**Community Services Business Unit**

**Schools and Educational Institution Operations Supplemental Form**

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| **For all Schools and Educational Institutions other than Daycares** |
| **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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| **Licensing Information**  |
| Type of Educational Institution |       |
| Is this a Private Educational Institution (if yes, please submit a copy of the Ministry License) | YES |  | NO |       |
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| **Student Information** |
| Number of Full Time Students (Non-Residence) |       |  |
| Number of Full Time Students (In Residence) |       |  |
| Number of Part Time Students |       |  |
| Number of International/Foreign Students |       |  |
| Does Insured or any employees or directors provide guardianship of any international/foreign students? | YES |       | NO |       |
| If 'Yes' attach full details of how guardianship/custodianship arranged (including if this is administered by Facility protocols in place).  |
| **Additional information may be required when there are international students** |
| Do any of the courses involve activities/job placement to gain practical application in the field of study? | YES |       | NO |       |
| If 'Yes' attach full details (including: the # of students in placement and a copy of the agreement used)  |
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| **Employee Information** |
| **Category** | **# Of Full-Time** | **# Of Part-Time** |
| Registered Teachers |       |       |
| Early Childhood Educators (ECE) |       |       |
| Early Childhood Assistants (ECA) |       |       |
| Counsellors |       |       |
| Nurses  |       |       |
| **Others (include Volunteers)** | **# Of Full-Time** | **# Of Part-Time** |
|       |       |       |
|       |       |       |
| Do any of the above have Professional liability insurance elsewhere? | YES |       | NO |       |
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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** and **school-affiliated organizations** off school 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, other 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).  |
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| **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 |       |
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| **Other** |
| Is there a Pub on Campus? | YES |       | NO |       |
| If yes, complete PUB Questionnaire found in Supplemental Forms on our website |
| Does the Insured operate a Radio Station? | YES |       | NO |       |
| Describe any watercraft and/or aircraft owned, leased or chartered by the Applicant. |
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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. |
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| 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** |       |  |