



<b>Title: Insurance Liability Renewal Application for the Additional Named Insured</b>	<b>Policy No.: B.03-01</b>  <b>E</b>
<b>Section: 14</b>	<b>Page No.: 1 of 7</b>

<b>Legislation Reference:</b>	Jubilee Insurance Agencies Ltd.
-------------------------------	---------------------------------

<b>Purpose:</b>	To provide a process for non-profit community organizations to renew insurance coverage as Additional Named Insured for Smoky Lake County’s insurance carriers <b>“Jubilee Insurance Agencies Ltd.”</b>
-----------------	---

**Policy Statement and Guidelines:**

**1. STATEMENT:**

- 1.1 Jubilee Insurance Agencies has a mandate to provide insurance coverage to non-profit community groups/entities that benefit the community as a whole.
- 1.2 Smoky Lake County requires on an annual basis Questionnaires completed by all Additional Named Insured to renew insurance liability coverage, in order to remain under the County Master Insurance Policy.

This is an underwriting measure required in order to demonstrate due diligence as to the management of Additional Named Insured risk for the Superintendent of Insurance for the Province of Alberta, and the County’s partner with the Jubilee program.

**2. RENEWAL APPLICATION PROCESS:**

Non-profit organizations maintaining coverage as **“additional named insured”** parties to the Smoky Lake County’s insurance plan are required to completed the following:

**Schedule “A”:** Municipal Annual Additional Named Insured Questionnaire.

**Schedule “B”:** Additional Insured Liability Confirmation Report.

**Schedule “C”:** Letter of Understanding Agreement Between the Municipality and Additional Named Insured.

	<b>Date</b>	<b>Resolution Number</b>
<b>Approved</b>	<b>August 16, 2007</b>	<b># 553-07 - Page # 8433</b>
<b>Amended</b>		
<b>Amended</b>		



SCHEDULE "A"



**MUNICIPAL 2007-2008 ADDITIONAL NAMED INSURED QUESTIONNAIRE**

LEGAL REGISTERED NAME OF ORGANIZATION: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
Box City or Town Postal Code

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ EMAIL: \_\_\_\_\_

► **COMPLETE THIS QUESTIONNAIRE IN ITS ENTIRETY**

1. Is your organization registered as a not-for-profit entity:  Yes  No

**Please provide a copy of your Certificate of Registration from Corporate Registries Provincial Office**

2. Does your organization receive any support from the Municipality in the form of:  
Finances  Yes  No  
Property or Building  Yes  No  
Other form of support: \_\_\_\_\_

**LIABILITY**

3. Which of the following facilities do you own and/or operate?
- Arena
  - Curling Rink
  - Community Hall
  - Drop In Center
  - Farmers Markets
  - Library
  - Medical / Dental Clinics
  - Professional Counseling
  - Birth Center
  - Rehabilitation Facilities
  - Medical Labs
  - Property Development
  - Financial / Lending Institutions
  - Emergency Services - Police, Fire, Ambulance
  - Jails / Detention Centers
  - Contracting
  - Legal Services
  - Daycares/ Schools, Kindergartens
  - Museum
  - Racing
  - Fairgrounds
  - Swimming Pool
  - Fitness Centre
  - Ski Hill
  - Rodeo Arena/Gymkhana
  - RV / Camping Area
  - Theatres
  - Youth Camp
  - Golf Course/Clubhouse
  - Group Home
  - Zoos
  - Shooting Range /Hunting Clubs
  - Mountain Climbing
  - Racing Clubs – Watercraft, Auto
  - Flying Clubs
  - Martial Arts/Boxing
  - Driving Schools
  - Employment Agencies
  - Sports Leagues
  - Tour Groups
  - Professional Services
  - Senior Foundations
  - Wall Climbing
  - Zip Lines
  - Board/Bike Park
  - Food Bank
  - Food/Alcohol Service
  - Playground

**Policy: Insurance Liability Renewal Application for the Additional Named Insured**  
**Schedule "A" : MUNICIPAL 2007-2008 ADDITIONAL NAMED INSURED QUESTIONNAIRE: Pages 1-3**  
**Page 2 of 7.**



8. Please list other organizations that may share occupancy on your premise with your organization.

---

---

---

---

9. If your organization is the owner and/or operator of this building do you ask for proof of liability insurance from your tenants or user groups:  
 Yes  No

10. If your organization is the owner and/or operator of this building do you ask that your organization and County be named on your tenants or user groups insurance policy as additional insured:  
 Yes  No

11. Does your organization take part in the renting or lending of your equipment to others:  
Rent:  Yes  No                      Lend:  Yes  No

12. Does your organization take part in activities where alcohol is consumed?  
 Yes  No

If yes, please explain what activities involve alcohol:

---

---

---

---

13. Does your organization require your user groups or tenants to provide you with Certificates of Insurance for activities they may host where alcohol is consumed and do you request that your organization and the County be named on the liquor liability policy:  
 Yes  No

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

NOTES:

---

---

---

**Policy: Insurance Liability Renewal Application for the Additional Named Insured**

**Schedule "A": MUNICIPAL 2007-2008 ADDITIONAL NAMED INSURED QUESTIONNAIRE: Pages 1-3**

**Page 4 of 7.**

**Section 14**

**Policy B.03-01**





**SCHEDULE "B"**

**ADDITIONAL INSURED LIABILITY CONFIRMATION REPORT**

LEGAL REGISTERED NAME OF ORGANIZATION: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY OR TOWN: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**▶ COMPLETE THIS QUESTIONNAIRE IN ITS ENTIRETY**

**FOR THE PURPOSE OF LIABILITY ONLY:**

Please provide the reason the Additional Insured is required to be listed under your liability policy.  
Example: Leased property, leased building, leased equipment, leased vehicle or organizations and other entities with which you may have a liability assumption under contract / formal agreements.

Please list:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there a formal written agreement in place with this Additional Insured?

Yes     No

Has Jubilee Insurance reviewed and approved of the insurance clauses in the agreement?

Yes     No

If no, please provide a copy of the agreement for Jubilee Insurance. Confirmation that you can comply with the insurance requirements must be approved by Jubilee's office in order for coverage to apply.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_





SCHEDULE "C"

MUNICIPALITY / ADDITIONAL NAMED INSURED
LETTER OF UNDERSTANDING - AGREEMENT

This letter of understanding agreement is between the following parties:

SMOKY LAKE COUNTY
AND

LEGAL REGISTERED NAME OF NON-PROFIT ORGANIZATION:

MAILING ADDRESS: [line]
Box City or Town Postal Code

REGISTERED SOCIETY/INCORPORATION NUMBER: [line]

PHONE # [line] FAX #: [line] EMAIL: [line]

DATED THIS [line] day of [line], 20 [line].



[line] understands and agrees that as a requirement towards obtaining
Name: Non-Profit Organization

insurance coverage as an Additional Named Insured under the master insurance policy of the Municipality,

that [line] understands and agrees to the following requirements in
Name: Non-Profit Organization

order to obtain Additional Named Insured status, as well as to maintain Additional Named Insured status.

These requirements are as follows:

[line]:
Name: Non-Profit Organization

- 1. Will not engage in any activity that differs from its' current and regular course of operations, without notification to the Municipality as master insurance certificate holder.
2. Agrees to provide the Municipality of all Minutes taken at their meetings.
3. Agrees that all incidents, no matter how minor they may appear, that occur at or through its' operations or premises, are to be reported directly to the Municipality within 48 hours of detection.
4. Agrees to having representation at Additional Named Insured insurance/risk management training and workshops, if such workshops are presented within the jurisdiction of the Municipality and the Municipality provides reasonable notification of such training or workshops.
5. Agrees to engage in reasonable and effective risk management training and initiatives that address the risk and exposure profile of [line].
Name: Non-Profit Organization

- 6. Agrees to ensure and confirm that Host Liquor Liability coverage is obtained for all special event activities and facility rental functions at which liquor is to be served.
- 7. Agrees to fully complete the Jubilee Insurance Agencies Community Groups Questionnaire for consideration of initial insurance coverage, as well as the Jubilee Insurance Agencies Additional Named Insured Information sheet for any and all subsequent annual insurance policy renewals.

The Municipality acknowledges and appreciates that such requirements provide for the protection of the rate payers of the Municipality, while providing access to a cost effective, efficient and comprehensive insurance alternative for non-profit groups who may qualify for *Additional Named Insured* status under the Municipality.

This letter of understanding agreement in no way implies that insurance coverage will be extended indefinitely into the future of the Municipality to \_\_\_\_\_, and neither does it waiver the  
**Name: Non-Profit Organization**  
rights of the Municipality to amend, alter or change such a letter if such an action is deemed necessary by the Municipality or its' insurers.

**Agreed to and accepted by:**

\_\_\_\_\_  
Authorized Name of behalf of Non-Profit Group

\_\_\_\_\_  
Authorized name on behalf of the Municipality

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title