

Community Services Business Unit Schools and Educational Institution Operations Supplemental Form

For all Schools and Educational Institutions other than Daycares

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 _____

Licensing Information

Type of Educational Institution _____

Is this a Private Educational Institution (if yes, please submit a copy of the Ministry License) YES _____ NO _____

Student Information

Number of Full Time Students (Non-Residence) _____

Number of Full Time Students (In Residence) _____

Number of Part Time Students _____

Number of International/Foreign Students _____

Does Insured or any employees or directors provide guardianship of any international/foreign students? YES _____ NO _____

If 'Yes' attach full details of how guardianship/custodianship arranged (including if this is administered by Facility protocols in place).

Additional information may be required when there are international students

Do any of the courses involve activities/job placement to gain practical application in the field of study? YES _____ NO _____

If 'Yes' attach full details (including: the # of students in placement and a copy of the agreement used)

Employee Information

Category	# Of Full-Time	# Of Part-Time
Registered Teachers		
Early Childhood Educators (ECE)		
Early Childhood Assistants (ECA)		
Counsellors		
Nurses		
Others (include Volunteers)	# Of Full-Time	# Of Part-Time

Do any of the above have Professional liability insurance elsewhere? YES _____ NO _____

Sports, Extracurricular Activities and Trips

Attach full details of all sporting or athletic activities

Attach complete details of all **extracurricular activities** and **school-affiliated organizations** off school 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, other 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 _____

Other

Is there a Pub on Campus? YES _____ NO _____

If yes, complete PUB Questionnaire found in Supplemental Forms on our website

Does the Insured operate a Radio Station? YES _____ NO _____

Describe any watercraft and/or aircraft owned, leased or chartered by the Applicant.

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 _____