

Children's Aid Society Application

NOTE: All questions must be completed

General Information

Legal Name of Applicant _____

Key Contact _____ Position _____

Mailing Address _____ Postal Code _____

Phone _____ Fax _____

Email _____ Website _____

Key Broker Contact _____

Brokerage Name _____

Brokerage Address _____ Postal Code _____

Phone _____ Fax _____

Email _____ Website _____

Applicant's operations (including activities, programs, events, U.S. or International exposures) _____

How long have you (the broker) had this account and/or known the Applicant? _____

Conducted business continuously since (dd/mm/yy) _____

Number of Board Members _____

Total Budget for next twelve (12) months \$ _____

Indicate fundraising activities, including receipts and the number of times the event occurs per year _____

Present Insurer _____

Expiry Date (dd/mm/yy) _____ Premium \$ _____

Are you the incumbent broker? YES _____ NO _____

Is the present insurer offering renewal? YES _____ NO _____

If "No", provide full details _____

Are they restricting cover? YES _____ NO _____

If "Yes", why and how? _____

General Liability

Limit of Liability requested \$ _____

Deductible requested \$ _____

Total Number of Employees _____

Total Number of Volunteers _____

Total Payroll (including benefits) \$ _____

Annual Gross Revenue \$ _____

Is Workplace Safety Insurance carried? YES _____ NO _____

Identify and provide the number of **Professional Employees** for each category

Category	Number	
	Full Time	Part Time
Administration		
Clerical		
Social Workers		
Supervisors		
Child Care Workers		
Others (Including Professionals)		

Number of Children in Care _____

Number of Foster Homes _____

Number of Group Homes _____

Identify any Additional Insured which is not a Bona Fide Committee of the C.A.S. Board and describe their operations and why the C.A.S. board is responsible for them

Does the Applicant ever serve/provide alcohol during any of their functions or events? YES _____ NO _____

If "Yes", provide full details

Is Tenants' Legal Liability required? YES _____ NO _____

If "Yes", complete the chart below

Location	Occupancy	Limit Requested
		\$ _____
		\$ _____
		\$ _____
		\$ _____

Does the Applicant have any contractual agreements with others? YES _____ NO _____

If "Yes", provide copies

Procedures for screening prospective employees/volunteers/foster parents. Indicate the procedures the Applicant performs

Reference Checks? YES _____ NO _____

Police Record Checks? YES _____ NO _____

Confirm all employees/volunteers/foster parents are checked? YES _____ NO _____

Any other procedures used? YES _____ NO _____

If "Yes", provide full details

Does the Applicant have a formal written policy for their employees/volunteers/foster parents which prohibits Abuse? YES _____ NO _____

If "Yes", provide full details and a copy of the written policies in place

Does the Applicant offer a formal orientation/training program for new employees/volunteers/foster parents? YES _____ NO _____

If "Yes", attach details

Does the Applicant have procedures in place to train, monitor and evaluate employees/volunteers and foster parents? YES _____ NO _____

If "Yes", attach copies of policies and procedures

Does the Applicant have procedures in place to handle complaints made against employees and volunteers/foster parents? YES _____ NO _____

If "Yes", attach copies of policies and procedures

Have any allegations of Abuse or Professional Negligence been made against the Applicant, any employee, volunteer or any person associated with the organization in the past 5 years? YES _____ NO _____

If "Yes", provide full details

Parking Facility Exposures

Does the Applicant own a parking lot or garage? YES _____ NO _____

If "Yes", is the operation and management contracted out? YES _____ NO _____

If "Yes", to whom?

Identify how many spaces are in each parking facility

What security arrangements have been made?

Crime

Is this coverage required? YES _____ NO _____

If "Yes", complete separate Comprehensive Dishonesty, Disappearance and Destruction Application

Environmental

Is this coverage required? YES _____ NO _____

Limit of Liability requested \$ _____

Does the Applicant have above or below ground tanks? YES _____ NO _____

If "Yes", additional information may be required

Errors & Omissions

Is this coverage required? YES _____ NO _____

Limit of Liability requested \$ _____

This is a claims made form - advise if a Retroactive Date is required _____ (dd/mm/yyyy)

Directors' & Officers'

Is this coverage required? YES _____ NO _____

If "Yes", complete separate Not-for-Profit Entity Directors' & Officers' Liability Application

Legal Expense

Is Legal Defence Costs required? YES _____ NO _____

Limit of Liability \$ 100,000 Occurrence \$ 500,000 Aggregate

Optional Coverage: Limits are included within the above mentioned Limit of Liability

Indicate if **Optional Coverage** is required

Contract Disputes and Debt Recovery YES _____ NO _____

Statutory Licence Protection YES _____ NO _____

Tax Protection YES _____ NO _____

Property Protection YES _____ NO _____

Attach full details of any lawsuits in the past 5 years with respect to any Board Member, Director, Officer, Foster Parent, Kinship Care Provider, Employee, Volunteer or Manager

Board Members' Accident

Is this coverage required? YES _____ NO _____

Limit Options

\$100,000 _____ \$250,000 _____

Standard coverage is provided on duty only. Is 24 hour coverage required? YES _____ NO _____

For 24 coverage, additional underwriting criteria is required; contact an Intact Public Entities underwriter for more details

Cyber Risk Insurance

Is this coverage required? YES _____ NO _____

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

Non-Owned Automobile

Is this coverage required? YES _____ NO _____

Indicate the number of employees and volunteers driving their own personal vehicles for the Applicant's business _____

Does the Applicant ever rent vehicles for short periods of time (less than 30 days)? YES _____ NO _____

If "Yes", complete the following

Number of times per year _____ Number of Vehicles rented per year _____

Current estimated cost of hire of non-owned vehicles (e.g. buses) \$ _____

Owned Automobile

Is this coverage required? YES _____ NO _____

If "Yes", complete Automobile Information in this application

Property

Is this coverage required?

If "Yes", complete Property Information in this application

Special Or Unique Exposures

Does the Applicant have any unique liability exposures? YES _____ NO _____

If "Yes", provide full details

Automobile Information

If the Applicant owns or leases any vehicle(s), complete the applicable Automobile application (i.e. OAF1, SAF1, etc.) and Commercial Vehicle Supplement

If 5 or more units, a Fleet Supplement is required

CVOR # _____

Veh #	Year	Make	Model	VIN	RIN	List Price New	Use of Vehicle	Seating Capacity

Detailed 6 Year Loss History or attach a Loss Run from the prior Insurer

Indicate which vehicles, if any, are designated for the sole use of any one person as a business and pleasure vehicle (Company car)

Indicate which vehicles, if any, are licenced as public vehicles under the Public Vehicles Act. Indicate Passenger Hazard Limit required

Limit of Liability requested \$ _____

Physical Damage (All Perils coverage) deductible requested \$ _____

List all required endorsements

Property Information

Property of Every Description (POED) coverage is provided automatically. When completing the chart below please ensure the following

- Building and Other Property Values below are to be Replacement Cost Values (Other Property means all property other than buildings)
- Ensure that Replacement Values include the increased costs for any applicable by-laws
- Indicate separate values for 'Other Property' and indicate the type of property e.g. equipment ,playground equipment, fencing etc.
- For underwriting and reinsurance purposes indicate the Maximum Number of Vehicles in a specific building at any one time or normally within 100 feet of such building
- To provide us with adequate underwriting information, complete a copy of the attached **Risk Management/Inspection Services Form** and **Site Plan** at the end of this application **for each location**

Deductible (Minimum \$1,000) \$ _____

Address	Occupancy	Own, Rent Lease	Building Values	Other Property Values	Playground Equipment	Fencing	Max. # Vehicles	Earthquake Only Indicate If Required	Flood
			\$	\$	\$	\$		Yes	Yes
			\$	\$	\$	\$		Yes	Yes
			\$	\$	\$	\$		Yes	Yes
			\$	\$	\$	\$		Yes	Yes
			\$	\$	\$	\$		Yes	Yes
			\$	\$	\$	\$		Yes	Yes
			\$	\$	\$	\$		Yes	Yes
			\$	\$	\$	\$		Yes	Yes
			\$	\$	\$	\$		Yes	Yes
			\$	\$	\$	\$		Yes	Yes

Vacant Buildings

Note Limited Coverage is available (Named Perils, Actual Cash Value Settlement)

Address	Building Values	Other Property Values	Indicate Length of Time Property has been in Applicants Possession	Indicate Future Plans For Property
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		

Are any buildings to be insured located within 100 feet of one another? YES _____ NO _____

If "Yes", indicate which buildings and the distance between each

Are all locations and values that are owned, leased and under the Applicant's control included? YES _____ NO _____

If "No", explain

Electronic Computer Systems Coverage

Is this coverage required? YES _____ NO _____

Note: Deductible will follow the Property deductible, Breakdown Coverage under this section does not include production machinery
All Values indicated are to reflect the Replacement Cost Values

Address	Occupancy	Equipment (Hardware)	Laptops (Notebooks)	Media (Software)	Extra Expense	Breakdown
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
	Total Values	\$	\$	\$	\$	\$

Are all locations and values that are owned, leased and under the Applicant's control included? YES _____ NO _____

If "No", explain

Municipal & Public Administration - Supplemental Coverages and Extensions

Supplemental Coverage		Standard Limit	Required Limit
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

Municipal & Public Administration Extensions Of Coverage				Standard Limit	Required Limit	
Accounts Receivable	Indicate how often sensitive/valuable information is backed up			\$	250,000	
Bridges and Culverts				\$	50,000	
Building Coverage Owned Due to Non Payment of Municipal Taxes				\$	Not Included	
Buildings in Course of Construction Reporting Extension				\$	1,000,000	
By Laws - Governing Acts	Indicate all Acts that govern the Applicants profession			\$	25,000	
Consequential Loss Caused by Interruption of Services						
On Premises				\$	Included	
Off Premises				\$	1,000,000	
Cost to Attract Volunteers Following a Loss						
Docks, Wharves and Piers	Dock or Wharf	Value	Construction	\$	25,000	
Errors and Omissions				\$	Included	
Exterior Paved Surfaces				\$	50,000	
Extra Expense				\$	250,000	
Fine Arts						
At Insured's Own Premises				\$	25,000	
On Exhibition				\$	25,000	
Fundraising Expenses	Indicate # of Fundraising Events Planned this year			\$	10,000	
Green Extension				\$	25,000	
Growing Plants						
Any One Item				\$	1,000	
Per Occurrence				\$	100,000	
Ingress and Egress				\$	Included	
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						
Signs	# of	Value	# of	Value	\$	Included
Vacant Properties	Value		Length of Time Vacant		\$	250,000
	Value		Length of Time Vacant			
Valuable Papers	Indicate how often sensitive/valuable information is backed up			\$	250,000	

Boiler & Machinery (Equipment Breakdown)

Is this coverage required? YES _____ NO _____

Boiler & Machinery exposures include boiler, pressure vessels (fired or unfired), air conditioning units, miscellaneous electrical apparatus, electronic equipment

Are there any Boiler & Machinery exposures at any locations owned, rented or leased by the Applicant? YES _____ NO _____

If "Yes", complete the chart below

Comprehensive Form YES _____ NO _____

Equipment Breakdown Protection Form YES _____ NO _____

A Limit of Insurance is applicable to the Comprehensive Form. The Equipment Breakdown Protection Form is an exclusive product to Intact Public Entities offering comprehensive protection with no Limit of Insurance. Certain underwriting conditions apply. If this option is selected and the risk does not qualify, the Comprehensive Form will automatically be quoted.

Deductible (Minimum \$1,000) \$ _____

Location Address	Type of Boiler & Machinery Equipment	Replacement Cost
		\$
		\$
		\$
		\$
		\$

The Boiler Inspection and Insurance Company will be completing an inspection – provide

Contact name _____

Phone _____ Email _____

Claims History

Indicate all claims incurred in the past 5 years (including all payments plus a reserve for outstanding claims)

Year	Type of Claim	Amount Paid	Reserves for Unpaid Claims
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

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	_____		

Insured:		Risk No:	
Occupancy:			
Full Address:		Postal Code:	
Municipal Protection		Construction Details	
Full Time Brigade	<input type="checkbox"/>	Exterior Walls	
Volunteer Brigade	<input type="checkbox"/>	Concrete	<input type="checkbox"/>
Kilometers to Fire Hall		Hollow Concrete Block	<input type="checkbox"/>
Hydrants		Brick on Block	<input type="checkbox"/>
<1,000'	YES <input type="checkbox"/> NO <input type="checkbox"/>	Solid Brick	<input type="checkbox"/>
Building Protection		EIFS: Wood <input type="checkbox"/> Block <input type="checkbox"/> Steel <input type="checkbox"/>	
Standpipes	<input type="checkbox"/>	Steel on Steel	<input type="checkbox"/>
Siamese Connection	<input type="checkbox"/>	Brick Veneer	<input type="checkbox"/>
Extinguishers	<input type="checkbox"/>	Brick Veneer on Metal Stud	<input type="checkbox"/>
Deep Frying	YES <input type="checkbox"/> NO <input type="checkbox"/>	Heavy Timber	<input type="checkbox"/>
Auto Wc/Dc/Co2	<input type="checkbox"/>	Metal Clad/Wood Frame	<input type="checkbox"/>
Emergency Lighting	<input type="checkbox"/>	Vinyl Clad/Wood Frame	<input type="checkbox"/>
Exit Signs	<input type="checkbox"/>	Wood Clad/Wood Frame	<input type="checkbox"/>
	<input type="checkbox"/>	Roof	
Security		Decking	
24 Hr Occupancy	<input type="checkbox"/>	Concrete	<input type="checkbox"/>
24 Hr On-site Security	<input type="checkbox"/>	Steel	<input type="checkbox"/>
Fenced Premises	<input type="checkbox"/>	Mill >2" thick	<input type="checkbox"/>
Exterior Lighting	<input type="checkbox"/>	Wood	<input type="checkbox"/>
		Ceiling Open to Deck	<input type="checkbox"/>
			<input type="checkbox"/>
24 Hour Alarms		H.V.A.C.	
	Local <input type="checkbox"/> Monitor <input type="checkbox"/>	Heat Pump	<input type="checkbox"/>
Smoke Alarms	<input type="checkbox"/>	Forced Air	<input type="checkbox"/>
Heat Detectors	<input type="checkbox"/>	Elec. Baseboards	<input type="checkbox"/>
Pull Stations	<input type="checkbox"/>	Unit Heaters	<input type="checkbox"/>
Intrusion Alarm	<input type="checkbox"/>	Infra-Red Radiant	<input type="checkbox"/>
CO2 Alarms	<input type="checkbox"/>	Hot Water Boiler	<input type="checkbox"/>
Surv. Cameras	<input type="checkbox"/>	Steam Boiler	<input type="checkbox"/>
Sprinklers		Solid Fuel Burning Appl.	<input type="checkbox"/>
	Local <input type="checkbox"/> 24 Hr Mon <input type="checkbox"/>	GeoThermal	<input type="checkbox"/>
Wet Syst.		Air Exchange Units	<input type="checkbox"/>
Dry Syst.		Central Air	<input type="checkbox"/>
Spec. Agents		Other	<input type="checkbox"/>
% of Bldg			<input type="checkbox"/>
General Information			
Year Built		# of Stories	
Dimensions		Gross Area	Sq/Ft
Values (\$)		Heritage Desig.	
Replacement Value \$		Housekeeping	
ACV \$	D&D \$	Condition	
Comments:		Asbestos	
		Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	
		Has the building been surveyed? Yes <input type="checkbox"/> Year surveyed: No <input type="checkbox"/> Unknown <input type="checkbox"/>	
		Assets Included in overall	
		Replacement Value (\$)	
		Solar Power	<input type="checkbox"/> \$
		Wind Turbine	<input type="checkbox"/> \$
		Geothermal	<input type="checkbox"/> \$
		Bacnet	<input type="checkbox"/> \$
		Leed Designation	<input type="checkbox"/> \$
		Green Roof	<input type="checkbox"/> \$
		Other	<input type="checkbox"/> \$
		Building Over 35 Years Old	
		Features Updated	
		Plumbing	year <input type="checkbox"/>
		Heating	year <input type="checkbox"/>
		Roof Surfaces	year <input type="checkbox"/>
		Wiring	year <input type="checkbox"/>
			<input type="checkbox"/>
		Vacant Buildings	
		Heat Maintained	<input type="checkbox"/>
		Water Pipes Drained	<input type="checkbox"/>
		Alarms Operational	<input type="checkbox"/>
		Security Checked Daily	<input type="checkbox"/>
		Future Occupancy Plans and Time Frame	
		Condition	
		Vehicle Exposure	
		Number of Bays in Building	
		Inside Building:	
		# & Client's Est. Auto Value Exposure	
		Estimated Client's Mobile Equipment Value Exposure	
		Within 150' of Building:	
		# & Client's Est. Value Exposure	

