

Children s Aid Society 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 have you the broker had this account and/or known the Applicant? _____

Conducted business continuously since dd/mm/yy _____

Number of Board Members _____

Total Budget for next twelve 12) months \$ _____

Indicate fundraising activities, including receipts and the number of times the event occurs per year _____

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 cover? YES ☐ NO ☐

If "Yes", why and how? _____

General Liability

Limit of Liability requested \$ _____
Deductible requested \$ _____
Total Number of Employees _____
Total Number of Volunteers _____

Total Payroll including benefits \$ _____
Annual Gross Revenue \$ _____

Is Workplace Safety Insurance carried?

YES ☐ NO ☐

Limit of Liability and Deductible: This limit will be the same for: Bodily Injury and Property Damage, Personal and Advertising Injury and Tenants Legal Liability. A Products and Completed Operations Aggregate may apply as well as other Aggregates, refer to quotation documents for specifics. Medical Expense Coverage is automatically provided for a set limit.

Child Welfare Extension Endorsement

This endorsement is provided on all business. Various limits for each extension below are available subject to underwriting approval. Some extensions and limits are automatic and indicated below. Please indicate the coverage limit you require where there is an option.

Coverage

Available Limits

Occurrence and Aggregate

Child Abduction Extension	☐	\$25,000/\$25,000
	☐	\$50,000/\$50,000
	☐	\$75,000/\$75,000
	☐	\$50,000/\$50,000
Crisis Management Expenses Extension Excluding Cyber	☐	\$100,000/\$100,000
	☐	\$250,000/\$250,000
	☐	\$500,000/\$500,000
	☐	\$500,000/\$1,000,000
Elevator, Escalator or Lift Collision Extension	☐	\$1,000,000/Nil
	☐	\$1,000,000/\$1,000,000
	☐	\$2,000,000/\$2,000,000
	☐	\$50,000/\$100,000
Forest and Prairie Fire Fighting Expenses Extension	☐	\$25,000/\$250,000
	☐	
	☐	
	☐	
Host's Liability – Property Belonging to Guests Extension	☐	
	☐	
	☐	
	☐	
Sexual Abuse Therapy and Counseling Expenses Extension	☐	
	☐	
	☐	
	☐	
Trademark Infringement Extension	☐	\$250,000/\$250,000
	☐	\$500,000/\$500,000
	☐	\$1,000,000/\$1,000,000
	☐	\$50,000/\$50,000
Voluntary Property Damage Extension	☐	Included
	☐	
	☐	
	☐	
Wrong Description of Prices Extension	☐	\$250,000/\$250,000
	☐	\$500,000/\$500,000
	☐	\$1,000,000/\$1,000,000
	☐	

of Professionals

Professional Employees

Identify and provide the number of **Professional Employees** for each category.

Professionals – The following Professionals are Excluded under our policy.

Medical, surgical, dental, x-ray or nursing services provided by a physician, nurse practitioner or dentist while acting in their professional capacity, including the furnishing of food and beverages in connection with such service. Architectural, design or engineering services. Computer programming or re-programming, consulting, advisory or related services. Claim, investigation or adjusting of claims services.

Category	Number	
	Full Time	Part Time
Administration		
Clerical		
Social Workers		
Supervisors		
Child Care Workers		
Others Including Professionals)		

Number of Children in Care _____

Number of Foster Homes _____

Number of Group Homes _____

Identify any Additional Insured which is not a Bona Fide Committee of the C.A.S. Board and describe their operations and why the C.A.S. board is responsible for them

Does the Applicant ever serve/provide alcohol during any of their functions or events? YES ☐ NO ☐

If "Yes", provide full details

Is Tenants' Legal Liability required? YES ☐ NO ☐

If "Yes", complete the chart below

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

Does the Applicant have any contractual agreements with others? YES ☐ NO ☐

If "Yes", provide copies

Procedures for screening prospective employees/volunteers/foster parents. Indicate the procedures the Applicant performs

Reference Checks? YES ☐ NO ☐

Police Record Checks? YES ☐ NO ☐

Confirm all employees/volunteers/foster parents are checked? YES ☐ NO ☐

Any other procedures used? YES ☐ NO ☐

If "Yes", provide full details

Does the Applicant have a formal written policy for their employees/volunteers/foster parents which 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/foster parents? YES ☐ NO ☐

If "Yes", attach details

Does the Applicant have procedures in place to train, monitor and evaluate employees/volunteers and foster parents? YES ☐ NO ☐

If "Yes", attach copies of policies and procedures

Does the Applicant have procedures in place to handle complaints made against employees and volunteers/foster parents? 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

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

Errors & Omissions

Is this coverage required? YES ☐ NO ☐

Limit of Liability requested \$ _____

This is a claims made form - advise if a Retroactive Date is required _____ (dd/mm/yyyy)

Directors Officers

Is this coverage required? YES ☐ NO ☐

If "Yes", complete separate Not-for-Profit Entity Directors' Officers' Liability Application

Legal Expense

Is Legal Defence Costs required? YES ☐ NO ☐

Limit of Liability \$ 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, Foster Parent, Kinship Care Provider, 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 coverage, additional underwriting criteria is required; contact an Intact Public Entities underwriter for more 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?

If "Yes", complete Property Information in this application

Special Or Unique Exposures

Does the Applicant have any unique liability exposures? YES ☐ NO ☐

If "Yes", provide full details

Property Information

Property of Every Description POED coverage is provided automatically. When completing the chart below please 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 Only Indicate If Required	Flood
			\$	\$	\$	\$		Yes	Yes
			\$	\$	\$	\$		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?

YES ☐ NO ☐

If "Yes", indicate which buildings and the distance between each

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

YES ☐ NO ☐

If "No", explain

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?

YES ☐ NO ☐

If "No", explain

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

Supplemental Coverage				Standard Limit	Required Limit		
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	\$	

Municipal		Public Administration Extensions Of Coverage			Standard Limit		Required Limit	
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 c			\$	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 _____ Email _____

Claims History and Circumstances that may become a claim if all circumstances are not reported, coverage may be denied .

Indicate all circumstances that may turn into a claim and claims incurred in the past 5 years including all payments plus a reserve for outstanding claims .

Year	Claim or Circumstance	Type of Claim/Circumstance	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	_____		

Insured:				Risk No:			
Occupancy:							
Full Address:				Postal Code:			

Municipal Protection			Construction details				Assets Included in overall		
Full Time Brigade ☐			Exterior Walls		Interior Walls		Replacement Value (\$)		
Volunteer Brigade ☐			Concrete ☐		Concrete ☐		Solar Power ☐ \$		
Kilometers to Fire Hall			Hollow Concrete Block ☐		Hollow Concrete Block ☐		Wind Turbine ☐ \$		
Hydrants			Brick on Block ☐		Solid Brick ☐		Geothermal ☐ \$		
<1,000' YES ☐ NO ☐			Solid Brick ☐		Metal Stud ☐		Bacnet ☐ \$		
Building Protection			EIFS: Wood ☐ Block ☐ Steel ☐		Heavy Timber ☐		Leed Designation ☐ \$		
Standpipes ☐			Steel on Steel ☐		Wood Stud ☐		Green Roof ☐ \$		
Siamese Connection ☐			Brick Veneer ☐		None ☐		Other ☐ \$		
Extinguishers ☐			Brick Veneer on Metal Stud ☐						
Deep Frying YES ☐ NO ☐			Heavy Timber ☐						
Auto Wc/Dc/Co2 ☐			Metal Clad/Wood Frame ☐						
Emergency Lighting ☐			Vinyl Clad/Wood Frame ☐						
Exit Signs ☐			Wood Clad/Wood Frame ☐						
Security			Roof				Building Over 35 Years Old		
24 Hr Occupancy ☐			Decking		Structural Members		Features Updated		
24 Hr On-site Security ☐			Concrete ☐		Steel Joist ☐		Plumbing year ☐		
Fenced Premises ☐			Steel ☐		Laminated Beams ☐		Heating year ☐		
Exterior Lighting ☐			Mill >2" thick ☐		Heavy Timber ☐		Roof Surfaces year ☐		
			Wood ☐		Wood Joist ☐		Wiring year ☐		
			Ceiling Open to Deck ☐						
24 Hour Alarms			H.V.A.C.		Floors		Vacant Buildings		
Local		Central Monitor	Heat Pump ☐		Concrete ☐		Heat Maintained ☐		
Smoke Alarms ☐		☐	Forced Air ☐		Wood ☐		Water Pipes Drained ☐		
Heat Detectors ☐		☐	Elec. Baseboards ☐		Gravel ☐		Alarms Operational ☐		
Pull Stations ☐		☐	Unit Heaters ☐		Dirt ☐		Security Checked Daily ☐		
Intrusion Alarm ☐		☐	Infra-Red Radiant ☐		# of Elevators		Future Occupancy Plans and Time Frame		
CO2 Alarms ☐		☐	Hot Water Boiler ☐		Electrical		Condition		
Surv. Cameras ☐		☐	Steam Boiler ☐		Romex ☐		Vehicle Exposure		
Sprinklers		Local	Solid Fuel Burning Appl. ☐		BX Cable ☐		Number of Bays in Building		
Wet Syst. ☐		☐	GeoThermal ☐		Conduit ☐		Inside Building:		
Dry Syst. ☐		☐	Air Exchange Units ☐		Breakers ☐		# & Client's Est. Auto Value Exposure		
Spec. Agents ☐		☐	Central Air ☐		Fuses ☐				
% of Bldg 0.00%		0.00%	Other ☐		Borrowed ☐				
					Back-up Gen kW ☐				
					Transformers ☐		Estimated Client's Mobile Equipment Value Exposure		
					Other				
General Information			Other Information						
Year Built			# of Stories		Earthquake Exposure Zone #				
Dimensions			Gross Area		Flood Exposure Yes ☐ No ☐				
Values (\$)			Heritage Desig.						
Replacement Value \$			Housekeeping						
ACV \$		D&D \$	Condition						

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

Site Plan

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

$$\begin{array}{ccc} & N & \\ W & + & E \\ & S & \end{array}$$
This image shows a full page of blank graph paper. The grid consists of small, uniform squares formed by thin, light gray lines. There are no margins, text, or other markings on the page.