



**EAST HANTS**

# Not-For-Profit Insurance Grant Application

Address: Box 230, Suite 170, 15 Commerce Crt., Elmsdale, NS, B2S 3K5 Phone: (902) 883-3387 Toll Free: 1-866-758-2299

## Organization Information

Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Registered Society or Charity ID Number: \_\_\_\_\_

Type of Organization (e.g. community, sport, etc.): \_\_\_\_\_

Organization Location (community served): \_\_\_\_\_

Please provide an overview of the organization's activities (attach more info if necessary):

## Insurance Policy Info:

Policy Renewal Date: \_\_\_\_\_ Final Cost of Policy: \_\_\_\_\_

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

General Liability (list premium amount): \_\_\_\_\_

Directors and Officers Liability (list premium amount): \_\_\_\_\_

Property (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: \_\_\_\_\_



Address: Box 230, Suite 170, 15 Commerce Crt., Elmsdale, NS, B2S 3K5 Phone: (902) 883-3387 Toll Free: 1-866-758-2299

## Application Checklist

Please ensure the following is complete and submitted with your application.

**Note:** Additional information may be requested.

- Completed application form
- Detailed policy information
- Most recent Organizational Financial Statement
- Councillor Awareness (through signature on application or notified by email)

## Applicant Declaration

We hereby certify that the information contained in this application is complete and accurate.

Board Executive Signature	Full Name (print)	Date
---------------------------	-------------------	------

Board Executive Signature	Full Name (print)	Date
---------------------------	-------------------	------

**Please contact the councillor that represents the district your organization operates in to make them aware of your Not-For-Profit Insurance Application.**

District Councillor Signature	Full Name (print)	Date
-------------------------------	-------------------	------

Check this box if your Councillor is aware of project and will confirm by email in place of signature.

## Application Submission

Email [jswinemer@easthants.ca](mailto:jswinemer@easthants.ca)

Mail/Hand Deliver c/o Parks, Recreation & Culture Department  
Municipality of East Hants  
Box 230, Suite 170, 15 Commerce Court  
Elmsdale, NS B2S 3K5

Questions/More Info: Contact Community Development Coordinator at 902-883-2152 or [jswinemer@easthants.ca](mailto:jswinemer@easthants.ca)