provide Organizational Chart	
Vaping Exposure	YES	☐	NO	☐		
Tabacco Exposure	YES	☐	NO	☐		
Cannabis Exposure	YES	☐	NO	☐		
Fisheries: **Lumber:** **Construction:** **Farming:**	YES YES YES	☐ ☐ ☐ ☐	NO NO NO	☐ ☐ ☐ ☐	Provide full details of each exposure	
List of all Commercial ventures	YES	☐	NO	☐	Provide full details of each venture	
Other not listed above					Provide full details	

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

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Watercraft Limitation - The policy contains an exclusion for watercraft over 30 feet (including fire/rescue boats). Indicate number of boats under 30 feet and details including make, model and operations.

_____

Public Entity Extension Endorsement

This endorsement is provided on all business. Various limits for each extension below are available subject to underwriting approval. Some extensions and limits are automatic and indicated below. Please indicate the coverage limit you require where there is an option.

Coverage		**Available Limits** (Occurrence and Aggregate)
Child Abduction Extension	☐	$25,000/$25,000
	☐	$50,000/$50,000
	☐	$75,000/$75,000
Crane and Hoist Operator's Liability Extension	☐	$500,000/$500,000
Crisis Management Expenses Extension (Excluding Cyber)	☐	$50,000/$50,000
	☐	$100,000/$100,000
	☐	$250,000/$250,000
	☐	$500,000/$500,000
Elevator, Escalator or Lift Collision Extension	☐	$500,000/$1,000,000
Forest and Prairie Fire Fighting Expenses Extension	☐	$1,000,000/Nil
	☐	$1,000,000/$1,000,000
	☐	$2,000,000/$2,000,000
Do you forest fire fighting plans in place – indicate yes or no.	____	
Host's Liability – Property Belonging to Guests Extension	☐	$50,000/$100,000
Law Enforcement Abuse (Including Assault and Battery) Extension		Follows Main Liability Coverage Limits
Limited Marina Coverage Extension		Follows Main Liability Coverage Limits
Owned And Non-Owned Drone (UAV) Extension		Follows Main Liability Coverage Limits
Micro and small drones only. Advanced Operations and an SFOC as per Transport Canada do not qualify and are a referral to underwriting with a completed Drone application		
# of drones	____	
Sewer Back Up Extension		Follows Main Liability Coverage Limits
Sexual Abuse Therapy and Counseling Expenses Extension	☐	$25,000/$250,000
# of professionals	____	
Trademark Infringement Extension	☐	$250,000/$250,0000
	☐	$500,000/$500,000
	☐	$1,000,000/$1,000,000
Voluntary Property Damage Extension	☐	$50,000/$50,000
Waiver of Subrogation – Lease Agreements Extension	☐	Included
Wrong Description of Prices Extension	☐	$250,000/$250,000
	☐	$500,000/$500,000
	☐	$1,000,000/$1,000,000

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Indicate any change in operations or services (professional) this term (refer to page 1 for professionals expressly excluded).

Indicate any changes you require a change in coverage from the previous term.

Claims/Circumstances that may become a claim (if all circumstances are not reported, coverage may be denied).
Indicate all circumstances that may turn into a claim

Date Y/M/D	Circumstance Details	Previously Reported Yes or No

Property:

Buildings:	Complete attached statement of values				
Formal building electrical, HVAC and plumbing, regular maintenance schedule in place?	YES	☐	NO	☐	
Recycling:					
Number of Facilities	YES	☐	NO	☐	
Describe operations (e.g. recycling, paper only, water bottle recycling)	YES	☐	NO	☐	
Is there an Environmental assessment completed? If yes, please provide copy	YES	☐	NO	☐	
Landfill Sites:					
Number of Landfills	YES	☐	NO	☐	
Number of Bio Gas Facilities:	YES	☐	NO	☐	
Does the Bio Gas get burned off?	YES	☐	NO	☐	
Is there Methane gas? If yes, what happens to it?	YES	☐	NO	☐	
Number of Composting Facilities	YES	☐	NO	☐	
Watercraft:					
Number of Watercraft	YES	☐	NO	☐	
Year, make, model, serial number of each watercraft	YES	☐	NO	☐	
Length of each watercraft	YES	☐	NO	☐	
Use of each (fire, police etc.)	YES	☐	NO	☐	
Hydrants Are they Monitored	YES YES	☐ ☐	NO NO	☐ ☐	How Many:
Gross Revenue	YES	☐	NO	☐	Please provide values
Housing:	YES	☐	NO	☐	
Updated Rental Income	YES	☐	NO	☐	Please provide updated values for each unit

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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	_____ (dd/mm/yyyy)
Broker Name	_____		
Broker Signature	_____	Date	_____ (dd/mm/yyyy)

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