**Community Services Business Unit**

**Community Services Operations Supplemental Form**

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| **Not for profit organizations that is established with the purpose of providing services that support the community. Primarily Community Resource Organizations including YMCA/YWCA's and Camps** | | | |
| **Please note: This supplemental form must be completed in addition to the General Application** | | | |
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| **General Information** | | | |
| Legal Name of Applicant |  | Key Broker Contact |  |
| Mailing Address |  | Brokerage Name |  |
| Postal Code |  | Brokerage Address |  |
| Email |  | Postal Code |  |
| Website |  | Phone and Email |  |

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| **Operations Information** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type of Community Service (e.g., resource only, adult daycare, ymca/ywca, counselling, child day camps: | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Indicate all programs/services offered (including any special programs/activities or recreational activities) | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Recreational Facilities/Program Information** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of pools | |  |  | | Total Registration | | | | |  | |  | | | | | | | | | | | | | | |
| Do you own or operate a sauna/steam room? | | | | | | | | | | | YES | | | | | | |  | | | NO | | |  | | |
| Do you offer residential housing, rooms or apartment units? | | | | | | | | | | | YES | | | | | | |  | | | NO | | |  | | |
| If 'yes': | Number of On-site units | | |  | | | | | Number of Off-site units | | | | | | |  | | | | | | | | | | |
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| **Day camp Information** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of children in Day Camp Programs | | | | | |  | | |  | | | | | | | | | | | | | | | | | |
| Ages of participants (if more than one, indicate all ranges) | | | | | | | |  | | |  | | | | | | | | | | | | | | | |
| What is the staff to participant ratio | | | | | | | |  | | |  | | | | | | | | | | | | | | | |
| Indicate the number of Children in a Before/After School Program? | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Indicate if the Camp operate (spring, summer, fall, winter, year-round) | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Provide details of any owned or leased watercraft (i.e., number of units, types, horsepower, etc.) and explain usage: | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Provide copies of all waivers for participants for our review | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Sports, Extracurricular Activities and Trips** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Attach full details of all sporting or athletic activities | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Attach complete details of all extracurricular activities off premises (including information on the frequency, duration, number of participants, purpose and destination, method of transportation and supervision involved). E.g., sporting events, hiking, skiing, skating, day trips, museums, other cultural activities, team activities, volunteer opportunities etc. | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Attach complete details of all **trips** to other cities and/or countries including (including information on the frequency, duration, number of participants, purpose and destination, method of transportation and supervision involved). | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Activities and Trips Non-Owned Automobile Exposure** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you hire private transportation (e.g., buses)? | | | | | | | | | | | | | | YES | | |  | | | NO | | |  | | | |
| Do staff or volunteers transport residents (for any reason) in their own vehicles? | | | | | | | | | | | | | | YES | | |  | | | NO | | |  | | | |
| If yes, do you confirm they always carry a valid driver's license and minimum insurance requirements? | | | | | | | | | | | | | | YES | | |  | | | NO | | |  | | | |
| **Employee Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Category** | | | | | | | | **# Of Full-Time** | | | | | | **# Of Part-Time** | | | | | | | | | | | | | |
| Counsellors | | | | | | | |  | | | | | |  | | | | | | | | | | | | | |
| Physiotherapist | | | | | | | |  | | | | | |  | | | | | | | | | | | | | |
| Therapists (Occupational/Speech) etc. | | | | | | | |  | | | | | |  | | | | | | | | | | | | | |
| Nurses | | | | | | | |  | | | | | |  | | | | | | | | | | | | | |
| Tutors | | | | | | | |  | | | | | |  | | | | | | | | | | | | | |
| Nutritionists | | | | | | | |  | | | | | |  | | | | | | | | | | | | | |
| Social Worker | | | | | | | |  | | | | | |  | | | | | | | | | | | | | |
| **Others (include Volunteers)** | | | | | | | | **# Of Full-Time** | | | | | | **# Of Part-Time** | | | | | | | | | | | | | |
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| Are all professionals licensed/certified to practice in the province? | | | | | | | | | | | | | | | YES | | | |  | | | NO | |  |
| Do all qualified medical staff, including any interns, residents and fellows have professional insurance coverage? | | | | | | | | | | | | | | | YES | | | |  | | | NO | |  |
| Describe policies/procedures for administering medications (including whether all staff (including non-medical staff) are allowed to do so | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Applicant Acknowledgement** | | | |
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| 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. | | | |
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| **Applicant Name** |  | **Title/Position** |  |
| **Applicant Signature** |  | **Date** |  |
| **Broker Name** |  |  | |
| **Broker Signature** |  |  | |