

SUMAssure Municipal Insurance New Application



General Information

Name of Municipality: _____

Mailing Address: _____

City: _____ Province: SK Postal Code: _____

Phone: (306) Contact Name: _____

Fax: (306) Title: _____

Year Municipality was created: _____

Population at last Federal census: _____ Permanent: _____ Seasonal: _____

List all boards and number of board members approved by a council bylaw (library, museum, etc.) or attach an organization chart:

Boards & Committees (library, museum, etc.)	Number of Directors
_____	_____
_____	_____
_____	_____

Have all boards and committees been established via municipal bylaws? Yes No

NOTE: No coverage is extended to any boards and committees that have not been established via bylaw

List all community events and supported community sponsored teams approved by a council bylaw or attach an event schedule:

Is Alcohol Served? Yes / No	Community Events (carnivals, community celebrations, etc.)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Vacant Properties (Blank Application is attached)

Do you have any properties on your statement of values that either are currently vacant or will be vacant throughout the policy year?

Yes

No

If yes, please complete the supplementary application attached.

Crime Section

How many of your employees regularly handle money, securities or merchandise? _____

Yes No Do you own or operate any ATM machine

Does the person who reconciles the bank accounts also:

Yes No Sign cheques?

Yes No Handle deposits?

If **yes**, indicate position: _____

Yes No Do you have a safe or vault?

If **yes**, provide make, model, etc. _____

Yes No Is countersignature required on all cheques?

How often is an audit made? _____

Maximum amount of money and securities on the premises at any one time: _____

Cyber Liability

1 Do you process Payment Cards Yes No

If yes, what percentage of annual revenue is attributable:

a) <15%

b) 15%to 50%

c) >50%

Are you PCI Compliant

Yes

No

2. Do you have revenue deriving from online or other automated platforms? Yes No

3. Do you rely heavily on SCADA systems? Yes No

4. Have you had any prior cyber claims in the last 5 years Yes No

5. Do you have a business continuity Plan in place Yes No

6. What is your annual revenue? Yes No

7. What is the percentage of revenues that are in USD? _____ %

Municipal Liability Section

Operations

Total Revenue: _____

No. of full-time Employees: _____

Total Payroll: _____

No. of part-time Employees: _____

Municipal Activities

Please indicate whether the Municipality **provides or operates** these facilities or services. If your response is Yes, provide complete description of operation (Please attach summary sheet if necessary).

Yes No Does the Municipality provide Hospital/Clinic/First Aid/Ambulance Services? _____

Yes No Airport (If yes, please complete the Airport Liability Application) _____

Yes No Animal Control
By-Law Officers _____

Yes No Amusement parks _____

Yes No Is electrical distribution operated by the Municipality _____

Yes No Arenas _____

Yes No Ball Parks _____

Yes No Auditoriums _____

Yes No Fuel Yard/Fuel Tanks _____

Yes No Beaches _____

Yes No Golf Courses _____

Yes No Cemeteries _____

Yes No Fire Halls _____

Yes No Exhibitions/Fairs/
Festivals _____

Yes No Marinas
Number of Slips of
Occupancy _____

Yes No Landfills _____

Yes No Grandstand or Stadium _____

Yes No Refuse Removal _____

Yes No City-Paid Parking Lots _____

Yes No Lagoon _____

Yes No Racing Events/
Motor Vehicle Events _____

Yes No Museums _____

Yes No Reservoirs _____

Yes No Municipal Police
Officers
Number of Officers _____

Yes No Sand or Gravel Pits _____

Yes No Special Constables
Number of Constables _____

Yes No Spray Parks _____

Yes No Skatepark/Bike Track _____

Yes No Zoos _____

Yes No Transit/Buses _____

Yes No Other (Explain) _____

Drinking Water Section

1. Water source:

a) Lake

b) River

c) Well

d) Other: _____

2. How and where is water stored? _____

3. How is storage of water secured?

a) Fenced enclosure

b) Locked access hatch

c) No security

d) Other: _____

4. How often do **you** test the quality of the drinking water in the system:

a) Daily

b) Weekly

c) Monthly

d) Other: _____

5. Who does the water testing for you?

d) Staff

e) Government Agency

f) Outside Contractor

(If Outside Contractor) Name: _____

Certificate of Insurance Obtained

Yes

No

6. Test results are maintained by whom? _____

Where? _____

For how long? _____

7. Were there any previous poor test results?

Yes

No

If yes, action taken _____

8. Water quality training and experience of staff (including certificate level)

Public Officials Liability Section

No. of Councillors: _____

The officials are: Elected Appointed

Names and details of persons employed by the Municipal Entity who are members of a professional corporation or association (as recognized by federal or provincial legislation)

Note: This should include engineers, architects, lawyers, and accountants, plus any other professions controlled by a recognized professional corporation/operation

Name	Profession	Association/Corporation
_____	_____	_____
_____	_____	_____
_____	_____	_____

Yes No When outside professionals are engaged under contract, does the Municipal Entity require proof of professional liability insurance?

If **yes**, for what amount? \$ _____

Number of permits given during the year _____

Yes No Is the Building Inspector
Full-time Part-time Contracted

Yes No If part-time, what is their full-time employment?

Experience: _____

Yes No Do any public officials proposed for this insurance have any knowledge of any incident or prior claim during the past 5 years (including any pending federal, provincial or local actions against the public entity and/or its officials), which could have involved coverage if this proposed insurance had been in effect?

If **yes**, attach statement of details

Yes No If any situation is indicated, it is agreed that any claim or action arising from such situation is excluded from the coverage of the proposed insurance.

Claims Information

Claims History: Please describe any claims during the last 5 years:
(Please answer the questions and attach a summary sheet if necessary.)

Are you in possession of any specific information or constructive knowledge of any circumstance that might lead to a claim under the policy applied for? Yes No

If **yes**, provide details:

Please attach a completed copy of the following documents:

- Property Schedule / Statement of Values (SOV) – Include the Location name and address, Construction type, Year Built, Sq Ft, and Values, etc.
- Schedule of Municipal Equipment (SOE)
- 5 year loss information - all coverage (include current year)

Declaration and Signature:

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Signature: _____

Date: _____

Position: _____