

## First Nations Underwriting 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 has the broker had this account and/or known the Applicant? \_\_\_\_\_

Total Operations Budget for the next twelve (12) months \$ \_\_\_\_\_

Current Insurers \_\_\_\_\_

Attach a Summary of Coverages if available

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

Is the present insurer(s) offering renewal? YES \_\_\_\_\_ NO \_\_\_\_\_

If "No", provide full details \_\_\_\_\_

Are they restricting coverage in any way? YES \_\_\_\_\_ NO \_\_\_\_\_

If "Yes", provide details \_\_\_\_\_

Does the Applicant employ a full time Risk Manager? YES \_\_\_\_\_ NO \_\_\_\_\_

If "Yes", provide the name and contact information for this individual \_\_\_\_\_

Does the Applicant have a Disaster Recovery Plan? YES \_\_\_\_\_ NO \_\_\_\_\_

**Ontario only:** Has the Applicant implemented an Emergency Plan in accordance with Provincial requirements? YES \_\_\_\_\_ NO \_\_\_\_\_

If "No", provide full details on how and when the Applicant plans to implement one \_\_\_\_\_

**Liability**

Limit of Liability requested \$ \_\_\_\_\_ Deductible requested \$ \_\_\_\_\_

Present Population \_\_\_\_\_ Total Number of Employees \_\_\_\_\_

Approximate kms of Roads Centreline kms \_\_\_\_\_ 2 Lane equivalent kms \_\_\_\_\_

Approximate kms of Sidewalks \_\_\_\_\_

Indicate which of the following departments or activities are administered directly by completing the following chart

Type of Exposure (check yes/no)				Measure	*Number of Employees
Airports	YES		NO	Number of Airports	
Ambulance/EMS	YES		NO	Number of Paramedics Payroll	\$
Arenas	YES		NO	Number of Arenas Gross Receipts	\$
Bridges	YES		NO		
Building/Inspection Services	YES		NO		
Campgrounds	YES		NO	Number of Rental Spaces	
Cemeteries	YES		NO	Number of Cemeteries	
Community Halls/Centres	YES		NO	Number of Halls	
Composting	YES		NO		
Dams/Reservoirs	YES		NO	Number of Dams	
Day Care Centres	YES		NO	Number of Children	
Docks	YES		NO	Number of Docks	
Fire Services	YES		NO	Number of full-time firefighters Number of volunteer firefighters	
Garage Automobile	YES		NO		
Golf Courses	YES		NO	Liquor Receipts Other Receipts	\$ \$
Grandstands/Bleachers	YES		NO	Number of Seats	
Gravel Pits	YES		NO	Number of Gravel Pits	
Health Unit	YES		NO	Number of Health Units	
Homes for the Aged	YES		NO	Number of Homes	
Libraries/Museums	YES		NO	Number of Facilities	
Market Buildings	YES		NO	Number of Buildings	
Medical Centres	YES		NO	Number of Centres	
Other Services	YES		NO		
Parking Lots	YES		NO	Number of Spaces	
Police Services	YES		NO	Number of Officers Payroll	\$
Public Beach	YES		NO	Number of Beaches Number of Lifeguards	
Recycling	YES		NO	Number of Blue Boxes	
Roads	YES		NO	Number of Km 2 lane equivalent	
Sidewalks	YES		NO	Number of Kilometers	
Skateboard Facilities	YES		NO	Number of Facilities	
Skating Rinks	YES		NO	Number of Facilities	
Soccer Facilities	YES		NO	Number of Facilities	
Social/Non-profit Housing	YES		NO	Number of Units	
Solid Waste Collection	YES		NO		
Solid Waste Management	YES		NO		
Streetcars	YES		NO	Number of Kilometers of track	
Swimming Pools	YES		NO	Number of Pools	
Tennis Courts	YES		NO	Number of Courts	
Utilities – gas	YES		NO	Annual Revenue	\$
Utilities – hydro	YES		NO	Annual Revenue	\$
Wading Pools	YES		NO	Number of Wading Pools	
Wastewater Treatment	YES		NO		
Water Distribution	YES		NO		
Water Treatment	YES		NO	Number of Households	
Wind Turbine Farms	YES		NO	Number of Turbines Total KW/MW Capacity	
Wharves	YES		NO	Number of Wharves	

\*Number of employees should include Full Time Equivalents

Provide a description of the programs administered by the Recreation department (e.g. Seniors programs, etc.)

Describe any other departments or operations not listed and include all details (e.g. Home for Aged, Health Unit, Social Housing, Airport) – Separate applications may be required for these exposures

**Contracted Services**

Does the Applicant operate (including in conjunction with any other company or Municipality) any facility (e.g. water treatment, waste management, etc.)? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If "Yes" provide details

If "Yes" are these facilities operated as a separate legal entity? YES \_\_\_\_\_ NO \_\_\_\_\_  
 Does the separate entity maintain its own insurance program? YES \_\_\_\_\_ NO \_\_\_\_\_  
 Does the Applicant have any contractual agreements where they have assumed the liability of others? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If "Yes" provide copies and details  
 If "Yes", does the Applicant have a written contract in place between the operators? YES \_\_\_\_\_ NO \_\_\_\_\_

Provide a description of the programs administered by the Recreation department (e.g. Seniors programs, etc.)

**Streets, Roads or Sidewalks Maintenance Departments**

Do the Applicant's programs meet Provincially mandated standards? YES \_\_\_\_\_ NO \_\_\_\_\_  
 Does the Applicant have summer and winter road maintenance standards? YES \_\_\_\_\_ NO \_\_\_\_\_  
 Does the Applicant have summer and winter sidewalk maintenance standards? YES \_\_\_\_\_ NO \_\_\_\_\_  
 Does the Applicant have documentation procedures for all road and sidewalk operations? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If "No" to any of the above questions, explain

**Bridges**

Does the Applicant have bridges under their control? YES \_\_\_\_\_ NO \_\_\_\_\_  
 Does the Applicant inspect these bridges, as required by Provincial mandate/legislation? YES \_\_\_\_\_ NO \_\_\_\_\_  
 Does the Applicant have a multi-year bridge maintenance and rehabilitation plan? YES \_\_\_\_\_ NO \_\_\_\_\_  
 Does the Applicant have an annual bridge maintenance and rehabilitation construction program? YES \_\_\_\_\_ NO \_\_\_\_\_  
 Are inspections done by independent contractors? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If "Yes",  
 Does the Applicant have a written contract in place? YES \_\_\_\_\_ NO \_\_\_\_\_  
 Does the Applicant receive proof of Professional Liability insurance? YES \_\_\_\_\_ NO \_\_\_\_\_  
 Does the Applicant ensure that the other party is added as an "Additional Insured" to the professional liability policy? YES \_\_\_\_\_ NO \_\_\_\_\_

**Waterworks Department**

What is the total population serviced? \_\_\_\_\_  
 Does the Applicant perform inspections (annually) in accordance with Provincial mandates? YES \_\_\_\_\_ NO \_\_\_\_\_  
 Has the Ministry inspected the Applicant's premises? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If "Yes", provide the following information  
 Date Inspected (dd/mm/yy) \_\_\_\_\_ Certificate Number \_\_\_\_\_

**NOTE: provide a copy of the certificate**

**Wastewater Treatment**

What is the number of households serviced? \_\_\_\_\_

**Does the Applicant own, operate or control a drop off Day Care Centre, Home for the Aged, Nursing Home or other similar facility?** YES \_\_\_\_\_ NO \_\_\_\_\_

If "Yes", does the Applicant have a written risk management policy and procedures manual? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If "Yes", provide a complete copy of this manual  
 Does it outline the Applicant's position in respect to sexual abuse and harassment? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If "Yes", provide a complete copy of these guidelines

**Does the Applicant own, operates or controls any dams?** YES \_\_\_\_\_ NO \_\_\_\_\_  
 If "Yes", when were they last inspected by an engineer? (dd/mm/yy) \_\_\_\_\_  
 (Forward a copy of the engineer's report)  
 What are they used for? \_\_\_\_\_  
 Is there swimming allowed? YES \_\_\_\_\_ NO \_\_\_\_\_  
 Are lifeguards on duty when swimmers are present? YES \_\_\_\_\_ NO \_\_\_\_\_  
 Is there consideration being made to decommission any dam? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If "Yes", why and when will it be done?

**Does the Applicant own any docks or wharves?** YES \_\_\_\_\_ NO \_\_\_\_\_  
 If "Yes" provide full information on each dock and wharf including location, value, construction

**Does the Applicant own, operate or control a public beach?** YES \_\_\_\_\_ NO \_\_\_\_\_  
 How long is the beach? \_\_\_\_\_ kms  
 Is there regular water testing completed by a Provincial lab? YES \_\_\_\_\_ NO \_\_\_\_\_  
 Does the Applicant use lifeguards? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If "Yes", how many \_\_\_\_\_  
 Does the Applicant contract out to a third party the responsibility for lifeguards looking after the beach area(s)? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If "Yes", does the Applicant have a written contract in place? YES \_\_\_\_\_ NO \_\_\_\_\_  
 Has the Applicant been added as an "Additional Insured" to the third party's insurance policy? YES \_\_\_\_\_ NO \_\_\_\_\_

**Building Inspection Department**

Does the Applicant operate a building inspection department? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If "Yes", provide Number of full time employees \_\_\_\_\_ Number of part time employees \_\_\_\_\_  
 Do they have other responsibilities in addition to building inspections? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If "Yes", what are these other responsibilities?

What was the value of the building permits issued in the past twelve (12) months? \$ \_\_\_\_\_  
 Does the Applicant contract out their building inspections? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If "Yes", does the Applicant receive proof of Professional Liability insurance? YES \_\_\_\_\_ NO \_\_\_\_\_  
 Does the Applicant ensure that the other party is added as an "Additional Insured" to the Professional Liability policy? YES \_\_\_\_\_ NO \_\_\_\_\_  
 Does the Applicant review the limits of liability regularly to ensure they are adequate for the their requirements? YES \_\_\_\_\_ NO \_\_\_\_\_

For each employee, list his or her qualifications, including diplomas, certificates and education. Specifically indicate whether they have attained or attended

- Ontario Building Officials Association Certification program or other similar Provincial program
- Training from Building and Development Branch, MMAH building code training programs for building officials or other similar Provincial program

- Post-Secondary education

Name	Qualifications	Education	Number of years in position	Full Time or Part time

**Parking Facility Exposure**

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? \_\_\_\_\_

Does the Applicant ensure that the other party is added as an "Additional Insured" to their Liability policy? YES \_\_\_\_\_ NO \_\_\_\_\_  
 Does the Applicant review the limits regularly to ensure they meet the their requirements? YES \_\_\_\_\_ NO \_\_\_\_\_  
 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 \_\_\_\_\_  
**If "Yes", complete separate Environmental Liability Application**

**Errors & Omissions**

Is this coverage required? YES \_\_\_\_\_ NO \_\_\_\_\_  
 Limit of liability requested \$ \_\_\_\_\_ Deductible requested \$ \_\_\_\_\_  
 Indicate if any of the operations outlined below are under the jurisdiction of the Applicant

Building Inspection YES \_\_\_\_\_ NO \_\_\_\_\_  
 Medical facilities (health care units, hospitals, nursing homes or other similar facilities) YES \_\_\_\_\_ NO \_\_\_\_\_  
 Planning YES \_\_\_\_\_ NO \_\_\_\_\_  
 Plumbing Inspection (if different from Building Inspection) YES \_\_\_\_\_ NO \_\_\_\_\_  
 Tax Collection YES \_\_\_\_\_ NO \_\_\_\_\_  
 Utilities (specify which type) YES \_\_\_\_\_ NO \_\_\_\_\_

**General**

Name of Board and Commission under Jurisdiction of Council	Number of Members


Is the Applicant aware of any error, omission, negligent act, unresolved dispute or circumstance that may result in a claim being made against the Applicant? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If "Yes", attach full details \_\_\_\_\_

Does the Applicant administer a pension plan on behalf of their employees? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If "Yes", does the Applicant's employees handle the pension plan? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If "No", does the Applicant have a qualified professional handle it on the Applicant's behalf? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If "No", provide full details \_\_\_\_\_

**Legal Expense**

Is Legal Defence Costs required? YES \_\_\_\_\_ NO \_\_\_\_\_

**Limit of Liability Options**

\$ 100,000 Occurrence \$ 250,000 Aggregate \_\_\_\_\_  
 \$ 250,000 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, 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

**Conflict Of Interest**

Is this coverage required? YES \_\_\_\_\_ NO \_\_\_\_\_

Limit Requested \$ \_\_\_\_\_

Attach full details of any lawsuits in the past 5 years with respect to any Councillor, Board Member, Director, Officer, Employee, Volunteer or Manager

**Critical Illness**

Is this coverage required? YES \_\_\_\_\_ NO \_\_\_\_\_

If "Yes", complete separate Critical Illness Application

**Firefighters' Accident**

Is this coverage required? YES \_\_\_\_\_ NO \_\_\_\_\_  
 Limit Requested \$ \_\_\_\_\_ Total number of Firefighters \_\_\_\_\_

**Marina Liability**

Is this coverage required? YES \_\_\_\_\_ NO \_\_\_\_\_

**If "Yes", complete separate Marina Liability Supplemental 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 \_\_\_\_\_

**Owned Automobile**

Is this coverage required? YES \_\_\_\_\_ NO \_\_\_\_\_

**If "Yes", complete Automobile Information in this application**

**Garage Automobile**

Is this coverage required? YES \_\_\_\_\_ NO \_\_\_\_\_

Does the Applicant perform repairs on third party vehicles? YES \_\_\_\_\_ NO \_\_\_\_\_

If "Yes", provide the following information

Maximum value for any one vehicle \$ \_\_\_\_\_ Maximum number of vehicles at one time \_\_\_\_\_

**Property**

Is this coverage required? YES \_\_\_\_\_ NO \_\_\_\_\_

**If "Yes", complete Property Information in this application**

**Special or Unique Exposures**

Does the Applicant have any unique liability exposures or requirements? YES \_\_\_\_\_ NO \_\_\_\_\_

If "Yes", provide full details

### Automobile Information

If the Insured 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 \$ \_\_\_\_\_

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 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 \$2,500) \$ \_\_\_\_\_

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

**Buildings Owned Due to Non Payment of Municipal Taxes**

**Note** Limited Coverage is available

Address	Occupancy	Vacant	Building Values	Other Property Values	Indicate Length of Time Property has been in Applicants Possession
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	

**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 (including medical equipment)  
All Values indicated are to reflect the Replacement Cost Values

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

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

If "No", explain

**Business Interruption and Special Coverages**

Indicate any business interruption or any additional, special or unique coverage required in the chart below

**Note** Business Interruption offered is rental income, profits, gross earnings, gross revenue and tuition fees (Extra Expense is shown on Municipal & Public Administration Extensions of Coverage)

Location Address	Type of Business Interruption Coverage	Limit Required	Additional, Special or Unique Coverage	Limit Required
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$

**Mortgagee and Loss Payee Information**

Identify all Loss Payees/Mortgagees and indicate the corresponding location(s) each is applicable to in the chart below

Location Address	Mortgagee or Loss Payee Name	Indicate if Mortgagee or Loss Payee

## Municipal & Public Administration - Supplemental Coverages and Extensions

Supplemental Coverage		Standard Limit	Required Limit
<b>Fire or Police Service Charges</b>		\$	Included
Indicate if there is an Agreement in Place with another Municipality for Emergency Services			
Yes	No	If "Yes" provide full details.	
<b>First Party Pollution Clean-up</b>		\$	Included
Indicate # of above ground tanks		\$	\$
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.	
<b>Furs, Jewellery and Ceremonial Regalia</b>			
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
<b>Accounts Receivable</b>	Indicate how often sensitive/valuable information is backed up			\$	500,000
<b>Bridges and Culverts</b>				\$	50,000
<b>Building Coverage Owned Due to Non Payment of Municipal Taxes</b>				\$	Not Included
<b>Buildings in Course of Construction Reporting Extension</b>				\$	Not Included
<b>By Laws - Governing Acts</b>	Indicate all Acts that govern the Applicants profession			\$	25,000
<b>Consequential Loss Caused by Interruption of Services</b>					
On Premises				\$	Included
Off Premises				\$	1,000,000
<b>Cost to Attract Volunteers Following a Loss</b>				\$	10,000
<b>Docks, Wharves and Piers</b>	Dock or Wharf	Value	Construction	\$	25,000
<b>Errors and Omissions</b>				\$	Included
<b>Exterior Paved Surfaces</b>				\$	50,000
<b>Extra Expense</b>				\$	500,000
<b>Fine Arts</b>					
At Insured's Own Premises				\$	25,000
On Exhibition				\$	25,000
<b>Fundraising Expenses</b>	Indicate # of Fundraising Events Planned this year			\$	10,000
<b>Green Extension</b>				\$	25,000
<b>Growing Plants</b>					
Any One Item				\$	1,000
Per Occurrence				\$	100,000
<b>Ingress and Egress</b>				\$	Included
<b>Leasehold Interest</b>				\$	25,000
<b>Master Key</b>				\$	25,000
<b>Peak Season Increase</b>	Peak Season Months			\$	25,000
<b>Personal Effects</b>				\$	25,000
<b>Property of Others</b>				\$	25,000
<b>Rewards: Arson, Burglary, Robbery and Vandalism</b>					
<b>Signs</b>	# of	Value	# of	Value	\$
					Included

<b>Vacant Properties</b>	Value	Length of Time Vacant	\$	250,000	\$
	Value	Length of Time Vacant			
<b>Valuable Papers</b>	Indicate how often sensitive/valuable information is backed up		\$	250,000	\$

**Miscellaneous and Unlicensed Equipment** (e.g. contractors equipment)

Provide a complete list of equipment, indicating **replacement value** for Insurance. If possible, submit this information in an Excel spreadsheet as an attachment to the application

**Unlicensed Equipment**

Year	Make	Serial Number	Replacement Value
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

**Miscellaneous Equipment** \$ \_\_\_\_\_

**Fire Hall Contents and Firefighting Equipment (Not permanently affixed to vehicles)** \$ \_\_\_\_\_

**All Radio Equipment** \$ \_\_\_\_\_

**Other** \$ \_\_\_\_\_

If "Other", provide full details

**Supplemental Coverage**

<b>Fire or Police Service Charges</b>	Indicate if there is an Agreement in Place with another First Nations or Municipality for Emergency Services	
Yes	No	If "Yes" provide full details.
<b>First Party Pollution Clean-up</b>	Indicate # of above ground tanks	
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.
<b>Furs, Jewellery and Ceremonial Regalia</b>		
Furs and Jewellery	Indicate exposures involving jewellery	
Ceremonial Regalia	Indicate type of Ceremonial Regalia	

**Municipal & Public Administration Extensions Of Coverage**

*Refer to Municipal & Public Administration Extensions Of Coverage – Standard Limits for Limits Provided*

<b>Accounts Receivable</b>	Indicate how often sensitive/valuable information is backed up
<b>Bridges and Culverts</b>	
<b>Building Coverage Owned Due to Non Payment of Municipal Taxes</b>	

<b>Buildings in Course of Construction Reporting Extension</b>				
<b>By Laws - Governing Acts</b>		Indicate all Acts that govern the Applicants profession		
<b>Consequential Loss Caused by Interruption of Services</b>				
On Premises				
Off Premises				
<b>Cost to Attract Volunteers Following a Loss</b>				
<b>Docks, Wharves and Piers</b>		Dock or Wharf	Value	Construction
<b>Errors and Omissions</b>				
<b>Exterior Paved Surfaces</b>				
<b>Extra Expense</b>				
<b>Fine Arts</b>				
At Insured's Own Premises				
On Exhibition				
<b>Fundraising Expenses</b>		Indicate # of Fundraising Events Planned this year		
<b>Green Extension</b>				
<b>Growing Plants</b>				
Any One Item				
Per Occurrence				
<b>Ingress and Egress</b>				
<b>Leasehold Interest</b>				
<b>Master Key</b>				
<b>Peak Season Increase</b>		Peak Season Months		
<b>Personal Effects</b>				
<b>Property of Others</b>				
<b>Rewards: Arson, Burglary Robbery and Vandalism</b>				
<b>Signs</b>	# of	Value	# of	Value
<b>Vacant Properties</b>				
<b>Valuable Papers</b>		Indicate how often sensitive/valuable information is backed up		

### Municipal & Public Administration Extensions Of Coverage – Standard Limits

Extensions Of Coverage	Municipalities and Fire Departments	Utilities and Service Boards	Other Municipal & Public Administration Accounts including: Hospitals, Health Units, Children's Aid Societies	Non Profit Housing
<b>Accounts Receivable</b>	500,000	500,000	250,000	500,000
<b>Bridges and Culverts</b>	Included	Included	Included	Included
<b>Building Coverage Owned Due to Non Payment of Municipal Taxes</b>	Included	Included	Not Insured	Not Insured
<b>Buildings in Course of Construction Reporting Extension</b>	1,000,000	1,000,000	1,000,000	1,000,000
<b>By Laws - Governing Acts</b>	25,000	25,000	25,000	25,000
<b>Consequential Loss Caused by Interruption of Services</b>				
On Premises	Included	Included	Included	Included
Off Premises	1,000,000	1,000,000	1,000,000	1,000,000
<b>Cost to Attract Volunteers Following a Loss</b>	10,000	10,000	10,000	10,000
<b>Docks, Wharves and Piers</b>	100,000	100,000	25,000	25,000
<b>Errors and Omissions</b>	Included	Included	Included	Included
<b>Exterior Paved Surfaces</b>	25,000	25,000	25,000	25,000
<b>Extra Expense</b>	500,000	50,000	250,000	500,000
<b>Fine Arts</b>				
At Insured's Own Premises	25,000	25,000	25,000	25,000
On Exhibition	25,000	25,000	25,000	25,000
<b>Fundraising Expenses</b>	10,000	10,000	10,000	10,000
<b>Green Extension</b>	50,000	50,000	50,000	25,000
<b>Growing Plants</b>				
Any One Item	1,000	1,000	1,000	1,000
Per Occurrence	100,000	100,000	100,000	100,000
<b>Ingress and Egress</b>	Included	Included	Included	Included
<b>Leasehold Interest</b>	25,000	25,000	25,000	25,000
<b>Master Key</b>	25,000	25,000	25,000	25,000
<b>Peak Season Increase</b>	25,000	25,000	25,000	25,000
<b>Personal Effects</b>	25,000	25,000	25,000	25,000

<b>Property of Others</b>	25,000	25,000	25,000	25,000
<b>Rewards: Arson, Burglary Robbery and Vandalism</b>	25,000	25,000	25,000	25,000
<b>Signs</b>	25,000	25,000	25,000	25,000
<b>Vacant Properties</b>	1,000,000	1,000,000	1,000,000	250,000
<b>Valuable Papers</b>	500,000	500,000	250,000	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 Number \_\_\_\_\_ 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
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

**Claims/Incidents**

For all "Claims Made" coverage (e.g. Errors and Omissions), provide full details of any incidents that may give rise to a claim

Year	Detail of Incidents

**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.

<b>Applicant Name</b>	_____	<b>Title/Position</b>	_____
<b>Applicant Signature</b>	_____	<b>Date</b>	_____
<b>Broker Name</b>	_____		
<b>Broker Signature</b>	_____		

<b>Insured:</b>		<b>Risk No:</b>																																																					
<b>Occupancy:</b>																																																							
<b>Full Address:</b>		<b>Postal Code:</b>																																																					
<b>Municipal Protection</b>		<b>Construction Details</b>																																																					
Full Time Brigade	<input type="checkbox"/>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">Exterior Walls</th> <th colspan="2">Interior Walls</th> </tr> <tr> <td>Concrete</td> <td><input type="checkbox"/></td> <td>Concrete</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Hollow Concrete Block</td> <td><input type="checkbox"/></td> <td>Hollow Concrete Block</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Brick on Block</td> <td><input type="checkbox"/></td> <td>Solid Brick</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Solid Brick</td> <td><input type="checkbox"/></td> <td>Metal Stud</td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="2">EIFS: Wood <input type="checkbox"/> Block <input type="checkbox"/> Steel <input type="checkbox"/></td> <td>Heavy Timber</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Steel on Steel</td> <td><input type="checkbox"/></td> <td>Wood Stud</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Brick Veneer</td> <td><input type="checkbox"/></td> <td>None</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Brick Veneer on Metal Stud</td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Heavy Timber</td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Metal Clad/Wood Frame</td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Vinyl Clad/Wood Frame</td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Wood Clad/Wood Frame</td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> </tr> </table>		Exterior Walls		Interior Walls		Concrete	<input type="checkbox"/>	Concrete	<input type="checkbox"/>	Hollow Concrete Block	<input type="checkbox"/>	Hollow Concrete Block	<input type="checkbox"/>	Brick on Block	<input type="checkbox"/>	Solid Brick	<input type="checkbox"/>	Solid Brick	<input type="checkbox"/>	Metal Stud	<input type="checkbox"/>	EIFS: Wood <input type="checkbox"/> Block <input type="checkbox"/> Steel <input type="checkbox"/>		Heavy Timber	<input type="checkbox"/>	Steel on Steel	<input type="checkbox"/>	Wood Stud	<input type="checkbox"/>	Brick Veneer	<input type="checkbox"/>	None	<input type="checkbox"/>	Brick Veneer on Metal Stud	<input type="checkbox"/>		<input type="checkbox"/>	Heavy Timber	<input type="checkbox"/>		<input type="checkbox"/>	Metal Clad/Wood Frame	<input type="checkbox"/>		<input type="checkbox"/>	Vinyl Clad/Wood Frame	<input type="checkbox"/>		<input type="checkbox"/>	Wood Clad/Wood Frame	<input type="checkbox"/>		<input type="checkbox"/>
Exterior Walls				Interior Walls																																																			
Concrete	<input type="checkbox"/>			Concrete	<input type="checkbox"/>																																																		
Hollow Concrete Block	<input type="checkbox"/>			Hollow Concrete Block	<input type="checkbox"/>																																																		
Brick on Block	<input type="checkbox"/>			Solid Brick	<input type="checkbox"/>																																																		
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Wood Clad/Wood Frame	<input type="checkbox"/>				<input type="checkbox"/>																																																		
Volunteer Brigade	<input type="checkbox"/>																																																						
Kilometers to Fire Hall																																																							
<b>Hydrants</b>																																																							
<1,000'	YES <input type="checkbox"/> NO <input type="checkbox"/>																																																						
<b>Building Protection</b>																																																							
Standpipes	<input type="checkbox"/>																																																						
Siamese Connection	<input type="checkbox"/>																																																						
Extinguishers	<input type="checkbox"/>																																																						
Deep Frying	YES <input type="checkbox"/> NO <input type="checkbox"/>																																																						
Auto Wc/Dc/Co2	<input type="checkbox"/>																																																						
Emergency Lighting	<input type="checkbox"/>																																																						
Exit Signs	<input type="checkbox"/>																																																						
	<input type="checkbox"/>																																																						
<b>Security</b>																																																							
24 Hr Occupancy	<input type="checkbox"/>																																																						
24 Hr On-site Security	<input type="checkbox"/>																																																						
Fenced Premises	<input type="checkbox"/>																																																						
Exterior Lighting	<input type="checkbox"/>																																																						
	<input type="checkbox"/>																																																						
<b>24 Hour Alarms</b>																																																							
	Local <input type="checkbox"/> Central Monitor <input type="checkbox"/>																																																						
Smoke Alarms	<input type="checkbox"/>																																																						
Heat Detectors	<input type="checkbox"/>																																																						
Pull Stations	<input type="checkbox"/>																																																						
Intrusion Alarm	<input type="checkbox"/>																																																						
CO2 Alarms	<input type="checkbox"/>																																																						
Surv. Cameras	<input type="checkbox"/>																																																						
<b>Sprinklers</b>																																																							
	Local <input type="checkbox"/> 24 Hr Mon <input type="checkbox"/>																																																						
Wet Syst.	<input type="checkbox"/>																																																						
Dry Syst.	<input type="checkbox"/>																																																						
Spec. Agents	<input type="checkbox"/>																																																						
% of Bldg	<input type="checkbox"/>																																																						
	<input type="checkbox"/>																																																						
<b>General Information</b>																																																							
Year Built	# of Stories																																																						
Dimensions	Gross Area <b>Sq/Ft</b>																																																						
<b>Values (\$)</b>																																																							
Replacement Value \$	Heritage Desig.																																																						
ACV \$	Housekeeping																																																						
D&D \$	Condition																																																						
<b>Roof</b>																																																							
<b>Decking</b>																																																							
Concrete	<input type="checkbox"/>																																																						
Steel	<input type="checkbox"/>																																																						
Mill >2" thick	<input type="checkbox"/>																																																						
Wood	<input type="checkbox"/>																																																						
Ceiling Open to Deck	<input type="checkbox"/>																																																						
	<input type="checkbox"/>																																																						
<b>H.V.A.C.</b>																																																							
Heat Pump	<input type="checkbox"/>																																																						
Forced Air	<input type="checkbox"/>																																																						
Elec. Baseboards	<input type="checkbox"/>																																																						
Unit Heaters	<input type="checkbox"/>																																																						
Infra-Red Radiant	<input type="checkbox"/>																																																						
Hot Water Boiler	<input type="checkbox"/>																																																						
Steam Boiler	<input type="checkbox"/>																																																						
Solid Fuel Burning Appl.	<input type="checkbox"/>																																																						
GeoThermal	<input type="checkbox"/>																																																						
Air Exchange Units	<input type="checkbox"/>																																																						
Central Air	<input type="checkbox"/>																																																						
Other	<input type="checkbox"/>																																																						
	<input type="checkbox"/>																																																						
<b>Structural Members</b>																																																							
Steel Joist	<input type="checkbox"/>																																																						
Laminated Beams	<input type="checkbox"/>																																																						
Heavy Timber	<input type="checkbox"/>																																																						
Wood Joist	<input type="checkbox"/>																																																						
	<input type="checkbox"/>																																																						
	<input type="checkbox"/>																																																						
<b>Floors</b>																																																							
Concrete	<input type="checkbox"/>																																																						
Wood	<input type="checkbox"/>																																																						
Gravel	<input type="checkbox"/>																																																						
Dirt	<input type="checkbox"/>																																																						
# of Elevators																																																							
<b>Electrical</b>																																																							
Romex	<input type="checkbox"/>																																																						
BX Cable	<input type="checkbox"/>																																																						
Conduit	<input type="checkbox"/>																																																						
Breakers	<input type="checkbox"/>																																																						
Fuses	<input type="checkbox"/>																																																						
Borrowed	<input type="checkbox"/>																																																						
Back-up Gen kW	<input type="checkbox"/>																																																						
Transformers	<input type="checkbox"/>																																																						
Other																																																							
<b>Other Information</b>																																																							
Earthquake Exposure Zone #																																																							
Flood Exposure Yes <input type="checkbox"/> No <input type="checkbox"/>																																																							
<b>Assets Included in overall Replacement Value (\$)</b>																																																							
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"/>	\$																																																					
	<input type="checkbox"/>	\$																																																					
<b>Building Over 35 Years Old Features Updated</b>																																																							
Plumbing	year	<input type="checkbox"/>																																																					
Heating	year	<input type="checkbox"/>																																																					
Roof Surfaces	year	<input type="checkbox"/>																																																					
Wiring	year	<input type="checkbox"/>																																																					
		<input type="checkbox"/>																																																					
<b>Vacant Buildings</b>																																																							
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																																																							
<b>Vehicle Exposure</b>																																																							
Number of Bays in Building																																																							
<b>Inside Building: # &amp; Client's Est. Auto Value Exposure</b>																																																							
Estimated Client's Mobile Equipment Value Exposure																																																							
<b>Within 150' of Building: # &amp; Client's Est. Value Exposure</b>																																																							
<b>Asbestos</b>																																																							
Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>																																																							

<b>Comments:</b>  	Has the building been surveyed? Yes <input type="checkbox"/> Year surveyed: _____ No <input type="checkbox"/> Unknown <input type="checkbox"/>
<b>If yes to any of the above:</b> Asbestos Encapsulated: Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Plan for removal/encapsulation: Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> <b>Comments:</b>	

Diagram – When any property (on the schedule the Applicant has submitted to be insured) is not separated by at least 150 feet or 46 meters of clear space the following site plan is to be completed (and labelled)

For each item include the address location, value of the property and distance from other property

Location \_\_\_\_\_

N  
W + E  
S

