



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.

Name of Not for Profit Organization: _____	
Primary Contact Person: _____	
Role in Organization: _____	
Daytime phone number (<input type="radio"/> Work <input type="radio"/> Cell <input type="radio"/> Home): _____	
Mailing address: _____	
Fax number: _____	E-Mail address: _____
Organization website: _____	
Secondary Contact Person: _____	
Daytime phone number (<input type="radio"/> Work <input type="radio"/> Cell <input type="radio"/> Home): _____	
Is this organization incorporated under the Societies Act of Nova Scotia? <input type="radio"/> Yes <input type="radio"/> No	
Incorporation Registry ID: _____	
Type of Organization (e.g. community, sport, etc.): _____	
Organization Location (community served): _____	

Policy Renewal Date: _____ Final Cost of Policy: _____

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

Please breakdown the insurance policy amounts below (Amount organization pays)

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 email:
recreation@colchester.ca by Mail, fax, or in person to:

**RecreationServices
MunicipalityoftheCountyofColchester
1ChurchStreet
Truro, Nova Scotia
B2N 3Z5
Fax: 902-843-4065**

Deadline: October 25th 2024

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