intact public entities

Community Services Business Unit
Community Living Operations Supplemental Form

Not for profit organizations that provide programs/services and supported independent living to clients with disabilities.

Please note: This supplemental form must be completed in addition to the General Application

General Information

Legal Name of Applicant		Key Broker Contact	
Mailing Address		Brokerage Name	
Postal Code		Brokerage Address	
Email		Postal Code	
Website		Phone and Email	

Operations and Licencing Information

Indicate all programs/services including any Group Homes

Number of Group Homes

Number of Residents in Group Homes

Total number of Supported Independent Living Residents (individuals being supported to enable them to achieve their potential and be independent in the community)

Is the Applicant licensed within the Province of Operation? (Please submit a copy of the Ministry License) YES ☐ NO ☐

Ratio of caregivers to group home residents

Is Associate Family Homes cover required? YES ☐ NO ☐

If yes, please attach copy of Agreement.

Employee Information

Category	# Of Full-Time	# Of Part-Time
Registered Nurses (RN) & Nurses		
Registered Nurse Practitioners (RPN)		
Restorative Nurse Assistants (RNA)		
Counsellors		
Physiotherapist		
Occupational Therapist		
Social Worker		
Personal Support Workers (PSW)		
Others (include Volunteers)	**# Of Full-Time**	**# Of Part-Time**

Are all professionals licensed/certified to practice in the province? YES ☐ NO ☐

Do all qualified medical staff, including any interns, residents and fellows have professional insurance coverage? YES ☐ NO ☐

If yes, do you obtain proof of coverage? YES ☐ NO ☐

Describe policies/procedures for administering medications (including whether all staff (including non-medical staff) are allowed to do so

Activities and Trips

Attach complete details of all **activities** and **trips** off premises (including information on the frequency, duration, purpose and destination, number of residents attending, number of staff, number of volunteers, method of transportation and supervision involved).

If more than one activity or trip (off premises) we must have all the above information for each activity and/or trip

intact public entities

Activities and Trips Non-Owned Automobile Exposure

Do you hire private transportation (e.g., buses)?	YES	☐	NO	☐
Do staff or volunteers transport residents (for any reason) in their own vehicles?	YES	☐	NO	☐
If yes, do you confirm they always carry a valid driver's license and minimum insurance requirements?	YES	☐	NO	☐

Applicant Acknowledgement

The undersigned authorized officer of the organization declares that, to the best of his/her knowledge, the statements set forth herein are true. Signing of this application does not bind the Insurer to offer, nor the Applicant to accept Insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued, and this form will be attached to and become part of the policy.

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this form) has been collected in accordance with applicable privacy legislation and this information shall only be used or shared by the Company to assess, underwrite and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with regulatory or legal requirements.

Applicant Name _____ **Title/Position** _____

Applicant Signature _____ **Date** _____

Broker Name _____

Broker Signature _____