

Community Services Business Unit General Information and Limits Application

PLEASE NOTE: In Addition to this *General Information and Limits Application* a Supplemental Application for the particular risk segment must be completed.

Supplemental Applications include Schools/Educational institutions (other than daycare), Daycare, Community Living, Community Services, Health and Wellness.

General Information

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

Applicant's Operations (Give full description including activities, programs, events, U.S., or international exposures) _____

Operations Information

How long has the Applicant been in operation? _____ This Applicant is classified as For Profit _____ Not-For-Profit _____

This Applicant is Sole Proprietor Partnership Corporation Unincorporated (Other) _____

Date of incorporation _____

If An Association - Number of members _____

Name of the Regulatory body or legislation which oversees the Applicant's Operation. _____

Does the Insured have any subsidiary or affiliated entities? YES _____ NO _____

If "Yes", please provide details _____

Insurance History

Current Insurer _____	Expiring Premium _____
Expiry Date _____	Target Premium _____

Is the current insurer offering renewal terms? YES _____ NO _____

Are there any coverage restrictions being imposed by the present insurer? _____

Loss/Claims Information

Please attach details of all claims including:

1. any allegations; claims; or losses in the past 5 years with or without payment
2. the Year of Loss, Type of Claim, Amount Paid and Reserves for any unpaid claims.

Are you currently aware of any circumstances which may reasonably be expected to give rise to a claim that would be covered under any section of our policy? YES _____ NO _____

Note that failure to provide information about any such circumstance may void coverage.
If "Yes", provide details. _____

Liability Limit Requested \$ _____
 Deductible Requested \$ _____

Liability Extension Endorsement - Limits

This is a package endorsement, please select options under each coverage. Most Coverages are subject to an aggregate limit in the same amount as you select below. Refer to the Liability Extension Endorsement Highlights Sheet for additional information.

- Voluntary Compensation-Property Damage \$25,000 \$50,000 \$100,000
- Employers Liability Voluntary Compensation \$250 Employees /\$150 Volunteers Per Week Include
- Employees and Volunteers
- Elevator, Escalator or Lift Collision \$50,000 \$100,000 \$150,000
- Host's Liability – Property Belonging to Guests \$10,000 \$25,000 \$50,000
- Child Abduction Liability \$25,000
- Crisis Management Expenses Coverage \$50,000 \$100,000
- Waiver of Subrogation – Lease Agreements Include
- Coverage For Students Include
- Watercraft Extension – Volunteers Include

Additional Liability Information

Total Number of employees: Full Time _____ Part Time _____ Number of volunteers _____

List the type of professionals on the Supplemental Form and whether they are Full Time or Part Time

Annual Payroll (Including Benefits) _____ Annual Revenue _____

Is Applicant covered under Provincial Workman's Compensation Plan? YES _____ NO _____

Attach a list of all Fundraising events

Include purpose, description, number of anticipated attendees, and receipts (liquor receipts are to be shown separately where Applicant will hold a liquor license)

Products Exposure

This includes clients who are making any items used for skill building exercises.

Does the Applicant or their clients make any products that are sold to others? YES _____ NO _____

If 'yes' provide full details (including type of products), receipts, distribution method

Rented Facilities or Space within Facilities

Are any of the facilities or space being rented to third parties (including hall rentals)? YES _____ NO _____

If 'yes', do you get proof of Insurance? YES _____ NO _____

If 'yes', provide full details including groups rented to, receipts, how often premises or portion of premises are used by others

Abuse

For abuse coverage a separate application is required as follows:

- Long Form Application All New Business (or when initially adding abuse coverage to a renewal) requires this type of application
- Renewal Application All Renewal Business where abuse coverage was provided will require this type of application
- Overnight Exposures This supplemental application is to be completed annually for any and all overnight exposures in addition to the above application(s)

Please Note: Receipt of a satisfactory application and abuse policies and procedures as approved by an IPE underwriter is required prior to binding coverage. An IPE may request additional information and/or another application Irrespective of the above statements.

Miscellaneous Professional (Bodily Injury) or Malpractice Coverage

Is Malpractice or Miscellaneous Professional (bodily injury) coverage required? YES _____ NO _____
Does the Applicant currently have? _____ Occurrence Coverage _____ Claims Made Coverage _____ No Coverage
Current Limits: \$ _____ Requested Limits \$ _____ Retro-active Date: _____

Errors & Omissions Liability – Claims Made Form (Financial Loss Coverage)

Is Errors & Omissions coverage required? YES _____ NO _____
Limit Requested \$ _____ Retro-active Date: _____

Directors' & Officers'

Is coverage required? YES _____ NO _____ # Of Board Members _____ Annual Budget \$ _____

Financial Information

This financial information must be furnished with respect to each **Entity** and each **Benefit Program** to be named in Item 1 of the policy Declarations. For the most recent fiscal year-end provide the following consolidated financial information:

a) Total Assets: \$ _____ b) Total Liabilities: \$ _____
c) Total Revenues: \$ _____ d) Net Income: \$ _____

For the current fiscal year, please indicate: i) Estimated Revenue _____ ii) Estimated surplus/deficit _____

Binding subject to completed Not for Profit Directors' & Officers' Liability Application

Crime Coverages

Is this coverage required? YES _____ NO _____

Employee Dishonesty Form A, Commercial Blanket Bond Limit \$ _____

Number of employees that handle Money-Securities etc. (Class A): _____ All Other employees: _____

Computer & Transfer Fraud Limit: \$ _____

Credit Card Forgery Limit: \$ _____

Broad Form Money & Securities – Loss Inside/Outside Premises Limit: \$ _____

Limits Over \$ 100,000. Require Completion of Crime Supplement.

Legal Expense Coverage

Legal Defence Costs Limit Required \$ _____

Additional Information:

Provide full details of any lawsuits in the past five (5) years with respect to any Board Member, Director, Officer, Employee, Volunteer or Manager.

Cyber Risk Insurance

Is this coverage required? YES _____ NO _____

If "Yes", complete a Cyber Risk Insurance Detailed Application

Environmental Liability

Is coverage required? YES _____ NO _____

Additional Underwriting Information is required

Board Member Accident

Is coverage required? YES _____ NO _____ Limit Requested \$ _____

Number of Board Members _____

Property Coverages

Note:

1. Provide full replacement cost values on a per location basis as our program does not have co-insurance clauses or stated amount clauses.
2. A Site Plan including distances, is required for all buildings or locations situated within 150 feet of each other
3. An Additional Property Supplemental Form is required for Each Location (other than the first one) – available on our website

Location address _____

Building Construction – Please indicate percentage for each type of construction:

Fire Resistive (Concrete Walls; Roof; Floors) _____ %
 Masonry Non-Combustible (Masonry walls; steel deck roof; concrete floors) _____ %
 Non-combustible (steel on steel) _____ %
 Masonry (Masonry walls; wood floors; wood roof) _____ %
 All other (including Brick Veneer and Frame) _____ %

Occupancy by Insured _____ Occupied by Others as _____

Is the building a Condominium? _____ YES _____ NO _____

Year Built _____ Year Updated: Plumbing _____ Heating _____ Wiring _____ Roof _____

Number of stories _____ Total area of building (including basement) _____

Is the building 100% sprinklered and centrally monitored? YES _____ NO _____

Is the building 100% alarmed and centrally monitored? YES _____ NO _____

What type of alarm? Smoke _____ Heat _____ Intrusion _____

Distance to Fire Hydrant _____ Distance to Fire Hall _____

Heating System Forced Air _____ Hot Water _____ Steam _____

Fuel Type Gas _____ Electric _____ Oil _____ Wood _____

Describe secondary heating system (if applicable) _____

Asbestos: The following questions are applicable to all buildings built prior to 1980.

Do any of the buildings that you own contain asbestos or asbestos products? YES _____ NO _____

If "Yes"- Please provide full details as to whether or not buildings have been surveyed for both friable and non-friable asbestos materials indicating the building, location, date surveyed and completed findings.

If "No"- has this been confirmed by a building survey? YES _____ NO _____

Deductible requested \$ _____

Building Limit \$ _____ If more than one building, provide PER building

Ensure that Replacement Values include the increased costs for any applicable by-laws.

Building is Owned _____ Leased _____ If leased, a copy of the lease agreement is required

Tenants Improvements Limit \$ _____

Outdoor Equipment (including playground, fencing and signs) Limit \$ _____

Other Property (including equipment and furniture) Limit \$ _____

Note (Other Property means all property other than buildings)

Earthquake YES _____ NO _____

Flood YES _____ NO _____ Deductible \$ _____

Indicate any Additional, Unique or Special Coverages Required _____

Are there additional buildings or locations? YES _____ NO _____

If "Yes" a Supplementary Form is required for each additional location or building.
 Have you included all location and values that are owned, leased, rented or under the control of the Applicant.

Insured? YES _____ NO _____

Community Services – Property Supplemental Coverages and Extensions

First Party Pollution Clean-up		Indicate # of above ground tanks		\$	Included	\$	
Have there been any releases or spills of regulated substances, hazardous waste, or any other pollutants (as defined by applicable environmental statutes)?							
Yes		No		If "Yes" provide full details.			
Furs, Jewellery and Ceremonial Regalia							
Furs and Jewellery		Indicate exposures involving jewellery		\$	25,000	\$	
Ceremonial Regalia		Indicate type of Ceremonial Regalia		\$	Included	\$	
Accounts Receivable							
Accounts Receivable		Indicate how often sensitive/valuable information is backed up		\$	250,000	\$	
Additional Living Expenses		Indicate # of rental units		\$	10,000 Per unit 250,000 Aggregate	\$	
Builder's Risk Reporting Extension				\$	1,000,000	\$	
By Laws - Governing Acts		Indicate all Acts that govern the Applicants profession		\$	25,000	\$	
Condominium Loss Assessment and Contingent Building Coverage							
Condominium Contingent				\$	Available	\$	
Unit Owners Loss Assessment				\$	Available	\$	
Unit Owners Improvements				\$	Available	\$	
Consequential Loss Caused by Interruption of Services							
On Premises				\$	Included	\$	
Off Premises				\$	50,000	\$	
Cost to Attract Volunteers Following a Loss				\$	10,000	\$	
Docks, Wharves and Piers		Dock or Wharf	Value	Construction	\$	25,000	\$
Exterior Paved Surfaces				\$	50,000	\$	
Extra Expense				\$	250,000	\$	
Fine Arts							
At Insured's Own Premises				\$	25,000	\$	
On Exhibition				\$	25,000	\$	
Fundraising Expenses				\$	25,000	\$	
Green Extension				\$	25,000	\$	
Growing Plants							
Any One Item				\$	1,000	\$	
Per Occurrence				\$	100,000	\$	
Ingress and Egress				\$	Included	\$	
Installation Floater				\$	25,000	\$	
Leasehold Interest				\$	25,000	\$	
Master Key				\$	25,000	\$	
Peak Season Increase		Peak Season Months		\$	25,000	\$	
Personal Effects				\$	25,000	\$	
Property of Others				\$	25,000	\$	
Rewards: Arson, Burglary Robbery and Vandalism				\$	25,000	\$	
Signs	# Of	Value	# Of	Value	\$	25,000	\$
Supported Independent Living Program			# Of people under this program		\$	Available	\$
Special Limits Indemnity Provision				\$	25,000	\$	
Valuable Papers		Indicate how often sensitive/valuable information is backed up		\$	250,000	\$	

Electronic Computer Systems Coverage (Per Location)

Breakdown Coverage under this section does not include production machinery.

Equipment/Hardware Limit \$ _____ Laptops \$ _____ Media (Software) Limit \$ _____
Electronic Computer Systems Extra Expense \$ _____ Breakdown Coverage \$ _____

Business Interruption Coverages

Type Requested _____ Limit Requested \$ _____

Equipment Breakdown Insurance

Is cover required? YES _____ NO _____

Please confirm Replacement Value of all Electronic Equipment \$ _____

If any single piece of equipment over \$ 100,000., please describe.

Contact Name and Phone Number if different from page 1

Name _____ Phone Number _____

Any additional comments or coverages required

APPLICANT ACKNOWLEDGEMENT

The Applicant acknowledges that the information contained herein and in any supplemental applications or forms required is true, accurate and complete, and that no material facts have been suppressed or misstated. The Applicant acknowledges a continuing obligation to report to the Insurer as soon as practicable any material changes in all such information, after signing the application and acknowledges that the Insurer shall have the right to withdraw or modify any outstanding quotations and/or agreement to bind the insurance based upon such changes. If a policy is issued, the insurer will have relied upon, as representations, this application, any supplemental applications, and any other statements furnished to the Insurer in conjunction with the risk to be insured.

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.

Date _____

Title/Position _____

Signature _____