

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.

Type of Exposure	YES	NO	THIRD-PARTY	COI	Measure
Ambulance/EMS/Paramedic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number of Paramedics/EMS Payroll \$
Arenas / Recreation Centres	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number of Arenas/Rec Centres Gross Annual Receipts \$
Baseball Fields / Parks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number of Fields/Parks
Building/Inspection Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number of Building Inspectors
Campgrounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number of Rental Sites
Cemeteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number of Cemeteries
Community Halls / Centres	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number of Halls/Centres
Garage Automobile (Servicing Third-Party Vehicles)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, supplemental application will be required.
Golf Courses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number of Golf Courses Liquor Receipts Other Receipts \$ \$
Health Unit/Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number of Professionals Type of Professionals
Own Helipad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If third-party, please specify.
Maintain Helipad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If third-party, please specify.

Type of Exposure	YES	NO	THIRD-PARTY	COI	Measure
Homes for the Aged / Long Term Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number of Homes Number of Beds
Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number of Units Number of Buildings
Libraries/Museums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number of Facilities
Own Marina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number of Marinas Number of Slips
Docks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number of Docks
Wharfs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number of Wharfs
Piers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number of Piers
Operate Marina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number of Marinas Number of Slips
Docks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number of Docks
Wharfs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number of Wharfs
Piers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number of Piers
Own Medical Centres	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number of Centres
Operate Medical Centres	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number of Centres
Parking Lots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number of Parking Garages Number of Parking Lots Number of Parking Spaces
Police Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contract out to whom
Public Beach(es)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number of Beaches Number of Lifeguards
Roads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MMS Compliant (YES/NO) Percentage of Expenditures on Roads Contracted Out Number of kms maintained by Insured in Winter
Sidewalks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number of kms MMS Compliant (YES/NO/NA)
Skateboard Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number of Facilities
Skating Rinks - Outdoor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number of Rinks
Soccer Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number of Facilities
Solid Waste Collection (Garbage collection)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Swimming Pools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number of Pools
Wading Pools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number of Wading Pools
Sprinkler Pads/Parks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number of Sprinkler Pads/Parks
Tennis/Pickleball Courts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number of Courts
Trails / Trail Systems (Maintained by Insured)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number of Trails Number of Kilometres

Type of Exposure	YES	NO	THIRD-PARTY	COI	Measure
Utilities – Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Annual Revenue Details of Operations
Utilities – Hydro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Annual Revenue Details of Operations
Utilities – Solar *Note farms not insured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number of Installations Annual Revenue
Wastewater Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Population Served Number of Treatment Plants
Water Treatment/Distribution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Population Served Number of Treatment Plants
Wind Turbine(s) *Note farms not insured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number of Turbines Total KW/MW Capacity
Annual Events Operated by Insured (high hazard)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number of Events Provide List of Events
USA Exposure (including travel)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide details below.
USA Exposure Details					
Consulting Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide details of services to third-parties including other Municipalities per below.
Consulting Services Details (include type of service, number of employees and revenue)					

SECTION 3: Property

Please complete the below.

Buildings:						
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



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)