



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/operations (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

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