

MACKENZIE COUNTY REQUEST FOR DECISION

Meeting:	Regular Council Meeting
Meeting Date:	August 6, 2014
Presented By:	Joulia Whittleton, Chief Administrative Officer
Title:	ADDITION Additional Named Insured: La Crete Area Chamber of Commerce

BACKGROUND / PROPOSAL:

As per Policy ADM018, Insurance Coverage for Not-for-profit Organizations, Mackenzie County offers the following insurance to not-for-profit organizations upon written request:

- Bond & Crime
- Comprehensive General Liability
- General Property Insurance

OPTIONS & BENEFITS:

The additional named insured program is established through Jubilee Insurance to provide reasonably priced insurance to not-for-profit organizations.

An application has been received from La Crete Area Chamber of Commerce, requesting insurance coverage through Mackenzie County.

COSTS & SOURCE OF FUNDING:

La Crete Area Chamber of Commerce will pay the appropriate premiums.

SUSTAINABILITY PLAN:

Author: E.Nyakahuma Review By: _____ CAO _____

COMMUNICATION:

La Crete Area Chamber of Commerce re: Council's decision.

Corporate Services staff re: administration of Council's decision.

Jubilee Insurance re: application for insurance for La Crete Area Chamber of Commerce.

RECOMMENDED ACTION:

That Council authorize the provision of insurance coverage to La Crete Area Chamber of Commerce on a cost recovery basis through the Jubilee additional named insured program.

Elizabeth Nyakahuma

From: Larry Neufeld <admin@lacretechamber.com>
Sent: July-03-14 3:11 PM
To: Elizabeth Nyakahuma
Subject: La Crete Chamber Insurance

Hello Elizabeth,
This is La Crete Chamber's first time applying for Insurance as a Non-Profit through Mackenzie County. Could you forward an application and any other information that we require.

Larry Neufeld
General Manager,
La Crete & Area Chamber of Commerce
Office: 780.928.2278
Box 1088
La Crete, AB
T0H 2H0
www.LaCreteChamber.com

Elizabeth Nyakahuma

From: Brenda Rutko <brenda.rutko@aamdc.com>
Sent: July-18-14 8:45 AM
To: Elizabeth Nyakahuma
Subject: RE: #M023/Mackenzie County -ANI Application-La Crete Area Chamber of Commerce
Attachments: 2014 Property Change Form.docx

Hi Elizabeth.

We have no problem quoting and adding this group as an ANI to the County policy, however, they indicated they own/operate the building they run out of. As such, I have attached a Property Add form for them to complete and submit so I can quote on the Building insurance as well. Also, we would need a copy of the lease Agreements with all of their tenants, plus proof of Liability insurance naming the ANI and County as Additional Insured for a min of \$2m Liability. (This is a risk management safety measure that ensures if the tenant is negligent during their occupying the leased space, that their insurance will pay for damages plus legal defence of the ANI and County.)

Also, please advise if the ANI owns any vehicles or equipment so I can quote on them as well.

I await receipt of the Property Add form prior to providing our quote.

Thank you.

Brenda Rutko
Insurance & Risk Advisor
AAMDC/Jubilee Insurance Agencies
Direct:(780) 955-4088
Fax: (780) 955-3615
e-mail: brenda.rutko@aamdc.com



From: Elizabeth Nyakahuma [<mailto:enyakahuma@mackenziecounty.com>]
Sent: July 14, 2014 2:03 PM
To: Brenda Rutko
Subject: ANI Application

Hi Brenda,

I am attaching an insurance application from La Crete Area Chamber of Commerce Society to determine eligibility. Please inform me if this group's application can be forwarded to Council for a final decision.

Thank you,

Elizabeth Nyakahuma

Finance Officer

Mackenzie County

Phone: 780.927.3718 ext 2239

Fax: 780.927.4266

Email: enyakahuma@mackenziecounty.com



Partners in Advocacy & Business

2510 Sparrow Drive, Nisku, Alberta T9E 8N5
 Phone: (780) 955-3639 Fax: (780) 955-3615

ADDITIONAL NAMED INSURED (ANI) 2014-2015 LIABILITY RENEWAL FORM

~~TA60 - VILLAGE OF ARROWWOOD~~
 M023 Mackenzie County

INSTRUCTIONS:

1. Please answer all questions;
2. Sign and date the completed form;
3. Return renewal form with a copy of your most current Annual Return;

Please return completed form to your Municipality's Insurance Administrator by **September 8, 2014**

GENERAL, CONTACT AND MUNICIPAL INFORMATION:

Organization name: La Crete Area Chamber of Commerce Society _____
 Mailing address: P.O. Box 1088, La Crete, Alberta, T0H 2H0 _____
 Website address: LaCreteChamber.com _____

Number of employees: 2 _____
 Number of volunteers: 8 _____
 Number of Board Members: 8 _____
 Current Year's Budget: \$ 244,050.00 _____
 Last Year's Revenue: \$ 228,734.37 _____

Main Contact: Larry Neufeld _____
 Position: General Manager _____
 Address: 10406-100 Street, La Crete, Alberta _____

Phone: (780)928-2278 _____ Fax: (780)928-2234 _____
 Other/Cell Phone: (780)285-4409 _____
 Email: Admin@LaCreteChamber.com _____

Backup Contact: Andrew Fehr _____
 Position: President/Chair _____
 Address: P.O. Box 1363, La Crete, Alberta, T0H 2H0 _____

Phone: (780)928-2888 _____ Fax: (780)928-2899 _____
 Other/Cell Phone: (780)841-2969 _____
 Email: ServiceLC@NorthstarChrysler.com _____

	Yes	No
▶ Do you have a municipal representative or appointee on your Board of Directors?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
▶ Does the municipality provide an operating grant or other funding support to your organization?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
▶ Are municipal facilities used for your organization's administrative office?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
▶ Is the municipality regularly provided with copies of the Minutes for your organization's meetings?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
▶ Is your organization registered as a Not-for-Profit entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
▶ Does your organization have any other groups that are separately incorporated or governed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

IF YES, PLEASE DESCRIBE: LA CRETE TOURISM SOCIETY & RURAL ALBERTA BUSINESS CENTRE

ORGANIZATION TYPE:

- ▶ If available please attach a copy of your Mission Statement.
 We strive to improve the social, economic, cultural and civic aspects of the community. This includes the many aspects of life that improve the quality of life in La Crete.
- ▶ Please describe in your own words the purpose or the operations of your organization, and your day-to-day activities:
 La Crete & Area Chamber of Commerce works to promote and improve the businesses environment and stimulate a vibrant community as La Crete and area continue to grow in our northern Alberta region. We ensure through our website and additional advertising that people are encouraged to shop local. We assist with employment searches, we direct people to services available in our community and engage in many community events and projects.

SECTION A LIABILITY ACTIVITIES

Please indicate (✓) any Category that applies to you

Agricultural society	<input type="checkbox"/>	Fire association / club	<input type="checkbox"/>	Recreation board	<input type="checkbox"/>
Airport board/commission	<input type="checkbox"/>	Fire protection authority	<input type="checkbox"/>	Recycling society	<input type="checkbox"/>
Ambulance board / authority	<input type="checkbox"/>	Fitness club	<input type="checkbox"/>	Riding club / society	<input type="checkbox"/>
Ambulance service	<input type="checkbox"/>	Food bank	<input type="checkbox"/>	Rodeo committee	<input type="checkbox"/>
Bingo association	<input type="checkbox"/>	Golf club	<input type="checkbox"/>	Search & rescue association	<input type="checkbox"/>
Cemetery maintenance/operations	<input type="checkbox"/>	Homemaker services	<input type="checkbox"/>	Seniors' club / society	<input type="checkbox"/>
Chamber of commerce	<input checked="" type="checkbox"/>	Kindergarten	<input type="checkbox"/>	Service club - local chapter	<input type="checkbox"/>
Childhood development society	<input type="checkbox"/>	Learning council	<input type="checkbox"/>	Ski club	<input type="checkbox"/>
Climbing association	<input type="checkbox"/>	Library foundation	<input type="checkbox"/>	Sports league / group	<input type="checkbox"/>
Community association	<input type="checkbox"/>	Meals on wheels society	<input type="checkbox"/>	Transportation society	<input type="checkbox"/>
Curling club	<input type="checkbox"/>	Museum society	<input type="checkbox"/>	Waste management authority	<input type="checkbox"/>
Daycare / after school care	<input type="checkbox"/>	Neighborhood watch/citizens on patrol	<input type="checkbox"/>	Youth camp	<input type="checkbox"/>
Drop in center	<input type="checkbox"/>	Parents council	<input type="checkbox"/>	Youth club	<input type="checkbox"/>
Family community social services	<input type="checkbox"/>	Park / campground operator	<input type="checkbox"/>		

IF NOT LISTED ABOVE, PLEASE DESCRIBE:

RISK SURVEY # 1 — SALE AND/OR SERVICE OF ALCOHOL

NOTE: Directly hosting means an event involving the sale and consumption of alcohol that is run directly by your organization. It does not apply to Outside Renters of your facilities (such as wedding parties) **however**, such Renters do require their own separate liability policy that includes Host Liquor Liability and which names your organization as an additional insured.

Will your organization be **directly hosting** any events involving the sale or service of alcohol in the upcoming year?

YES NO

If Yes, how many such events are likely to have 150 or more attendees?

1 to 3 events 4 to 6 events 7 to 10 events 11 or more events

Will you be hosting Festivals, Concerts, Parades, Marches, or other Special events where a large concentration of people is expected?

YES NO

IF YES, DESCRIBE: LA CRETE CHAMBER ANNUAL GENERAL MEETING & LA CRETE ANNUAL SPRING TRADE SHOW

RISK SURVEY # 2 — OTHER GROUPS SHARING OR USING YOUR PREMISES

NOTE: Tenants are not automatically insured! Each tenant group or organization must apply for/have its own insurance coverage.

Does your organization own and operate the building that you occupy?

YES NO

If Yes, do other groups or organizations also occupy your building as **tenants**?

YES NO

If Yes, list the names of these tenant groups or organizations:

Rural Alberta Business Centre

If you have any tenant(s), do you ask for proof of Liability insurance from them?

YES NO

If you have any tenant(s), do you ask that your organization be named as an Additional Insured on their Liability Policy?

YES NO

RISK SURVEY # 3 — HIGH RISK ACTIVITIES

DOES YOUR ORGANIZATION ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES? Check the "Yes" or "No" box for each and every activity:

NOTE: if any activity or event is to take place that is not checked off below, this must be reported to your Insurance & Risk Advisor before it takes place

	YES	NO		YES	NO
Biking /mountain biking on ski hills	<input type="checkbox"/>	<input type="checkbox"/>	Martial arts	<input type="checkbox"/>	<input type="checkbox"/>
Birthing clinics	<input type="checkbox"/>	<input type="checkbox"/>	Mechanical bulls	<input type="checkbox"/>	<input type="checkbox"/>
Bow hunting	<input type="checkbox"/>	<input type="checkbox"/>	Medical counselling –hospice, grief, suicide prevent	<input type="checkbox"/>	<input type="checkbox"/>
Boxing/wrestling	<input type="checkbox"/>	<input type="checkbox"/>	Medical services - midwifery, diagnosis, treatment, casual nursing	<input type="checkbox"/>	<input type="checkbox"/>
Bungee jumping	<input type="checkbox"/>	<input type="checkbox"/>	Motorized racing - cars, boats, motorbikes, ATV's, snowmobiles	<input type="checkbox"/>	<input type="checkbox"/>
Carnival / amusement rides	<input type="checkbox"/>	<input type="checkbox"/>	Mountain climbing / rock climbing	<input type="checkbox"/>	<input type="checkbox"/>
Chuck wagon races/rodeos	<input type="checkbox"/>	<input type="checkbox"/>	Mud bog / tractor pull events		
Climbing walls - indoor, outdoor	<input type="checkbox"/>	<input type="checkbox"/>	Paintballing	<input type="checkbox"/>	<input type="checkbox"/>
Counselling services – emotional, social, welfare	<input type="checkbox"/>	<input type="checkbox"/>	Parades	<input type="checkbox"/>	<input type="checkbox"/>
Demolition derbies	<input type="checkbox"/>	<input type="checkbox"/>	Poker rallies	<input type="checkbox"/>	<input type="checkbox"/>
Extreme sports	<input type="checkbox"/>	<input type="checkbox"/>	Professional counseling - psychological, psychiatric	<input type="checkbox"/>	<input type="checkbox"/>
Farmer's Markets/Agricultural Fairs	<input type="checkbox"/>	<input type="checkbox"/>	Professional services – legal, engineering, architectural, etc.	<input type="checkbox"/>	<input type="checkbox"/>
Firearms use - hunting, shooting (target /trap/skeet)	<input type="checkbox"/>	<input type="checkbox"/>	Rental / lending of equipment to others	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fireworks	<input type="checkbox"/>	<input type="checkbox"/>	Rodeo events for children / minors	<input type="checkbox"/>	<input type="checkbox"/>
First Aid	<input type="checkbox"/>	<input type="checkbox"/>	"Running of the bulls" events	<input type="checkbox"/>	<input type="checkbox"/>
Fitness facilities	<input type="checkbox"/>	<input type="checkbox"/>	Skydiving	<input type="checkbox"/>	<input type="checkbox"/>
Flea markets / secondhand / thrift stores	<input type="checkbox"/>	<input type="checkbox"/>	Statutory holiday / festival celebrations	<input type="checkbox"/>	<input type="checkbox"/>
Food preparation	<input type="checkbox"/>	<input type="checkbox"/>	Trampolines	<input type="checkbox"/>	<input type="checkbox"/>
Go-kart tracks	<input type="checkbox"/>	<input type="checkbox"/>	Whitewater rafting	<input type="checkbox"/>	<input type="checkbox"/>
Horse pulls	<input type="checkbox"/>	<input type="checkbox"/>			
Inflatable children's jumping apparatus	<input type="checkbox"/>	<input type="checkbox"/>			
Manufacturing / fabrication services	<input type="checkbox"/>	<input type="checkbox"/>			

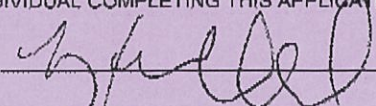
WHERE "YES" IS INDICATED, PLEASE DESCRIBE ACTIVITY:
 WE RENT OUR BOARDROOM, TV, DVD, OVERHEAD PROJECTOR AND WHITE BOARD

DOES YOUR ORGANIZATION ENGAGE IN OTHER UNUSUAL ACTIVITIES? If so, PLEASE DESCRIBE:

RISK SURVEY # 4 -- NEED FOR SPECIALIZED LIABILITY COVERAGE(S)

PLEASE INDICATE IF ANY OF THE FOLLOWING APPLY TO YOUR ORGANIZATION? Check the "Yes" or "No" box for each area:	YES	NO
Do you operate or perform any activities outside of Alberta?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you provide or offer any legal or financial advice?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you provide or offer any medical or nursing care or treatment or administer any drugs or medications?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you conduct any scientific, food, chemical or similar research?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you provide or offer any sort of professional service to others that would usually require a fee being charged/paid?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does anything you do involve handling materials that are environmentally sensitive or potential pollutants?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

NAME OF INDIVIDUAL COMPLETING THIS APPLICATION: LARRY NEUFELD _____

SIGNATURE:  _____
 (PRINT NAME)

TITLE: GENERAL MANAGER DATE: JULY 10, 2014

Elizabeth Nyakahuma

From: Larry Neufeld <admin@lacretechamber.com>
Sent: August-05-14 11:38 AM
To: Elizabeth Nyakahuma
Subject: RE: Insurance Coverage
Attachments: La Crete Area Chamber of Commerce Society Incorporation.jpg

See attachment for La Crete Chamber Incorporation (Registration).

Larry Neufeld
General Manager
La Crete & Area Chamber of Commerce
Office: 780-928-2278
iPhone: 780-285-4409
Fax: 780-928-2234
Box 1088
La Crete, Alberta, T0H 2H0
Email: Admin@LaCreteChamber.com
Website: LaCreteChamber.com

From: Elizabeth Nyakahuma [<mailto:enyakahuma@mackenziecounty.com>]
Sent: August-05-14 10:16 AM
To: La Crete Chamber of Commerce
Subject: Insurance Coverage

Hi Larry,

Just a reminder I need a copy of the registration papers for your application to be forwarded.

Thanks,

Elizabeth Nyakahuma
Finance Officer
Mackenzie County
Phone: 780.927.3718 ext 2239
Fax: 780.927.4266
Email: enyakahuma@mackenziecounty.com

CORPORATE ACCESS NUMBER: 5013708705

Alberta

SOCIETIES ACT

**CERTIFICATE
OF
INCORPORATION**

**LA CRETE AREA CHAMBER OF COMMERCE SOCIETY
WAS INCORPORATED IN ALBERTA ON 2007/12/17.**

