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Municipal 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 by the municipality or by a third-party. If administered by a third-party, please indicate if a Certificate of Insurance (COI) has been obtained.

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	YES	NO	THIRD-PARTY	COI	Measure	
Ambulance/EMS/Paramedic	☐	☐	☐	☐	Number of Paramedics/EMS Payroll	 $
Arenas / Recreation Centres	☐	☐	☐	☐	Number of Arenas/Rec Centres Gross Annual Receipts	 $
Baseball Fields / Parks	☐	☐	☐	☐	Number of Fields/Parks	
Building/Inspection Services	☐	☐	☐	☐	Number of Building Inspectors	
Campgrounds	☐	☐	☐	☐	Number of Rental Sites	
Cemeteries	☐	☐	☐	☐	Number of Cemeteries	
Community Halls / Centres	☐	☐	☐	☐	Number of Halls/Centres	
Garage Automobile (Servicing Third-Party Vehicles)	☐	☐	☐	☐	If yes, supplemental application will be required.	
Golf Courses	☐	☐	☐	☐	Number of Golf Courses Liquor Receipts Other Receipts	 $ $
Health Unit/Department	☐	☐	☐	☐	Number of Professionals Type of Professionals	
Own Helipad **Maintain Helipad**	☐ ☐	☐ ☐	☐ ☐	☐ ☐	If third-party, please specify. If third-party, please specify.	
Homes for the Aged / **Long Term Care**	☐	☐	☐	☐	Number of Homes Number of Beds	
Housing	☐	☐	☐	☐	Number of Units Number of Buildings	
Libraries/Museums	☐	☐	☐	☐	Number of Facilities	

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Type of Exposure	YES	NO	THIRD-PARTY	COI	Measure	
Own Marina	☐	☐	☐	☐	Number of Marinas	
					Number of Slips	
Docks	☐	☐	☐	☐	Number of Docks	
Wharfs	☐	☐	☐	☐	Number of Wharfs	
Piers	☐	☐	☐	☐	Number of Piers	
Operate Marina	☐	☐	☐	☐	Number of Marinas	
					Number of Slips	
Docks	☐	☐	☐	☐	Number of Docks	
Wharfs	☐	☐	☐	☐	Number of Wharfs	
Piers	☐	☐	☐	☐	Number of Piers	
Own Medical Centres	☐	☐	☐	☐	Number of Centres	
Operate Medical Centres	☐	☐	☐	☐	Number of Centres	
Parking Lots	☐	☐	☐	☐	Number of Parking Garages	
					Number of Parking Lots	
					Number of Parking Spaces	
Police Services	☐	☐	☐	☐	Contract out to whom	
Public Beach(es)	☐	☐	☐	☐	Number of Beaches	
					Number of Lifeguards	
Roads	☐	☒	☐	☐	MMS Compliant (YES/NO)	
					Percentage of Expenditures on Roads Contracted Out	
					Number of kms maintained by Insured in Winter	
Sidewalks	☐	☐	☐	☐	Number of kms	
					MMS Compliant (YES/NO/NA)	
Skateboard Facilities	☐	☐	☐	☐	Number of Facilities	
Skating Rinks - Outdoor	☐	☐	☐	☐	Number of Rinks	
Soccer Facilities	☐	☐	☐	☐	Number of Facilities	
Solid Waste Collection (Garbage collection)	☐	☐	☐	☐		
Swimming Pools	☐	☐	☐	☐	Number of Pools	
Wading Pools	☐	☐	☐	☐	Number of Wading Pools	
Sprinkler Pads/Parks	☐	☐	☐	☐	Number of Sprinkler Pads/Parks	
Tennis/Pickleball Courts	☐	☐	☐	☐	Number of Courts	
Trails / Trail Systems (Maintained by Insured)	☐	☐	☐	☐	Number of Trails	
					Number of Kilometres	
Utilities – Gas	☐	☐	☐	☐	Annual Revenue	$
					Details of Operations	
Utilities – Hydro	☐	☐	☐	☐	Annual Revenue	$
					Details of Operations	
Utilities – Solar *Note farms not insured	☐	☐	☐	☐	Number of Installations	
					Annual Revenue	$
Wastewater Treatment	☐	☐	☐	☐	Population Serviced	
					Number of Treatment Plants	
Water Treatment/Distribution	☐	☐	☐	☐	Population Serviced	
					Number of Treatment Plants	
Wind Turbine(s) *Note farms not insured	☐	☐	☐	☐	Number of Turbines	
					Total KW/MW Capacity	
Annual Events Operated by Insured (high hazard)	☐	☐	☐	☐	Number of Events	
					Provide List of Events	

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Type of Exposure	YES	NO	THIRD-PARTY	COI	Measure
USA Exposure (including travel)	☐	☐	☐	☐	Provide details below.
USA Exposure Details					
Consulting Services	☐	☐	☐	☐	Provide details of services to third-parties including other Municipalities per below. .
Consulting Services Details (include type of service, number of employees and revenue)					
***Number of employees should include Full Time Equivalents**					

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.

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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	☐	$25,00/$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/$250,000
	☐	$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

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.

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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

SECTION 3: Property

Please complete the below.

Buildings:

Formal building electrical, HVAC and plumbing, regular maintenance schedule in place?	YES ☐	NO ☐

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 ☐	NO ☐

Landfill Sites:

Number of Landfills	
Number of Bio Gas Facilities	

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 Watercrafts	

Year	Make	Model	Serial Number	Length	Department/Use	Specify Other Use
					Choose an item Choose an item Choose an item Choose an item Choose an item Choose an item Choose an item Choose an item Choose an item	

* bridges over 100' will need to be reviewed by an Underwriter
** watercraft over 30' will need to be reviewed by an Underwriter

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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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