

## Community Services Business Unit General Information and Limits Application

<b>PLEASE NOTE:</b>	<p>In Addition to this <i>General Information and Limits Application</i> a Supplemental Application for the particular risk segment must be completed.</p> <p>Supplemental Applications include Schools/Educational institutions (other than daycare), Daycare, Community Living, Community Services, Health and Wellness.</p>
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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 _____

Applicant's Operations (Give full description including activities, programs, events, U.S., or international exposures) \_\_\_\_\_

### Operations Information

How long has the Applicant been in operation? \_\_\_\_\_ This Applicant is classified as For Profit \_\_\_\_\_ Not-For-Profit \_\_\_\_\_

This Applicant is ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ Unincorporated (Other) \_\_\_\_\_

Date of incorporation \_\_\_\_\_

If An Association - Number of members \_\_\_\_\_

Name of the Regulatory body or legislation which oversees the Applicant's Operation. \_\_\_\_\_

Does the Insured have any subsidiary or affiliated entities? YES \_\_\_\_\_ NO \_\_\_\_\_

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

### Insurance History

Current Insurer _____	Expiring Premium _____
Expiry Date _____	Target Premium _____

Is the current insurer offering renewal terms? YES \_\_\_\_\_ NO \_\_\_\_\_

Are there any coverage restrictions being imposed by the present insurer? \_\_\_\_\_

### Loss/Claims Information

Please attach details of all claims including:

1. any allegations; claims; or losses in the past 5 years with or without payment
2. the Year of Loss, Type of Claim, Amount Paid and Reserves for any unpaid claims.

Are you currently aware of any circumstances which may reasonably be expected to give rise to a claim that would be covered under any section of our policy? YES \_\_\_\_\_ NO \_\_\_\_\_

Note that failure to provide information about any such circumstance may void coverage.

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

Liability Limit Requested \$ \_\_\_\_\_  
Deductible Requested \$ \_\_\_\_\_

### Liability Extension Endorsement - Limits

This is a package endorsement, please select options under each coverage. Most Coverages are subject to an aggregate limit in the same amount as you select below. Refer to the Liability Extension Endorsement Highlights Sheet for additional information.

Voluntary Compensation-Property Damage	<input type="checkbox"/>	\$25,000	<input type="checkbox"/>	\$50,000	<input type="checkbox"/>	\$100,000
Employers Liability Voluntary Compensation Employees and Volunteers		\$250 Employees /\$150 Volunteers Per Week			<input type="checkbox"/>	Include
Elevator, Escalator or Lift Collision	<input type="checkbox"/>	\$50,000	<input type="checkbox"/>	\$100,000	<input type="checkbox"/>	\$150,000
Host's Liability – Property Belonging to Guests	<input type="checkbox"/>	\$10,000	<input type="checkbox"/>	\$25,000	<input type="checkbox"/>	\$50,000
Child Abduction Liability					<input type="checkbox"/>	\$25,000
Crisis Management Expenses Coverage			<input type="checkbox"/>	\$50,000	<input type="checkbox"/>	\$100,000
Waiver of Subrogation – Lease Agreements					<input type="checkbox"/>	Include
Coverage For Students					<input type="checkbox"/>	Include
Watercraft Extension – Volunteers					<input type="checkbox"/>	Include

### Additional Liability Information

Total Number of employees: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Number of volunteers \_\_\_\_\_

List the type of professionals on the Supplemental Form and whether they are Full Time or Part Time

Annual Payroll (Including Benefits) \_\_\_\_\_ Annual Revenue \_\_\_\_\_

Is Applicant covered under Provincial Workman's Compensation Plan? YES \_\_\_\_\_ NO \_\_\_\_\_

### Attach a list of all Fundraising events

Include purpose, description, number of anticipated attendees, and receipts (liquor receipts are to be shown separately where Applicant will hold a liquor license)

### Products Exposure

This includes clients who are making any items used for skill building exercises.

Does the Applicant or their clients make any products that are sold to others? YES \_\_\_\_\_ NO \_\_\_\_\_

If 'yes' provide full details (including type of products), receipts, distribution method

### Rented Facilities or Space within Facilities

Are any of the facilities or space being rented to third parties (including hall rentals)? YES \_\_\_\_\_ NO \_\_\_\_\_

If 'yes', do you get proof of Insurance? YES \_\_\_\_\_ NO \_\_\_\_\_

If 'yes', provide full details including groups rented to, receipts, how often premises or portion of premises are used by others

### Abuse

For abuse coverage a separate application is required as follows:

Long Form Application	All New Business (or when initially adding abuse coverage to a renewal) requires this type of application
Renewal Application	All Renewal Business where abuse coverage was provided will require this type of application
Overnight Exposures	This supplemental application is to be completed annually for any and all overnight exposures in addition to the above application(s)

**Please Note:** Receipt of a satisfactory application and abuse policies and procedures as approved by an IPE underwriter is required prior to binding coverage. An IPE may request additional information and/or another application Irrespective of the above statements.

**Miscellaneous Professional (Bodily Injury) or Malpractice Coverage**

Is Malpractice or Miscellaneous Professional (bodily injury) coverage required? YES \_\_\_\_\_ NO \_\_\_\_\_

Does the Applicant currently have? \_\_\_\_\_ Occurrence Coverage \_\_\_\_\_ Claims Made Coverage \_\_\_\_\_ No Coverage \_\_\_\_\_

Current Limits: \$ \_\_\_\_\_ Requested Limits \$ \_\_\_\_\_ Retro-active Date: \_\_\_\_\_

**Errors & Omissions Liability – Claims Made Form (Financial Loss Coverage)**

Is Errors & Omissions coverage required? YES \_\_\_\_\_ NO \_\_\_\_\_

Limit Requested \$ \_\_\_\_\_ Retro-active Date: \_\_\_\_\_

**Directors' & Officers'**

Is coverage required? YES \_\_\_\_\_ NO \_\_\_\_\_ # Of Board Members \_\_\_\_\_ Annual Budget \$ \_\_\_\_\_

**Financial Information**

This financial information must be furnished with respect to each **Entity** and each **Benefit Program** to be named in Item 1 of the policy Declarations. For the most recent fiscal year-end provide the following consolidated financial information:

a) Total Assets: \$ \_\_\_\_\_ b) Total Liabilities: \$ \_\_\_\_\_

c) Total Revenues: \$ \_\_\_\_\_ d) Net Income: \$ \_\_\_\_\_

For the current fiscal year, please indicate: i) Estimated Revenue \_\_\_\_\_ ii) Estimated surplus/deficit \_\_\_\_\_

**Binding subject to completed Not for Profit Directors' & Officers' Liability Application**

**Crime Coverages**

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

**Employee Dishonesty Form A, Commercial Blanket Bond Limit** \$ \_\_\_\_\_

Number of employees that handle Money-Securities etc. (Class A): \_\_\_\_\_ All Other employees: \_\_\_\_\_

**Computer & Transfer Fraud Limit:** \$ \_\_\_\_\_

**Credit Card Forgery Limit:** \$ \_\_\_\_\_

**Broad Form Money & Securities – Loss Inside/Outside Premises Limit:** \$ \_\_\_\_\_

*Limits Over \$ 100,000. Require Completion of Crime Supplement.*

**Legal Expense Coverage**

Legal Defence Costs Limit Required \$ \_\_\_\_\_

**Additional Information:**

Provide full details of any lawsuits in the past five (5) years with respect to any Board Member, Director, Officer, Employee, Volunteer or Manager.

**Cyber Risk Insurance**

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

**If "Yes", complete a Cyber Risk Insurance Detailed Application**

**Environmental Liability**

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

**Additional Underwriting Information is required**

**Board Member Accident**

Is coverage required? YES \_\_\_\_\_ NO \_\_\_\_\_ Limit Requested \$ \_\_\_\_\_

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

## Property Coverages

### Note:

1. Provide full replacement cost values on a per location basis as our program does not have co-insurance clauses or stated amount clauses.
2. A Site Plan including distances, is required for all buildings or locations situated within 150 feet of each other
3. An Additional Property Supplemental Form is required for Each Location (other than the first one) – available on our website

Location address \_\_\_\_\_

### Building Construction – Please indicate percentage for each type of construction:

Fire Resistant (Concrete Walls; Roof; Floors) \_\_\_\_\_ %

Masonry Non-Combustible (Masonry walls; steel deck roof; concrete floors) \_\_\_\_\_ %

Non-combustible (steel on steel) \_\_\_\_\_ %

Masonry (Masonry walls; wood floors; wood roof) \_\_\_\_\_ %

All other (including Brick Veneer and Frame) \_\_\_\_\_ %

Occupancy by Insured \_\_\_\_\_ Occupied by Others as \_\_\_\_\_

Is the building a Condominium? \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

Year Built \_\_\_\_\_ Year Updated: Plumbing \_\_\_\_\_ Heating \_\_\_\_\_ Wiring \_\_\_\_\_ Roof \_\_\_\_\_

Number of stories \_\_\_\_\_ Total area of building (including basement) \_\_\_\_\_

Is the building 100% sprinklered and centrally monitored? YES \_\_\_\_\_ NO \_\_\_\_\_

Is the building 100% alarmed and centrally monitored? YES \_\_\_\_\_ NO \_\_\_\_\_

What type of alarm? Smoke \_\_\_\_\_ Heat \_\_\_\_\_ Intrusion \_\_\_\_\_

Distance to Fire Hydrant \_\_\_\_\_ Distance to Fire Hall \_\_\_\_\_

Heating System Forced Air \_\_\_\_\_ Hot Water \_\_\_\_\_ Steam \_\_\_\_\_

Fuel Type Gas \_\_\_\_\_ Electric \_\_\_\_\_ Oil \_\_\_\_\_ Wood \_\_\_\_\_

Describe secondary heating system (if applicable) \_\_\_\_\_

### Asbestos: The following questions are applicable to all buildings built prior to 1980.

Do any of the buildings that you own contain asbestos or asbestos products? YES \_\_\_\_\_ NO \_\_\_\_\_

If "Yes"- Please provide full details as to whether or not buildings have been surveyed for both friable and non-friable asbestos materials indicating the building, location, date surveyed and completed findings.

If "No"- has this been confirmed by a building survey? YES \_\_\_\_\_ NO \_\_\_\_\_

Deductible requested \$ \_\_\_\_\_

Building Limit \$ \_\_\_\_\_ If more than one building, provide PER building

Ensure that Replacement Values include the increased costs for any applicable by-laws.

Building is Owned \_\_\_\_\_ Leased \_\_\_\_\_ If leased, a copy of the lease agreement is required

Tenants Improvements Limit \$ \_\_\_\_\_

Outdoor Equipment (including playground, fencing and signs) Limit \$ \_\_\_\_\_

Other Property (including equipment and furniture) Limit \$ \_\_\_\_\_

### Note (Other Property means all property other than buildings)

Earthquake YES \_\_\_\_\_ NO \_\_\_\_\_

Flood YES \_\_\_\_\_ NO \_\_\_\_\_ Deductible \$ \_\_\_\_\_

Indicate any Additional, Unique or Special Coverages Required \_\_\_\_\_

Are there additional buildings or locations? YES \_\_\_\_\_ NO \_\_\_\_\_

If "Yes" a Supplementary Form is required for each additional location or building.

Have you included all location and values that are owned, leased, rented or under the control of the Applicant.

Insured? YES \_\_\_\_\_ NO \_\_\_\_\_

## Community Services – Property Supplemental Coverages and Extensions

<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	\$
<b>Accounts Receivable</b>						
Indicate how often sensitive/valuable information is backed up		\$	250,000	\$		
<b>Additional Living Expenses</b>		Indicate # of rental units		\$	10,000 Per unit 250,000 Aggregate	\$
<b>Builder's Risk Reporting Extension</b>				\$	1,000,000	\$
<b>By Laws - Governing Acts</b>		Indicate all Acts that govern the Applicants profession		\$	25,000	\$
<b>Condominium Loss Assessment and Contingent Building Coverage</b>						
Condominium Contingent				\$	Available	\$
Unit Owners Loss Assessment				\$	Available	\$
Unit Owners Improvements				\$	Available	\$
<b>Consequential Loss Caused by Interruption of Services</b>						
On Premises				\$	Included	\$
Off Premises				\$	50,000	\$
<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>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>				\$	25,000	\$
<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>Installation Floater</b>				\$	25,000	\$
<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	\$	25,000
<b>Supported Independent Living Program</b>				# Of people under this program	\$	Available
<b>Special Limits Indemnity Provision</b>				\$	25,000	\$
<b>Valuable Papers</b>	Indicate how often sensitive/valuable information is backed up			\$	250,000	\$

**Electronic Computer Systems Coverage (Per Location)**

Breakdown Coverage under this section does not include production machinery.

Equipment/Hardware Limit    \$ \_\_\_\_\_ Laptops                    \$ \_\_\_\_\_ Media (Software) Limit    \$ \_\_\_\_\_  
Electronic Computer Systems Extra Expense    \$ \_\_\_\_\_ Breakdown Coverage                    \$ \_\_\_\_\_

**Business Interruption Coverages**

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

**Equipment Breakdown Insurance**

Is cover required?                    YES \_\_\_\_\_ NO \_\_\_\_\_

Please confirm Replacement Value of all Electronic Equipment                    \$ \_\_\_\_\_

If any single piece of equipment over \$ 100,000., please describe.

Contact Name and Phone Number if different from page 1

Name                    \_\_\_\_\_ Phone Number                    \_\_\_\_\_

**Any additional comments or coverages required**

**APPLICANT ACKNOWLEDGEMENT**

The Applicant acknowledges that the information contained herein and in any supplemental applications or forms required is true, accurate and complete, and that no material facts have been suppressed or misstated. The Applicant acknowledges a continuing obligation to report to the Insurer as soon as practicable any material changes in all such information, after signing the application and acknowledges that the Insurer shall have the right to withdraw or modify any outstanding quotations and/or agreement to bind the insurance based upon such changes. If a policy is issued, the insurer will have relied upon, as representations, this application, any supplemental applications, and any other statements furnished to the Insurer in conjunction with the risk to be insured.

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.

Date                    \_\_\_\_\_

Title/Position                    \_\_\_\_\_

Signature                    \_\_\_\_\_