



HARBOUR AUTHORITY CORPORATION

INSURANCE NEEDS ASSESSMENT - QUESTIONNAIRE

As part of the review of our current and potential new optional insurances offered to Harbour Authorities we are seeking information from you, to ensure that they fit your needs. For this we need to know:

- The demographics of your Harbour Authority.
- If you are interested in other types of insurance offerings.
- Any feedback you have on our current ADD/BI insurance offered to Directors and Officers (Class 2).

There are 4 ways you can provide us with this information:

1. By filling out this questionnaire and mailing it out to us.
2. By filling out this questionnaire, scanning and emailing it to us.
3. By calling our toll free number at 1 (877) 660-7741 and providing us with the answers over the phone.
4. By following the [link](#) below or scanning the [QR Code](#) and doing the online version of this questionnaire.

Link: <https://forms.office.com/r/PP2bVpiyGM>

QR Code:



Part 1 - Harbour Authority Demographic Information

Please provide information related to your
Harbour Authority (HA)

1. HARBOUR AUTHORITY NAME *

Please provide the name of your Harbour Authority.

2. NUMBER OF HA BOARD MEMBERS *

How many members are currently on your HA board? _____

3. AGE OF BOARD MEMBERS *

For each age group listed below please provide the number of board members in that age group.

Under age 70 _____ Age 80-84 _____
Age 70-74 _____ Age 85-89 _____
Age 75-79 _____ Age 90 plus _____

4. AGE OF VOLUNTEERS *

For each age group listed below please provide the number of volunteers in that age group (if your volunteers fluctuate, please use an average of the past 3 years and the associated age).

Under age 70 _____ Age 75-79 _____
Age 70-74 _____ Age 80 plus _____

5. GENDER OF BOARD MEMBERS

Please provide the number of board members for each gender listed below.

Male _____ Female _____

Other / choose not to disclose _____

6. BOARD MEMBER OCCUPATION

For each of the occupations listed below, please provide the number of board members with that occupation.

Fish Harvester - Captain / License holder _____
Fish Harvester (non license holder) _____
Self-employed (other than fish harvester) _____
Part-time or seasonal (other than fish harvester) _____
Full-time employment _____
Retired _____
Unemployed or other _____

7. EMPLOYEES SERVING ON THE BOARD

Do you have any employees that also serve as a member of your board of directors?

Yes No

Part 2– Optional Insurance
(potential other insurances that could be offered by HAC)
*These questions are solely to determine if there is interest,
there is no obligation to commit at this time.*

8. ADDITIONAL INSURANCE

HAC is looking at the possibility of offering other insurance plans such as Health and Dental Benefits, Life Insurance, Critical Illness and/or Accidental Death and Dismemberment coverage. Is this something your Harbour Authority may be interested in offering to your board members?

Yes No Maybe

If you selected No, please skip to question 13.

9. Would your Harbour Authority be interested in possibly supporting the offering of Health and Dental Insurance to your board members?

Yes No Maybe

10. Would your Harbour Authority be interested in possibly supporting the offering of Life Insurance to your board members?

Yes No Maybe

11. Would your Harbour Authority be interested in possibly supporting the offering of Critical Illness Insurance to your board members, even if there is a cap of under 75 years of age?

Yes No Maybe

12. Would your Harbour Authority be interested in possibly supporting the offering of an optional coverage of Accidental Death & Dismemberment for your board members, such as higher payouts, additional coverages, etc.?

Yes No Maybe

Part 3- Final Comments

13. COMMENTS RELATED TO THE CURRENTLY OFFERED ADD/BI CLASS 2 FOR DIRECTORS AND OFFICERS 24/7

If you have any comments related to the currently offered Accidental Death and Dismemberment and Bodily Injury Insurance offered by HAC, such as age limit, included benefits, or gaps, please add them here:

14. FINAL THOUGHTS

Please feel free to provide any final comments here:

**THANK YOU FOR PARTICIPATING.
THIS INFORMATION WILL HELP US SERVE YOU
BETTER!**

Please mail this filled out questionnaire to:

Harbour Authority Corporation
3 Octave Rd
Baie-Ste-Anne, NB
E9A 1W9

Or scan and email to:
info@duplessismanagement.com