

Health Unit 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? _____

Number of Board Members _____

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

Population of Area Served _____

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", provide full details (why and how) _____

Operations Information

Indicate which of the following general services the Applicant offers

Services			
Working with communities to address local health-related issues		Confidential counselling consultation	
Information and educational resources		Support groups and clinics	
Public health inspection and protection		Referral services	
Other			

If "Other", provide details _____

Indicate if the Applicant provides education, protection or prevention for the following

Family Health		Healthy Living		Public Health Inspection and Protection	
Breastfeeding		Active Living		Communicable/Control of infectious Diseases	
Dental Health		Alcohol and Drugs		Environment	
Healthy Babies/Children		Cancer Checkups		Food Safety	
Infant/Toddler Development Programs		Healthy Eating		Immunization/Vaccine Preventable Diseases	
Parenting		Injury Prevention		Infection Control	
Pregnancy		Tobacco		Rabies Control	
Sexual Health		Violence Protection		Safe Water	
Reproductive Health				Septic Inspections & Tile Bed Approvals	

Liability and Malpractice

Limit of Liability requested \$ _____ Deductible requested \$ _____
 Malpractice Limit requested \$ _____
 Is Malpractice currently written on an Occurrence basis _____ or Claims Made basis _____
 If coverage is written on a Claims Made basis, advise if Retroactive Date is required _____ (dd/mm/yy)
 Total Number of Employees _____ Total Payroll (including benefits) \$ _____
 Total Number of Volunteers _____ Annual Gross Revenue \$ _____
 Is Workplace Safety Insurance carried? YES _____ NO _____

Identify and provide numbers of **Professional Employees** for each category

Category	Number	
	Full Time	Part Time
Physicians		
Dentists		
Nurses		
Nutritionists		
Dental Hygienists		
Other Professional Employees – list below		

Is Tenants' Legal Liability required? YES _____ NO _____

If "YES", complete the chart below

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

Public Health Inspection and Protection Services – Additional Information

Does the Applicant employ part time _____ and/or full time _____ public health inspectors?
 If the Applicant employs part time public health inspectors indicate all other duties/responsibilities of these staff

In the chart below, list his/her qualifications and education, including diplomas and certificates. Specifically indicate whether he/she has attained the Certificate in Public Health Inspection (Canada) from the Canadian Institute of Public Health Inspectors or whether he/she has attended the approved program at Ryerson Polytechnical University, British Columbia Insitute of Technology, Concordia University College of Alberta or University College of Cape Breton

Name	Certificate in Public Health Inspection	College or University Education (list which one attended)	Full Time	Part Time

Indicate all continuing education that the Applicant requires of health inspectors on an annual basis?

Does the Applicant perform routine drinking water sampling? YES _____ NO _____

What are the Applicant's monitoring policies and procedures for water sampling?

What are the Applicant's procedures for notification on adverse water samples?

Does the Applicant issue septic permits for:

New construction YES _____ NO _____

Replacement of existing system YES _____ NO _____

Tank replacement or when lines are added or lengthened YES _____ NO _____

When lines are added or lengthened YES _____ NO _____

If "Yes", does the Applicant require an engineer's drawings for new installations and replacements? YES _____ NO _____

How does the Applicant enforce adherence to the approved plan? (i.e. does the Applicant issue stop-work orders?)

Employees and Volunteers

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 that 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

Provide details of abuse prevention and awareness training

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

Directors' & Officers'

Is this coverage required? YES _____ NO _____

If "YES", complete separate Not-for-Profit Directors' and Officers' Liability Insurance 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 mode 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

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 \$ _____
 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 \$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?
 If "YES", indicate which buildings and the distance between each

YES _____ NO _____

Are all locations and values that are owned, leased and under the Applicant's control included?
 If "NO", explain

YES _____ NO _____

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?
 If "NO", explain

YES _____ NO _____

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

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
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$

Municipal & Public Administration - 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						
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						
				\$	10,000	\$
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						
				\$	25,000	\$
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 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
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

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	_____		

Applicant:		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"/>
Security		Roof	
24 Hr Occupancy	<input type="checkbox"/>	Decking	
24 Hr On-site Security	<input type="checkbox"/>	Concrete	<input type="checkbox"/>
Fenced Premises	<input type="checkbox"/>	Steel	<input type="checkbox"/>
Exterior Lighting	<input type="checkbox"/>	Mill >2" thick	<input type="checkbox"/>
		Wood	<input type="checkbox"/>
		Ceiling Open to Deck	<input type="checkbox"/>
			<input type="checkbox"/>
		H.V.A.C.	
24 Hour Alarms		Heat Pump	<input type="checkbox"/>
	Local	Forced Air	<input type="checkbox"/>
	Central Monitor	Elec. Baseboards	<input type="checkbox"/>
Smoke Alarms	<input type="checkbox"/>	Unit Heaters	<input type="checkbox"/>
Heat Detectors	<input type="checkbox"/>	Infra-Red Radiant	<input type="checkbox"/>
Pull Stations	<input type="checkbox"/>	Hot Water Boiler	<input type="checkbox"/>
Intrusion Alarm	<input type="checkbox"/>	Steam Boiler	<input type="checkbox"/>
CO2 Alarms	<input type="checkbox"/>	Solid Fuel Burning Appl.	<input type="checkbox"/>
Surv. Cameras	<input type="checkbox"/>	Geothermal	<input type="checkbox"/>
Sprinklers		Air Exchange Units	<input type="checkbox"/>
	Local	Central Air	<input type="checkbox"/>
	24 Hr Mon	Other	<input type="checkbox"/>
Wet Syst.			<input type="checkbox"/>
Dry Syst.		Floors	
Spec. Agents		Concrete	<input type="checkbox"/>
% of Bldg		Wood	<input type="checkbox"/>
		Gravel	<input type="checkbox"/>
		Dirt	<input type="checkbox"/>
		# of Elevators	
		Electrical	
General Information		Romex	<input type="checkbox"/>
Year Built		BX Cable	<input type="checkbox"/>
Dimensions		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	
		Other Information	
		Earthquake Exposure Zone #	
		Flood Exposure Yes <input type="checkbox"/> No <input type="checkbox"/>	
Values (\$)		Assets Included in overall	
Replacement Value \$		Replacement Value (\$)	
ACV \$	D&D \$	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	

Comments:	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"/>
	If yes to any of the above: 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"/> Comments:

Site Plan

DIAGRAM – When any property (on the schedule the Applicant has submitted to be Applicant) 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 _____

S

W + E

N

