

SUMAssure Municipal Application

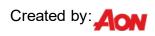
Information

Full name of municipalit	ty						
Mailing address							
City			Province		code		
Contact name				Contact number			
Operations informa	ation						
Current population – inc	cluding seasonal	(where applicable)		_			
Annual operating budge	et \$						
Employee number					\$		
Area (sq. km.)		_ Road mileage	Paved		Unpaved		
Number of trails: Bike,	ATV, snowmobile	e, ski					
Exhibitions or fairs. Ple	ase provide num	ber per year					
Please advise expiry da	ite of your policy						
<u> </u>						П№	
					_		
Have you implemented an emergency plan in accordance with provincial requirements?					NO		
Are all policy decisions made at the highest level?					☐ No		
Do you document policy decisions by keeping records?				☐ Yes	☐ No		
Do you follow up to make sure that once a policy decision(s) are made that the municipality has the resources to implement the policy?				Yes	☐ No		
When operations are co	ontracted out, ple	ase advise if the follow	ving procedures a	re followed:			
Do you seek legal advice before signing contracts?				☐ Yes	☐ No		
On contracts, do you reviewent of a civil suit?	ew them to ensure	e the contractor will defe	nd and indemnify t	ne municipality in the		☐ Yes	☐ No
When dealing with an ind to determine if the limits of			icates of insurance	and review the certificate	e	☐ Yes	☐ No
Do you ensure the munici	ipality is added as	an additional insured to	the contractor's po	olicy?		☐ Yes	☐ No
How many employees remerchandise?	egularly handle r	noney, securities or					
Do you own or operate	any ATM machin	e?				☐ Yes	☐ No
Does the person who re	econciles the ban	ık accounts also sign o	cheques?			☐ Yes	☐ No
Does the person who reconciles the bank accounts also handle deposits?				☐ Yes	☐ No		



Do you have a safe or vault? s a countersignature required on all cheques? Does the person who reconciles the bank accounts also hand	☐ Yes ☐ N ☐ Yes ☐ N ☐ Yes ☐ N	
ervices/facilities provided		
	Municipality	Contractor
Ambulance services	☐ Yes ☐ No	☐ Yes ☐ No
Police department	☐ Yes ☐ No	☐ Yes ☐ No
Fire department	☐ Yes ☐ No	☐ Yes ☐ No
Senior homes	☐ Yes ☐ No	☐ Yes ☐ No
Sewage treatment	☐ Yes ☐ No	☐ Yes ☐ No
Recreation centre	☐ Yes ☐ No	☐ Yes ☐ No
Museums	☐ Yes ☐ No	☐ Yes ☐ No
Road maintenance/construction	☐ Yes ☐ No	☐ Yes ☐ No
Community housing	☐ Yes ☐ No	☐ Yes ☐ No
Dams/reservoirs/bridges	☐ Yes ☐ No	☐ Yes ☐ No
Fumigation and extermination	☐ Yes ☐ No	☐ Yes ☐ No
Garbage collection	☐ Yes ☐ No	☐ Yes ☐ No
Health services	☐ Yes ☐ No	☐ Yes ☐ No
Sidewalk maintenance/construction	☐ Yes ☐ No	☐ Yes ☐ No
Snow removal	☐ Yes ☐ No	☐ Yes ☐ No
Water distribution	☐ Yes ☐ No	☐ Yes ☐ No
Water main construction	☐ Yes ☐ No	☐ Yes ☐ No
Tree pruning and spraying	☐ Yes ☐ No	☐ Yes ☐ No
Vehicle equipment/garages	☐ Yes ☐ No	☐ Yes ☐ No
Airport operations (please indicate number)	☐ Yes ☐ No	☐ Yes ☐ No
Daycare operations	☐ Yes ☐ No	☐ Yes ☐ No
Marina docks for public use	☐ Yes ☐ No	☐ Yes ☐ No
Beaches for public use or swimming pools	☐ Yes ☐ No	☐ Yes ☐ No
Ski operations	☐ Yes ☐ No	☐ Yes ☐ No
Emergency response dispatch operations for third parties	Yes □ No	☐ Yes ☐ No
Mutual aid agreements	☐ Yes ☐ No	☐ Yes ☐ No
Golf courses	Yes □ No	 ☐ Yes ☐ No
Power distribution: Electric, solar, wind	☐ Yes ☐ No	☐ Yes ☐ No
Zoo operations	☐ Yes ☐ No	☐ Yes ☐ No
Street cleaning	Yes No	☐ Yes ☐ No
Street maintenance/construction	☐ Yes ☐ No	☐ Yes ☐ No
Communication: Telephone, wi-fi including towers	☐ Yes ☐ No	☐ Yes ☐ No
Weed spraying	☐ Yes ☐ No	☐ Yes ☐ No

☐ Other, please describe



☐ Check institutional references

What procedures do you follow to screen prospective employees?

Do you have a written abuse prevention policy in place for your municipality?

☐ Police check

☐ Yes ☐ No

Pro			etary and Con	nfidential
Do you have a written employment terminati Do you have a written harassment policy in p			☐ Yes ☐ Yes	□ No
Part 1: Roads, sidewalks a	and maintenand	e		
Do your programs meet provincially-mandat	ed standards?		☐ Yes	□No
Do you have summer and winter road maintenance standards?				☐ No
Do you have summer and winter sidewalk maintenance standards?				□ No
Do you have documentation procedures for If you answered "no" to any of these questions,	_	ations?	☐ Yes	□No
 Bridges				
If you have any bridges under your control, a	are they inspected as is red	quired by provincial mandate/legislation?	☐ Yes	□No
Are these inspections done by independent contractors? If "Yes" please answer the following:				□No
Do you have a written contact in place?			☐ Yes	□No
Do you receive proof of general and professional liability insurance?			☐ Yes	□No
Do you ensure that the municipality is added as an "additional insured" to the contractors' general liability policy?			☐ Yes	□No
Do you request and review proof of the contractors' professional liability policy regularly to ensure they met the municipal requirements?				□No
Do you have a multi-year bridge maintenance and rehabilitation plan?				□No
Do you have an annual bridge maintenance	and rehabilitation construc	ction program or budget?	☐ Yes	□No
Part 2: Parks and recreation	nn.			
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Number of:				
Parks/playgrounds	<u>-</u>			
Swimming pools	Indoor	Outdoor		
Beaches	Supervised	Unsupervised		
Skating rinks (indoor and outdoor)	Supervised	Unsupervised		
Skateboard parks	Supervised	Unsupervised		
Others:	Supervised	Unsupervised		
BMX riding trails, rock climbing, water slides	Supervised	Unsupervised		
Arenas	Supervised	Unsupervised		
Golf courses	Supervised	Unsupervised		
Are certified playground inspectors utilized to do a regular inspection and maintenance of equipment? Are inspection records kept?				□ No □ No
			☐ Yes	
Are facility use agreements in place for the f	ollowing:			
Community halls			☐ Yes	□No
Arenas Sporta fielda			☐ Yes	□No
Sports fields	unoo roquiromant?		∐ Yes	□ No
Do the facility agreements contain a user insura	me requirement?		☐ Yes	☐ No



	Proprietary and Com	luerillai
Do the facility agreements require the municipality be added as additional insured to the user's insurance policy?	☐ Yes	☐ No
Is there a system of inspection in place for the following:		
Arenas	☐ Yes	☐ No
Sports fields	☐ Yes	☐ No
Are records of the inspections kept on file?	☐ Yes	☐ No
Is there a policy in place for waivers and consent forms for sports programs?	☐ Yes	□No
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Part 3: Errors and omissions		
Please indicate which of the following operation are under the jurisdiction of the municipality:		
Building inspection	☐ Yes	☐ No
Medical facilities including health care units, hospitals, nursing homes, medical clinics or other similar facilities	☐ Yes	☐ No
Planning	☐ Yes	☐ No
Plumbing inspection	☐ Yes	☐ No
Tax collection	☐ Yes	☐ No
Utilities, please specify which types:	☐ Yes	☐ No
What is the value of building permits issued in the past 12 months?		
How many permits have been issued in the past 12 months?		
Do you perform any professional services to third parties or other municipalities?	 ☐ Yes	☐ No
Please provide details		
Part 4: Water		
If not applicable, mark section as ☐ N/A		
Dams/reservoirs		
Does the municipality own or operate any dams?	☐ Yes	□No
If yes, please give locations and particulars:		
Does the municipality own or operate any type of reservoirs open or closed?	☐ Yes	☐ No
If yes, what is the capacity?		
Identify by name the major open bodies of water or water courses in the municipality.		
Does the municipality supply water?	☐ Yes	 ☐ No
If yes, for how many customers?	_	_



What water supply services does the municipality provide directly or through contractors?				
Directly:	Contracted out:			
What indemnities/certificates are provided by the contractors?				
Are these regularly checked and held on file?		☐ Yes	□No	
Water treatment				
Are treatment facilities run by municipal staff or an outside company	y?	☐ Yes	□No	
If operated by an outside company, what is the name of the company?				
Is the municipality indemnified by their insurance?		☐ Yes	☐ No	
If treatment facilities are staff-operated, are all staff licensed to oper	ate them?	☐ Yes	☐ No	
Is ongoing training required?		☐ Yes	☐ No	
Water testing				
How often is the water tested?	_			
Who does the testing?				
If testing is done by an outside contractor, is the municipality indem	nified by their insurance?	☐ Yes	☐ No	
Have there been any incidents with respect to water portability?		☐ Yes	□No	
If yes, please provide details:				
Wastewater				
Does the municipality treat wastewater?		☐ Yes	□No	
If yes, are you in compliance with statutory regulations?		☐ Yes	☐ No	
If no, please explain.				
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If possible, please submit this information in an Excel spreadsheet format as an attachment to your application.



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- · For claims administration and data analysis
- · For fraud detection and prevention
- For analytics purposes by aggregating or otherwise de-identifying personal information
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Signature of applicant	Date	
Name of applicant		
Title		

