



**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><b>Name of Not for Profit Organization:</b> _____</p> <p><b>Primary Contact Person:</b> _____</p> <p><b>Role in Organization:</b> _____</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><b>Secondary Contact Person:</b> _____</p> <p>Daytime phone number (<input type="radio"/> Work <input type="radio"/> Cell <input type="radio"/> Home): _____</p> <p><b>Is this organization incorporated under the Societies Act of Nova Scotia?</b>    <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><b>Type of Organization (e.g. community, sport, etc.):</b> _____</p> <p><b>Organization Location (community served):</b> _____</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.

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

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 22<sup>nd</sup>, 2021**

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