

Community Services Business Unit Community Services Operations Supplemental Form

Not for profit organizations that is established with the purpose of providing services that support the community. Primarily Community Resource Organizations including YMCA/YWCA's and Camps

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 Information

Type of Community Service (e.g., resource only, adult daycare, ymca/ywca, counselling, child day camps): _____

Indicate all programs/services offered (including any special programs/activities or recreational activities)

Recreational Facilities/Program Information

Number of pools _____ Total Registration _____

Do you own or operate a sauna/steam room? YES _____ NO _____

Do you offer residential housing, rooms or apartment units? YES _____ NO _____

If 'yes': Number of On-site units _____ Number of Off-site units _____

Day camp Information

Number of children in Day Camp Programs _____

Ages of participants (if more than one, indicate all ranges) _____

What is the staff to participant ratio _____

Indicate the number of Children in a Before/After School Program? _____

Indicate if the Camp operate (spring, summer, fall, winter, year-round) _____

Provide details of any owned or leased watercraft (i.e., number of units, types, horsepower, etc.) and explain usage: _____

Provide copies of all waivers for participants for our review

Sports, Extracurricular Activities and Trips

Attach full details of all sporting or athletic activities

Attach complete details of all extracurricular activities off premises (including information on the frequency, duration, number of participants, purpose and destination, method of transportation and supervision involved). E.g., sporting events, hiking, skiing, skating, day trips, museums, other cultural activities, team activities, volunteer opportunities etc.

Attach complete details of all trips to other cities and/or countries including (including information on the frequency, duration, number of participants, purpose and destination, method of transportation and supervision involved).

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 _____

Employee Information

Category	# Of Full-Time	# Of Part-Time
Counsellors		
Physiotherapist		
Therapists (Occupational/Speech) etc.		
Nurses		
Tutors		
Nutritionists		
Social Worker		
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 _____

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

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 _____