



Municipality of the County of Colchester
Not for Profit Insurance Funding Program
Application Form

Please review the [Not for Profit Insurance Funding Program Policy](#) and attach all additional information requested before submitting your application.

<p>Name of Not for Profit Organization: _____</p> <p>Primary Contact Person: _____</p> <p>Role in Organization: _____</p> <p>Daytime phone number (<input type="radio"/> Work <input type="radio"/> Cell <input type="radio"/> Home): _____</p> <p>Mailing address: _____</p> <p>Fax number: _____ E-Mail address: _____</p> <p>Organization website: _____</p> <p>Secondary Contact Person: _____</p> <p>Daytime phone number (<input type="radio"/> Work <input type="radio"/> Cell <input type="radio"/> Home): _____</p> <p>Is this organization incorporated under the Societies Act of Nova Scotia? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Incorporation Registry ID: _____</p> <p><i>If not incorporated, please attach a list of project team members.</i></p> <p>Type of Organization (e.g. community, sport, etc.): _____</p> <p>Organization Location (community served): _____</p>
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Policy Renewal Date: _____ Final Cost of Policy: _____

Please list the coverage included in your policy (*and attach detailed information*):

General Liability (**Please list Premium Amount**): _____

Board of Directors Liability (**Please list premium Amount**): _____

Property (**Please list Premium Amount**): _____

Other: _____

Does the applicant own the property where the organization/facility is located? Yes No

If "No", please specify the property/facility owner: _____

Please specify the name and address of the person to whom the cheque should be mailed (*if not above stated contact person*): _____

Please include the following with your application:

- Completed application form
- Detailed policy information (*including a breakdown of general liability and Directors/Officers*)
- Written quotes of estimates (*3 if possible*)
- Most recent annual financial statement
- List of current Board of Directors
- Overview of group activities

I, the undersigned, hereby state that, to the best of my knowledge, all information contained in this application form and any attachments are a true representation of our Not for Profit Organization.

Printed name of representative	Signature of representative
Position within organization	Date MM/DD/YYYY

Please return this completed form with all requested information by mail, fax, or in person to:

**Recreation Services
Municipality of the County of Colchester
1 Church Street
Truro, Nova Scotia
B2N 3Z5
Fax: 902-843-4065**

Deadline: October 23rd, 2020

If you have any further questions, please feel free to contact Craig Burgess at 902-897-3181 or cburgess@colchester.ca