

## General Application

**NOTES: All questions must be completed**  
**Supplemental applications may be required for specific information**

**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? \_\_\_\_\_

Conducted business continuously since (dd/mm/yy) \_\_\_\_\_

Number of Board Members \_\_\_\_\_

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

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 coverage? YES \_\_\_\_\_ NO \_\_\_\_\_

If "Yes", why and how? \_\_\_\_\_

Applicant is For Profit Organization \_\_\_\_\_ Not for Profit Organization \_\_\_\_\_

Applicant is a Corporation \_\_\_\_\_ a Partnership \_\_\_\_\_ a Sole Proprietor \_\_\_\_\_

Incorporation Date (dd/mm/yy) \_\_\_\_\_ Act/Jurisdiction \_\_\_\_\_

If incorporated, a copy of the Letters Patent is required \_\_\_\_\_

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

Indicate Applicant's sources of income and the percentage of their total revenue generated from each

_____	_____	%
_____	_____	%

Is the Applicant municipally owned and operated? YES \_\_\_\_\_ NO \_\_\_\_\_

Is the facility licenced within the province of operation? YES \_\_\_\_\_ NO \_\_\_\_\_

Does the Applicant provide Ambulatory services? YES \_\_\_\_\_ NO \_\_\_\_\_

If "Yes", is the Applicant a member of the Provincial Association? YES \_\_\_\_\_ NO \_\_\_\_\_

Indicate radius of operation \_\_\_\_\_

**General Liability**

Limit of Liability Requested \$ \_\_\_\_\_  
 Deductible Requested \$ \_\_\_\_\_  
 Total Number of Employees \_\_\_\_\_ Total Payroll (including benefits) \$ \_\_\_\_\_  
 Total Number of Volunteers \_\_\_\_\_ Annual Gross Revenue \$ \_\_\_\_\_  
 Is Workplace Safety Insurance (WSIB) carried? YES \_\_\_\_\_ NO \_\_\_\_\_

Identify and provide the number of **Professional Employees** by category

Category	Number	
	Full Time	Part Time

Does the Applicant ever serve/provide alcohol during any of their functions or events? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If "Yes", provide details \_\_\_\_\_

Is Tenants' Legal Liability required? YES \_\_\_\_\_ NO \_\_\_\_\_

If "Yes", complete the chart below

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

Does the Applicant's operations include the provision of services (such as a group home, youth home, residential treatment centre, daycare or other similar type of facility)? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If "Yes", is the facility licenced within the province of operation? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If "Yes", provide the number of persons receiving treatment/accommodation/care including maximum capacity \_\_\_\_\_

Type of Service	Number of Persons Receiving Service	Maximum Capacity

Does the Applicant have any contractual agreements with others? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If "Yes", provide copies \_\_\_\_\_

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

Reference checks? YES \_\_\_\_\_ NO \_\_\_\_\_  
 Police Record checks? YES \_\_\_\_\_ NO \_\_\_\_\_  
 Confirm all employees/volunteers are checked? YES \_\_\_\_\_ NO \_\_\_\_\_  
 Are other procedures used? YES \_\_\_\_\_ NO \_\_\_\_\_

If "Yes" provide full details \_\_\_\_\_

Does the Applicant have a formal written policy for their employees/volunteers 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? YES \_\_\_\_\_ NO \_\_\_\_\_

If "Yes", attach details \_\_\_\_\_

Does the Applicant have procedures in place to train, monitor and evaluate employees/volunteers after they've been hired? YES \_\_\_\_\_ NO \_\_\_\_\_

If "Yes", attach copies of policies and procedures \_\_\_\_\_

Does the Applicant have procedures in place to handle complaints made against employees/ volunteers? 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 Retroactive Date is required \_\_\_\_\_ (dd/mm/yy)

**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 Options**

\$50,000 Occurrence    \$250,000 Aggregate \_\_\_\_\_    \$50,000 Occurrence    \$500,000 Aggregate \_\_\_\_\_  
 \$100,000 Occurrence    \$250,000 Aggregate \_\_\_\_\_    \$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, 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 hour 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? YES \_\_\_\_\_ NO \_\_\_\_\_

If "Yes", complete Property Information in this application

**Special or Unique Exposures**

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

If "Yes", provide full details

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**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

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

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

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Limit of Liability \$ \_\_\_\_\_

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

List all required endorsements

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### 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 \$1,000) \$ \_\_\_\_\_

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



## Municipal & Public Administration - Supplemental Coverages and Extensions

Supplemental Coverage		Standard Limit	Required Limit
<b>First Party Pollution Clean-up</b>	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.	
<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			\$	250,000	
<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>				\$	1,000,000	
<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>				\$	250,000	
<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>				\$	25,000	
<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	

**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**

For any Claims Made Coverage (e.g. Directors & Officers, Errors & Omissions) provide full details of all known incidents that may give rise to a claim

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.

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





