

First Nations 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 international 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? YES _____ NO _____

If "No", provide full details _____

Are they restricting coverage in any way? YES _____ NO _____

If "Yes", provide details _____

Does the Applicant employ a full time Risk Manager? YES _____ NO _____

If "Yes", provide the name and contact information for this individual _____

Does the Applicant have a Disaster Recovery Plan? YES _____ NO _____

Ontario only: Has the Applicant implemented an Emergency Plan in accordance with Provincial requirements? YES _____ NO _____

If "No", provide full details on how and when the Applicant plans to implement one _____

Professionals: The following professionals and professional services are excluded under our policy (both liability and errors and omissions). Medical/dental/nursing treatment by physicians, dentists, nurse practitioners, architectural/engineering/design services, computer programming/IT consulting or claims adjusting services.

Liability

Limit of Liability requested	\$ _____	Deductible requested	\$ _____
Present Population	_____	Total Number of Employees	_____
Approximate kms of Roads	Centreline kms _____	2 Lane equivalent kms	_____
Approximate kms of Sidewalks	_____		

***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.

Public Entity 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
Crane and Hoist Operator's Liability Extension	_____ \$500,000/\$500,000
Crisis Management Expenses Extension (Excluding Cyber)	_____ \$50,000/\$50,000
	_____ \$100,000/\$100,000
	_____ \$250,000/\$250,000
	_____ \$500,000/\$500,000
Elevator, Escalator or Lift Collision Extension	_____ \$500,000/\$1,000,000
Forest and Prairie Fire Fighting Expenses Extension	_____ \$1,000,000/Nil
	_____ \$1,000,000/\$1,000,000
	_____ \$2,000,000/\$2,000,000
Do you forest fire fighting plans in place – indicate yes or no.	_____
Host's Liability – Property Belonging to Guests Extension	_____ \$50,000/\$100,000
Law Enforcement Abuse (Including Assault and Battery) Extension	Follows Main Liability Coverage Limits
Limited Marina Coverage Extension	Follows Main Liability Coverage Limits
Owned And Non-Owned Drone (UAV) Extension	Follows Main Liability Coverage Limits
Micro and small drones only.	
Advanced Operations and an SFOC as per Transport Canada do not qualify and are a referral to underwriting with a completed Drone application	
	# of drones _____
Sewer Back Up Extension	_____ Follows Main Liability Coverage Limits
Sexual Abuse Therapy and Counseling Expenses Extension	_____ \$25,000/\$250,000
	# of professionals _____
Trademark Infringement Extension	_____ \$250,000/\$250,000
	_____ \$500,000/\$500,000
	_____ \$1,000,000/\$1,000,000
Voluntary Property Damage Extension	_____ \$50,000/\$50,000
Waiver of Subrogation – Lease Agreements Extension	_____ Included
Wrong Description of Prices Extension	_____ \$250,000/\$250,000
	_____ \$500,000/\$500,000
	_____ \$1,000,000/\$1,000,000

Indicate which of the following departments or activities are administered directly by completing the following chart

Type of Exposure (check yes/no)				Measure	*Number of Employees
Airports	YES		NO	Number of Airports	
Ambulance/EMS	YES		NO	Number of Paramedics Payroll	\$
Arenas	YES		NO	Number of Arenas 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	YES		NO	Number of full-time firefighters Number of volunteer firefighters	
Garage Automobile	YES		NO		
Golf Courses	YES		NO	Liquor Receipts 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	YES		NO	Number of Officers Payroll	\$
Public Beach	YES		NO	Number of Beaches 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 should include Full Time Equivalents

Watercraft Limitation - The policy contains an exclusion for watercraft over 30 feet (including fire/rescue boats). Indicate number of boats under 30 feet and details including make, model and operations.

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 other party 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? _____

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? YES _____ 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? _____

Does the Applicant own any docks or wharves?

YES _____ NO _____

If "Yes" provide full information on each dock and wharf including location, value, construction

Does the Applicant own, operate or control a public beach?

YES _____ NO _____

How long is the beach? _____ kms

Is there regular water testing completed by a Provincial lab? YES _____ NO _____

Does the Applicant use lifeguards? YES _____ NO _____

If "Yes", how many _____

Does the Applicant contract out to a third party the responsibility for lifeguards looking after the beach area(s)? YES _____ NO _____

If "Yes", does the Applicant have a written contract in place? YES _____ NO _____

Has the Applicant been added as an "Additional Insured" to the third party's insurance policy? YES _____ NO _____

Building Inspection Department

Does the Applicant operate a building inspection department? YES _____ NO _____

If "Yes", provide Number of full time employees _____ Number of part time employees _____

Do they have other responsibilities in addition to building inspections? YES _____ NO _____

If "Yes", what are these other responsibilities? _____

What was the value of the building permits issued in the past twelve (12) months? \$ _____

Does the Applicant contract out their building inspections? YES _____ NO _____

If "Yes", does the Applicant receive proof of Professional Liability insurance? YES _____ NO _____

Does the Applicant ensure that the other party 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 their requirements? YES _____ NO _____

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

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 other party is added as an "Additional Insured" to their Liability policy? YES _____ NO _____
 Does the Applicant review the limits regularly to ensure they meet their 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 Dishonesty, Disappearance and Destruction Application

Environmental

Is this coverage required? YES _____ NO _____
If "Yes", complete separate Environmental Liability Application

Errors & Omissions

*refer to page 1 for professionals that are excluded under this policy.

Is this coverage required? YES _____ NO _____
 Limit of liability requested \$ _____ Deductible requested \$ _____

Limits apply separately for each Insuring Agreement: Insuring Agreement A. Liability For Professional Services Wrongful Acts, Insuring Agreement B. Liability for Employee Benefits Administration Wrongful Acts, Insuring Agreement C. Liability for Employment Practices Wrongful Acts, Insuring Agreement D. Vicarious Liability

*Coverage is subject to a maximum limit for each claim regardless of the number of Insuring Agreements triggered.

The Deductible will be the same for each Insuring Agreement.

Indicate if any of the services outlined below are under the jurisdiction of the Applicant

Building Inspection YES _____ NO _____
 Planning (e.g. land use, infrastructure planning etc.) YES _____ NO _____
 Plumbing Inspection (if different from Building Inspection) YES _____ NO _____
 Tax Collection YES _____ NO _____

List all other professional services that could be covered where claims could directly or indirectly arise from a financial loss.

For each of the above indicate if they are only employed by the Applicant YES _____ NO _____
 For each of the above does the Applicant require they carry their own insurance YES _____ NO _____
 Additional Information _____

General

Name of Board and Commission under Jurisdiction of Council	Number of Members

Is the Applicant aware of any error, omission, negligent act, unresolved dispute or circumstance that may result in a claim being made against the Applicant? YES _____ NO _____
 If "Yes", attach full details.
 Does the Applicant administer a pension plan on behalf of their employees? YES _____ NO _____
 If "Yes", does the Applicant's employees handle the pension plan? YES _____ NO _____
 If "No", does the Applicant have a qualified professional handle it on the Applicant's behalf? YES _____ NO _____
 If "No", provide full details.

Legal Expense

Is Legal Defence Costs required? YES _____ NO _____

Limit of Liability Options

\$ 100,000 Occurrence \$ 250,000 Aggregate _____
 \$ 250,000 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, 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

Conflict Of Interest

Is this coverage required? YES _____ NO _____

Limit Requested \$ _____

Attach full details of any lawsuits in the past 5 years with respect to any Councillor, Board Member, Director, Officer, Employee, Volunteer or Manager

Critical Illness

Is this coverage required? YES _____ NO _____

If "Yes", complete separate Critical Illness Application

Firefighters' Accident

Is this coverage required? YES _____ NO _____

Limit Requested \$ _____ Total number of Firefighters _____

Marina Liability

Is this coverage required? YES _____ NO _____

If "Yes", complete separate Marina Liability Supplemental 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 _____

Owned Automobile

Is this coverage required? YES _____ NO _____

If "Yes", complete Automobile Information in this application

Garage Automobile

Is this coverage required? YES _____ NO _____

Does the Applicant perform repairs on third party vehicles? YES _____ NO _____

If "Yes", provide the following information

Maximum value for any one vehicle \$ _____ Maximum number of vehicles at one time _____

Property

Is this coverage required? YES _____ NO _____

If "Yes", complete Property Information in this application

Special or Unique Exposures

Does the Applicant have any unique liability exposures or requirements? YES _____ NO _____

If "Yes", provide full details.

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 \$ _____

List all required endorsements

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 Indicate If Required	Flood
			\$	\$	\$	\$		Yes	Yes
			\$	\$	\$	\$		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 Possession
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	

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 (including medical equipment).
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

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

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

Municipal & Public Administration - Supplemental Coverages and Extensions

Supplemental Coverage			Standard Limit	Required Limit
Fire or Police Service Charges			\$	Included
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-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			\$ 500,000	\$
Bridges and Culverts				\$ 50,000	\$
Building Coverage Owned Due to Non-Payment of Municipal Taxes				\$ Not Included	\$
Buildings in Course of Construction Reporting Extension				\$ Not Included	\$
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				\$ 500,000	\$
Fine Arts					
At Insured's Own Premises				\$ 25,000	\$
On Exhibition				\$ 25,000	\$
Fundraising Expenses	Indicate # of Fundraising Events Planned this year			\$ 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	\$

Miscellaneous and Unlicensed 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

Unlicensed Equipment

Year	Make	Serial Number	Replacement Value
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

Miscellaneous Equipment \$ _____

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 Charges

Indicate if there is an Agreement in Place with another First Nations or Municipality for Emergency Services

Yes No If "Yes" provide full details.

First Party Pollution Clean-up Indicate # 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 Ceremonial Regalia

Furs and Jewellery Indicate exposures involving jewellery

Ceremonial Regalia Indicate type of Ceremonial Regalia

Municipal & Public Administration Extensions Of Coverage

Refer to Municipal & Public Administration Extensions Of Coverage – Standard Limits for Limits Provided

Accounts Receivable Indicate how often sensitive/valuable information is backed up

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		
Consequential Loss Caused by Interruption of Services				
On Premises				
Off Premises				
Cost to Attract Volunteers Following a Loss				
Docks, Wharves and Piers		Dock or Wharf	Value	Construction
Errors and Omissions				
Exterior Paved Surfaces				
Extra Expense				
Fine Arts				
At Insured's Own Premises				
On Exhibition				
Fundraising Expenses		Indicate # of Fundraising Events Planned this year		
Green Extension				
Growing Plants				
Any One Item				
Per Occurrence				
Ingress and Egress				
Leasehold Interest				
Master Key				
Peak Season Increase		Peak Season Months		
Personal Effects				
Property of Others				
Rewards: Arson, Burglary Robbery and Vandalism				
Signs	# of	Value	# of	Value
Vacant Properties				
Valuable Papers		Indicate how often sensitive/valuable information is backed up		

Municipal & Public Administration Extensions Of Coverage – Standard Limits				
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

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

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 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 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		
Replacement Value (\$)			Exterior Walls						Interior Walls		
Solar Power			Concrete			Concrete			Solar Power		
Wind Turbine			Hollow Concrete Block			Hollow Concrete Block			Wind Turbine		
Geothermal			Brick on Block			Solid Brick			Geothermal		
Bacnet			Solid Brick			Metal Stud			Bacnet		
Leed Designation			EIFS: Wood ☐ Block ☐ Steel ☐			Heavy Timber			Leed Designation		
Green Roof			Steel on Steel			Wood Stud			Green Roof		
Other			Brick Veneer			None			Other		
			Brick Veneer on Metal Stud								
			Heavy Timber								
			Metal Clad/Wood Frame								
			Vinyl Clad/Wood Frame								
			Wood Clad/Wood Frame								
			Roof								
			Decking			Structural Members					
			Concrete			Steel Joist					
			Steel			Laminated Beams					
			Mill >2" thick			Heavy Timber					
			Wood			Wood Joist					
			Ceiling Open to Deck								
			H.V.A.C.						Floors		
			Heat Pump			Concrete					
			Forced Air			Wood					
			Elec. Baseboards			Gravel					
			Unit Heaters			Dirt					
			Infra-Red Radiant			# of Elevators					
			Hot Water Boiler			Electrical					
			Steam Boiler			Romex					
			Solid Fuel Burning Appl.			BX Cable					
			GeoThermal			Conduit					
			Air Exchange Units			Breakers					
			Central Air			Fuses					
			Other			Borrowed					
						Back-up Gen kW					
						Transformers					
						Other					
			General Information						Other Information		
Year Built				# of Stories				Earthquake Exposure Zone #			
Dimensions				Gross Area		Sq/Ft					
Values (\$)				Heritage Desig.							
Replacement Value \$				Housekeeping							
ACV \$		D&D \$		Condition				Flood Exposure Yes ☐ No ☐			

Building Over 35 Years Old		
Features Updated		
Plumbing	year	☐
Heating	year	☐
Roof Surfaces	year	☐
Wiring	year	☐
Vacant Buildings		
Heat Maintained		☐
Water Pipes Drained		☐
Alarms Operational		☐
Security Checked Daily		☐
Future Occupancy Plans and Time Frame		
Condition		
Vehicle Exposure		
Number of Bays in Building		
Inside Building:		
# & Client's Est. Auto Value Exposure		
Estimated Client's Mobile Equipment Value Exposure		
Within 150' of Building:		
# & Client's Est. Value Exposure		

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

$$\begin{array}{ccccc} & & N & & \\ W & & + & & E \\ & & S & & \end{array}$$
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.