

Northern Communities Insurance Program (NCIP)



AUTOMOBILE/EQUIPMENT CHANGE REQUEST

ADDITION ___ DELETION ___ CHANGE ___

Name of Community _____

Effective date of change (mo/day/yr) _____

Description:

- Year: _____
- Manufacturer/Make: _____
- Model: _____
- Body type: _____
- Serial no. _____
- Purchase price (include transport cost): _____
- Total GVW (include allowable passenger & cargo loads): _____ *
- GWV (Gross vehicle weight)
- Use of vehicle/equipment: _____

Name of Lien Holder or Leasing Company: _____

Address: _____

Completed by: _____ Date: _____

Position _____

* This is important in order to class the vehicle

FAX to NCIP @ 867.873.3042 or email cynthia@nwtac.com



Property Inspection Form

Community _____ Building _____ Date _____

EXTERIOR OF BUILDING	CHECK ONE			ACTION TAKEN	DATE ACTION TAKEN
	YES	NO	N/A		
Is the fire lane posted and clear?					
Are all exits clear of debris and snow?					
Are steps and ramps clear of ice and snow?					
Is the snow cleared off the roof above the exit?					
Are handrails in place and secure?					
Are hydrants clear of obstruction and capped?					
Are standpipes/sprinkler connections capped and clear?					
Is the building skirting intact and secured; gate locked?					
Is the building clear of any combustible materials (stored next to or under the building)?					
Are all electrical cover plates in place?					
Is the garbage container at least 3 metres from building?					
Is the mechanical room combustion air intake clear?					
Are the fuel tank(s) free from any evidence of leaks (coming from or around the tanks)?					
Are the fuel lines or meters free from any damage?					
Is the chimney(s) clear of ice or other obstructions?					
LOG BOOK ITEMS	CHECK ONE			ACTION TAKEN	DATE ACTION TAKEN
	YES	NO	N/A		
Fire Alarms Testing					
Sprinkler Testing and Maintenance					
Fire Pump Testing					
Emergency Generator Testing					
Are Fire Emergency Procedures current and posted in each floor area?					
Are fire exits posted and clear?					
Are exit signs illuminated?					

INTERIOR OF BUILDING	CHECK ONE			ACTION TAKEN	DATE ACTION TAKEN
	YES	NO	N/A		
Are hallways clear of obstructions?					
Are stairwells clear of obstructions?					
Are doors free from being blocked/wedged open?					
Are fire doors properly labeled?					
Are stairwell doors automatic closers in operating condition?					
Are handrails on stairs in place and secured?					
Is the Fire Panel ON and ARMED?					
Is the Fire Panel free from any trouble indicators?					
Are smoke detectors operational?					
Are extinguishers in place, serviceable and clear of obstruction?					
Are extinguisher tags current?					
Is there .5 metre clear space below all sprinklers heads?					
Is the hose in cabinet properly racked and in good condition?					
Is the fire water storage tank to proper level?					
Is the electrical room locked?					
Is the electrical room clear of combustible material?					
Is there a metre clear space around all electrical panels?					
Is the mechanical room locked?					
Is the mechanical room combustion air intake clear?					
Is the mechanical room clear of combustible material?					
Is the mechanical room free any fuel spills/leaks?					
Is the generator room free from any fuel spills/leaks?					
Are attic fire separations intact?					
Is the attic clear of combustible material?					
Is the attic access secured?					
Are crawl space fire separators intact?					
Is the crawl space clear of combustible material?					

Community _____ Building _____ Date _____

INTERIOR OF BUILDING (continued)	CHECK ONE			ACTION TAKEN	DATE ACTION TAKEN
	YES	NO	N/A		
Is the crawl space access secured?					
Are the storage areas secured?					
Are the custodial rooms secured?					
Are emergency lights operational?					
Is flammable material properly stored?					
Is any gas-powered equipment stored in the building?					
Are non-smoking rules enforced?					
Is the workshop area properly vented?					
Is the dust collection equipment connected to all dust producing equipment?					
Are the walls, ceilings or floors free from holes?					
Are all ceiling tiles in place?					
Are the windows or doors in good condition?					
Are all electrical cover plates in place?					
Are kitchen exhaust fans operational and clean?					
Is kitchen fire suppression system maintained to schedule?					
Is kitchen fire suppression system charged?					
OTHER COMMENTS				ACTION TAKEN	

INSPECTED BY _____ DATE _____

Return To: **Northern Communities Insurance Program**
 Attn: Karen Kuronen
 Fax #: 1-867-873-3042
 Email: karen@nwtac.com
 Phone #: 1-866-973-8359 (toll free)



AUTOMOBILE CLAIM FORM

Community _____ Reported by _____

Phone _____ Email _____

Date of Loss _____ Date Reported _____

Vehicle: Year _____ Make/Model _____ VIN # _____

Driver: Name _____ Phone _____

OTHER PARTY INFORMATION

Vehicle Owner _____ Address _____

Daytime Phone _____

Vehicle Driver _____ Address _____

Daytime Phone _____

Year _____ Make/Model _____ VIN # _____

Insurer _____ Policy # _____ License Plate # _____

DESCRIBE WHAT HAPPENED

WITNESSES IF ANY _____ PHONE # _____

Location & Details (Please draw a diagram of the scene on the back of this form)

Diagram (use back if necessary)

Diagram



LIABILITY INCIDENT REPORT

Community _____ Reported by _____

Phone _____ Email _____

Incident Date _____ Time _____ AM/PM Date reported _____

Location of Incident _____

INCIDENT DETAILS (Provide a brief description summarizing your findings)

What Happened? _____

Conditions at the time if the incident (anything that may have had an impact on the incident)

Was there a possible error on the part of a community employee? – Please Describe

Please complete reverse side

LOSS PREVENTION

Could this incident have been prevented? Y N

If you answered yes, please describe how

Was any corrective action taken? Y N

If you answered yes, please describe what it was

If you answered no, please advise if you are working on a solution

Were there any witnesses to the incident? Y N

Witness _____ Phone _____

Witness _____ Phone _____



PROPERTY CLAIM FORM

Community _____ Reported by _____

Phone _____ Email _____

Date of Loss _____ Date Reported _____

Location of Loss _____

Type of Loss ~ Building & Contents or Mobile Equipment

LOSS DETAILS

THIRD PARTY INFORMATION

Name _____ (please print)

Address _____

Daytime Phone _____

Insurer _____ Policy# _____

Northern Communities Insurance Program (NCIP)



PROPERTY CHANGE REQUEST

ADDITION ___ DELETION ___ CHANGE ___

Name of Community: _____

Effective date of change (mo/day/yr): _____

Property name: _____

Property address: _____

Use of Building: _____

Building amount: \$ _____ * Contents amount: \$ _____

Description of building:

Type of foundation _____ Floor construction _____

Roof construction _____ Roof covering _____

Wall construction _____ Age of building _____

Number of floors _____ Main floor sq. footage _____

Type of heat _____ Sprinklered Y N

If the property is bank financed state name of institution: _____

Address: _____

*** In order for settlement to occur on a Replacement Cost basis, the value to be insured must include the building value as well as the cost to rebuild or replace as a result of bylaws or building codes. Alternatively, Actual Cash Value basis of settlement will apply where older buildings which the community would not replace if destroyed are to be insured.**

Completed by _____ Date _____

Position _____

FAX to NCIP @ 867. 873. 3042