

Municipal 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 intern	ational 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?	YI	ES NO
If "No", provide full details		
Are they restricting severage in any way?	V	
Are they restricting coverage in any way?	Ϋ́Ι	ES NO
If "Yes", provide details		
Does the Applicant employ a full time Risk Manager?	Y	ES NO
If "Yes", provide the name and contact information for this individual		
Does the Applicant have a Disaster Recovery Plan?	Y	ES NO
Ontario only: Has the Applicant implemented an Emergency Plan in accor		
requirements?		ES NO
If "No", provide full details on how and when the Applicant plans to impleme	ent one	
Liability		
Limit of Liability requested \$	Deductible requested	\$
Present Population	Total Number of Employ	
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 Exposur	e (check ye	s/no)	Measure		*Number of Employees
Airports	YES	NO	Number of Airports		
Ambulance/EMS			Number of Paramedics		
Ambulance/EWS	YES	NO	Payroll	\$	
Arenas			Number of Arenas		
Arenas	YES	NO	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			Number of full-time firefighters		
	YES	NO	Number of volunteer firefighters		
Garage Automobile	YES	NO			
Golf Courses			Liquor Receipts	\$	
	YES	NO	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			Number of Officers		
	YES	NO	Payroll	\$	
Public Beach			Number of Beaches		
	YES	NO	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 sh	i Avalal in Alexala i Er	ull Times Equivalent

*Number of employees should include Full Time Equivalents

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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	
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 Municipality 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?

Deep the Applicant own, exercise as control a draw off Day Care Control Home for the Area			
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?	VEO	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?	YES	NO	
Does the Applicant own any docks or wharves?	YES	NO	
If "Yes" provide full information on each dock and wharf including location, value, construction	120		
Does the Applicant own, operate or control a public beach?			
	YES	NO	
How long is the beach?	YES	NO	
	YES	NO NO	
How long is the beach? kms			
How long is the beach? kms Is there regular water testing completed by a Provincial lab?	YES	NO	
How long is the beach? kms Is there regular water testing completed by a Provincial lab? Does the Applicant use lifeguards?	YES	NO	
How long is the beach? kms Is there regular water testing completed by a Provincial lab? Does the Applicant use lifeguards? If "Yes", how many	YES	NO	
How long is the beach? kms Is there regular water testing completed by a Provincial lab? Does the Applicant use lifeguards? If "Yes", how many Does the Applicant contract out to a third party the responsibility for lifeguards looking after the	YES YES	NO	
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How long is the beach? kms Is there regular water testing completed by a Provincial lab? Does the Applicant use lifeguards? Does the Applicant use lifeguards?	YES YES YES YES YES YES	NO	
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If "Yes", does the Applicant receive proof of Professional Liability insurance?	YES	NO	
Does the Applicant ensure that the Municipality 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 municipal requirements?	YES	NO	
For each employee, list his or her evolifications, including diplomes, partificates and education	Constitution		

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 ٠
- Training from Building and Development Branch, MMAH building code training programs for municipal building officials or ٠ other similar Provincial program
- Post-Secondary education ٠

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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 Municipality is added as an "Additional Insured" to their Liability			
policy?	YES	NO	
Does the Applicant review the limits regularly to ensure they meet the Municipal 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 Dishonest	y, Disappearance and Destruc	tion Application	
Environmental			
Is this coverage required?		YES	NO
If "Yes", complete separate Environmental Liability Ap	plication		
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	he jurisdiction of the Applicant		
Building Inspection		YES	NO
Medical facilities (health care units, hospitals, nursing hom	es or other similar facilities)	YES	NO
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Planning	YES	NO
Plumbing Inspection (if different from Building Inspection)	YES	NO
Tax Collection	YES	NO
Utilities (specify which type)	YES	NO

General

Na	Name of Board and Commission under Jurisdiction of Council					Number of Memb	bers	
		aware of any error, o			ed dispute	e or circumsta	nce YES	NO
	Yes", attach f	•	o againot the Applic	Jant.			120 _	NO
			sion plan on behalf	of their emplo	ovees?		YES	NO
	Does the Applicant administer a pension plan on behalf of their employees? If "Yes", does the Applicant's employees handle the pension plan?				YES	NO		
		e Applicant have a qu			the Applic	ant's behalf?	YES	NO
	No", provide		,		-1-1- A-			
Le	gal Expense							
		e Costs required?					YES	NO
Lir	nit of Liabilit	y Options					_	
\$	100,000	Occurrence	\$ 250,000) Aggreg	jate			
\$	250,000	Occurrence	\$ 500,000) Aggreg	jate			
Or	tional Cover	rage: Limits are inclu	ded within the abov	e mentioned	Limit of L	iability		
-		onal Coverage is req				liability		
	-	es and Debt Recover					YES	NO
	tutory Licenc		, ,				YES	NO
	k Protection						YES	NO
	perty Protec	tion					YES	NO
Att		s of any lawsuits in t	ne past 5 years witl	n respect to a	ny Board	Member, Dire	-	
Во	ard Member	s' Accident						
ls t	his coverage	required?					YES	NO
Lir	nit Options							
\$1	00,000	\$250,000						
Sta	indard covera	age is provided on du	ity only. Is 24 hour	coverage req	uired?		YES	NO
Fo	· 24 coverage	e, additional underwri	ting criteria is requi	ired; contact a	an Intact F	Public Entities	underwriter for mo	ore details
tact	Public Entities – P	PE - MUA - 0521						Intact Public Entities



Cyber Risk Insurance		
Is this coverage required?	YES	NO
f "Yes", complete separate Cyber Risk Insurance Detailed Application		
Conflict Of Interest		
s this coverage required?	YES	NO
imit Requested \$		
Attach full details of any lawsuits in the past 5 years with respect to any Councillor, Board Me /olunteer or Manager	ember, Director, Office	r, Employee,
Critical Illness		
s this coverage required?	YES	NO
f "Yes", complete separate Critical Illness Application		
irefighters' Accident		
s this coverage required?	YES	NO
imit Requested \$ Total number of Firefighters		
/arina Liability		
s this coverage required?	YES	NO
f "Yes", complete separate Marina Liability Supplemental Application		
Ion Owned Automobile		
	YES	NO
s this coverage required?		NO
s this coverage required? ndicate the number of employees and volunteers driving their own personal vehicles for the . Does the Applicant ever rent vehicles for short periods of time (less than 30 days)?		NO NO
s this coverage required? ndicate the number of employees and volunteers driving their own personal vehicles for the Does the Applicant ever rent vehicles for short periods of time (less than 30 days)? f "Yes" complete the following	Applicant's business YES	NO
s this coverage required? ndicate the number of employees and volunteers driving their own personal vehicles for the Does the Applicant ever rent vehicles for short periods of time (less than 30 days)? f "Yes" complete the following Number of times per year Number of ve	Applicant's business	NO
s this coverage required? ndicate the number of employees and volunteers driving their own personal vehicles for the . Does the Applicant ever rent vehicles for short periods of time (less than 30 days)? f "Yes" complete the following Number of times per year Number of ve Dwned Automobile	Applicant's business YES	NO
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Dwned Automobile s this coverage required? f "Yes", complete Automobile Information in this application Garage Automobile s this coverage required? Does the Applicant perform repairs on third party vehicles? f "Yes", provide the following information	Applicant's business YES ehicles rented per year YES YES YES of vehicles at one time	NO NO NO NO

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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

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 \$2,500) \$

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

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Vacant Buildings

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 Possesion	Indicate Future Plans For Property
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
Are any buildings to be insured located with If "Yes", indicate which buildings and the dis		YES	NO	
Are all locations and values that are owned, If "No", explain	leased and under the Applic	cant's control included?	YES	NO

Electronic Computer Systems Coverage

Is this coverage required?

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

Intact Public Entities - PE - MUA - 0521

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YES



	\$ \$	\$ \$	\$
	\$ \$	\$ \$	\$
	\$ \$	\$ \$	\$
Total Values	\$ \$	\$ \$	\$

Are all locations and values, that are owned, leased and under the Applicant's control included?

If "No", explain

Business Interruption and Special Coverages

Indicate any business interruption or any additional, specialor 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				

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YES

NO



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Municipal & Public Administration - Supplemental Coverages and Extensions

	St	andard Limit	Required Limit			
Fire or Police Service Ch	\$	Included				
Indicate if there is an Agree	ement in P	ace with another Municipality for Emergency Services				
Yes	No	If "Yes" provide full details.				
First Party Pollution Clea	n-up	Indicate # of above ground tanks	\$	Included	\$	
Have there been any releas (as defined by applicable e		of regulated substances, hazardous waste or any other pollutants al statutes) ?				
Yes	No	If "Yes" provide full details.				
Furs, Jewellery and Cere	monial Re	Jalia				
Furs and Jewellery	Irs and Jewellery Indicate exposures involving jewellery				\$	
Ceremonial Regalia	Indica	e type of Ceremonial Regalia	\$	Included	\$	

Municipa	Sta	Indard Limit	Req	uired Limit			
Accounts Receivable	Indicate how often sensi	\$	500,000	\$			
Bridges and Culverts	i	\$	50,000	\$			
Building Coverage Owned	Due to Non Payment of N	/unicipal Taxes		\$	100,000	\$	
Buildings in Course of Co	nstruction Reporting Exte	ension		\$	1,000,000	\$	
By Laws - Governing Acts	Indicate all Acts that g	govern the Applica	ants profession	\$	25,000	\$	
Consequential Loss Caus	ed by Interruption of Serv	ices					
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	\$	100,000	\$	
Errors and Omissions	\$	Included	\$				
Exterior Paved Surfaces				\$	50,000	\$	
Extra Expense				\$	500,000	\$	
Fine Arts							
At Insured's Own Premi	ses			\$	25,000	\$	
On Exhibition				\$	25,000	\$	
Fundraising Expenses	Indicate # of Fundraising	g Events Planned	this year	\$	10,000	\$	
Green Extension				\$	50,000	\$	
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	\$	25,000	\$				
Personal Effects				\$	25,000	\$	
Property of Others				\$	25,000	\$	
Rewards: Arson, Burglary	, Robbery and Vandalism			\$	25,000	\$	

Intact Public Entities – PE - MUA – 0521

Intact Public Entities



Signs	# of		Value		# of	Value	\$ Included	\$
Vacant Proper	ties	Value		Len	gth of Time Vacant		\$ 1,000,000	\$
		Value		Length of Time Vacant				
Valuable Pape	rs	In	dicate how often	sensi	tive/valuable informati	ion is backed up	\$ 500,000	\$

Miscellaneous and Unlicenced 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

Unlicenced Equipment

Year	Make	Serial Number	Replacement Value
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
Miscellaneous Equ	ipment		\$

Fire Hall Contents and Firefighting Equipment (Not permanently affixed to vehicles)	\$
All Radio Equipment	\$
Other If "Other", provide full details	\$



Supplemental Coverage

Fire or Police Service Charg	es	s					
Indicate if there is an Agreement in Place with another Municipality for Emergency Services							
Yes	No	If "Yes" provide full details.					
First Party Pollution Clean-u	p Indicat	te # 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.					
Furs, Jewellery and Ceremo	Furs, Jewellery and Ceremonial Regalia						
Furs and Jewellery	ery Indicate exposures involving jewellery						
Ceremonial Regalia	Indicate type of Ceremonial Regalia						

<form><th an<="" and="" any="" column="" link="" relation="" th=""><th></th><th>Municipal & F</th><th>Public Administra</th><th>ation Extensions Of Coverage</th><th></th></th></form>	<th></th> <th>Municipal & F</th> <th>Public Administra</th> <th>ation Extensions Of Coverage</th> <th></th>		Municipal & F	Public Administra	ation Extensions Of Coverage			
Bridges and Culverts Building Coverage Owned Due to Non Payment of Municipal Taxes Buildings in Course of Construction Reporting Extension By Laws - Governing Acts Indicate all Acts that govern the Applicants profession Consequentila Loss Caused by Interruption of Services On Premises Off Premises Off Premises Ott Attract Volunteers Following a Loss Docks, Wharves and Piers Docks, Wharves and Omissions Extraior Paved Surfaces Extraior Paved Surfaces Extra Expense Fine Arts Art Insured's Own Premises On Exhibition Fundraising Expense Indicate # of Fundraising Events Planned this year Green Extension Green Extension Per Occurrence Ingress and Egress Lessehold Interest Peak Season Increase Peak Season Increase Properties Xansuer Surgers and Egress Lessehold Interest Value Value Value Value	Refer to	Municipal & Public Admin	istration Extensio	ns Of Coverage – Standard Limits for Limits Provided				
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Extra Expense Fine Arts At Insured's Own Premises On Exhibition Fundraising Expense Indicate # of Fundraising Events Planned this year Green Extension Green Extension Green Extension On Exhibition Green Extension Green Extension On Exhibition Green Extension Green Extension Green Extension On Exhibition Green Extension Any One Item Per Occurrence Ingress and Egress Deak Season Months Per Season Increase Peak Season Months Per Season Increase Per Season Increase Per	Errors and Omissions							
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Peak Season Increase Peak Season Months Personal Effects Property of Others Rewards: Arson, Burglary Roberty and Vandalism Value Signs # of Value # of Value Vacant Property Value Value Value Value	Leasehold Interest							
Personal Effects Property of Others Rewards: Arson, Burglary Robbery and Vandalism Signs # of Value Vacant Properties	Master Key							
Property of Others Rewards: Arson, Burglary Robberty and Vandalism Signs # of Value Vacant Property Value # of Value	Peak Season Increase	Peak Season Increase Peak Season Months						
Rewards: Arson, Burglary Robbery and Vandalism Signs # of Value Vacant Properties Value	Personal Effects							
Signs # of Value # of Value Vacant Properties	Property of Others							
Vacant Properties	Rewards: Arson, Burglary F	Rewards: Arson, Burglary Robbery and Vandalism						
	Signs # of	Value	# of	Value				
Valuable Papers Indicate how often sensitive/valuable information is backed up	Vacant Properties	•						
	Valuable Papers	Indicate how often sensit	ve/valuable informa	ition is backed up				

278 Pinebush Road, Suite 200, Cambridge, Ontario, N1T 1Z6



	Public Administration I		•	
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
Accounts Receivable	500,000	500,000	250,000	500,000
Bridges and Culverts	Included	Included	Included	Included
Building Coverage Owned Due to Non Payment of Municipal Taxes	Included	Included	Not Insured	Not Insured
Buildings in Course of Construction Reporting Extension	1,000,000	1,000,000	1,000,000	1,000,000
By Laws - Governing Acts	25,000	25,000	25,000	25,000
Consequential Loss Caused by Interruption of Services				
On Premises	Included	Included	Included	Included
Off Premises	1,000,000	1,000,000	1,000,000	1,000,000
Cost to Attract Volunteers Following a Loss	10,000	10,000	10,000	10,000
Docks, Wharves and Piers	100,000	100,000	25,000	25,000
Errors and Omissions	Included	Included	Included	Included
Exterior Paved Surfaces	25,000	25,000	25,000	25,000
Extra Expense	500,000	50,000	250,000	500,000
Fine Arts				
At Insured's Own Premises	25,000	25,000	25,000	25,000
On Exhibition	25,000	25,000	25,000	25,000
Fundraising Expenses	10,000	10,000	10,000	10,000
Green Extension	50,000	50,000	50,000	25,000
Growing Plants				
Any One Item	1,000	1,000	1,000	1,000
Per Occurrence	100,000	100,000	100,000	100,000
Ingress and Egress	Included	Included	Included	Included
Leasehold Interest	25,000	25,000	25,000	25,000
Master Key	25,000	25,000	25,000	25,000
Peak Season Increase	25,000	25,000	25,000	25,000
Personal Effects	25,000	25,000	25,000	25,000

Intact Public Entities – PE - MUA - 0521

Intact Public Entities

278 Pinebush Road, Suite 200, Cambridge, Ontario, N1T 1Z6



Property of Others	25,000	25,000	25,000	25,000
Rewards: Arson, Burglary Robbery and Vandalism	25,000	25,000	25,000	25,000
Signs	25,000	25,000	25,000	25,000
Vacant Properties	1,000,000	1,000,000	1,000,000	250,000
Valuable Papers	500,000	500,000	250,000	250,000

Intact Public Entities

278 Pinebush Road, Suite 200, Cambridge, Ontario, N1T 1Z6



Boiler & Machinery (Equipment Breakdown)

Is this coverage required?	YES	NO	
Boiler & Machinery exposures include boiler, pressure vessels (fired or unfired), air conditioning unit apparatus, electronic equipment	ts, miscella	ineous electrical	
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.

Applicant Name	Title/Position	
Applicant Signature	Date	
Broker Name		
Broker Signature		



Insured:						Risk N	o:		
Occupancy:							I		
Full Address:						Postal	Code:		
Municipal Prote	ction		Cons	structio	on Details		Assets Inc	uded in o	veral
Full Time Brigade		Exterio			Interior Walls		Replaceme		
Volunteer Brigade		Concrete			Concrete		Solar Power		\$
Kilometers to Fire		Hollow Concrete I	Block		Hollow Concrete Block		Wind Turbine		\$
Hall			JIOCK	_					
Hydrants		Brick on Block			Solid Brick		Geothermal		\$
<1,000' YES		Solid Brick EIFS: Wood 🗌 E	Block Stee		Metal Stud		Bacnet		\$ \$
Building					Heavy Timber		Leed Designation		
Protection		Steel on Steel		$\frac{1}{2}$	Wood Stud		Green Roof		\$
Standpipes Siamese Connection		Brick Veneer Brick Veneer on M	Actol Stud		None		Other		\$
Extinguishers		Heavy Timber		\exists					
Deep Frying YES		Metal Clad/Wood	Frame	H					
Auto Wc/Dc/Co2		Vinyl Clad/Wood					Building Ove	r 35 Years	Old
Emergency Lighting		Wood Clad/Wood					-	Updated	
Exit Signs							Plumbing	year	
				R	oof		Heating	year	
Security		Dec	king		Structural Member	rs	Roof Surfaces	year	
24 Hr Occupancy		Concrete			Steel Joist		Wiring	year	
24 Hr On-site Security		Steel			Laminated Beams				
Fenced Premises		Mill >2" thick			Heavy Timber				
Exterior Lighting		Wood			Wood Joist			Buildings	
		Ceiling Open to D	eck				Heat Maintained		
							Water Pipes Drain		
24 Hour	Central	HV	A.C.		Floors		Alarms Operationa Security Checked		
Alarms Loca		Heat Pump	A.C.		Concrete		Future Occupancy	*	Time
Smoke		Forced Air			Wood		Frame		
Alarms		Elec, Baseboards			Grave		Condition		
Pull Stations		Unit Heaters		П	Dirt		Condition		
Intrusion Alarm		Infra-Red Radiant			# of Elevators				
CO2 Alarms		Hot Water Boiler			Electrical		Vehicle	Exposure	
Surv. Cameras		Steam Boiler			Romex		Number of Bays in	Building	
Sprinklers Local	24 Hr Mon	Solid Fuel Burning	g Appl.		BX Cable			_	
Wet Syst.		GeoThermal			Conduit			Building:	
Dry Syst.		Air Exchange Uni	ts		Breakers		# & Client's Exp	est. Auto v osure	/alue
Spec. Agents		Central Air			Fuses				
% of Bldg		Other			Borrowed				
					Back-up Gen kW				
					Transformers		Estimated Client's	Mobile Equ	ipment
	General	Information			Other		Value Exposure		
Year Built		# of Stories			Other Information	ı			
Dimensions		Gross Area	S	q/Ft	Earthquake Exposu	re	Within 150' # & Client's Est		
Values (\$)	Heritage Desig.							
Replacement Value	-	Housekeeping			Flood Exposure				
	&D \$	Condition							
		· ·							
					Asbestos		Yes 🗌 No 🗌 U	Jnknown 🗌]

Intact Public Entities – PE - MUA – 0521

Intact Public Entities

278 Pinebush Road, Suite 200, Cambridge, Ontario, N1T 1Z6



Comments:	Has the building been surveyed? Yes
	If yes to any of the above: Asbestos Encapsulated: Yes No Unknown Plan for removal/encapsulation: Yes No Unknown D Comments:

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

<u> </u>														 				
	1	1		1	1													