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| **First Nations Underwriting Application** |
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| **NOTE:** | **All questions must be completed** | | | | | | | | | | | | | | | |
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| **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 | | | | | | | | | | |  | |  | |  |  |
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| **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 | | |  | | |  | | | |  | |

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| 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** |  |  |  |  | Number of Paramedics |  |  |  |
| YES |  | NO |  | Payroll | $ |  |  |
| **Arenas** |  |  |  |  | Number of Arenas |  |  |  |
| YES |  | NO |  | 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** |  |  |  |  | Number of full-time firefighters |  |  |  |
| YES |  | NO |  | Number of volunteer firefighters |  |  |  |
| **Garage Automobile** | YES |  | NO |  |  |  |  |  |
| **Golf Courses** |  |  |  |  | Liquor Receipts | $ |  |  |
| YES |  | NO |  | 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** |  |  |  |  | Number of Officers |  |  |  |
| YES |  | NO |  | Payroll | $ |  |  |
| **Public Beach** |  |  |  |  | Number of Beaches |  |  |  |
| YES |  | NO |  | 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** | | | | | | | | |
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| Provide a description of the programs administered by the Recreation department (e.g. Seniors programs, etc.) | | | | | | | | | |
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| 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 | | | | | | | | | |
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| **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 | | | | | | | | | |
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| **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 |  |
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| **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? | | |  | | | | |  |  |
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| **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 |  | |  |  |  | |  |
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| **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? | | | | | | | |  | | | |  | |  |  |  |
|  | | | | | | | | | | | | | | | | |
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| **Does the Applicant own any docks or wharves?** | | | | | | | |  | | | | YES | |  | NO |  |
| If "Yes" provide full information on each dock and wharf including location, value, construction | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
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| **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 |  |

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| 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** | | |
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| **Parking Facility Exposure** |  |  |  |  |  |

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| 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? | | | | | |

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| 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 the their requirements? | YES |  | NO |  |

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| Identify how many spaces are in each parking facility | | | | | |
|  | | | | | |
| What security arrangements have been made? | | | | | |
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| **Crime** |  |  |  |  |  |

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| Is this coverage required? |  | YES |  | NO |  |

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| **If "Yes", complete separate Comprehensive Dishonesty, Disappearance and Destruction Application** | | | | | |
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| **Environmental** |  |  |  |  |  |

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| Is this coverage required? |  | YES |  | NO |  |

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| **If "Yes", complete separate Environmental Liability Application** |

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| **Errors & Omissions** | | |  | | | | | | |  | | | | | |  | |
| Is this coverage required? | | | | | | | |  | | | | YES |  | NO | | |  |
| Limit of liability requested | $ |  | | |  | Deductible requested | | | $ | |  | | | |  | | |
| Indicate if any of the operations outlined below are under the jurisdiction of the Applicant | | | | | | | | | | | | | | | | | |
| Building Inspection | | | | | | | |  | | | | YES |  | NO | | |  |
| Medical facilities (health care units, hospitals, nursing homes or other similar facilities) | | | | | | | | | | | | YES |  | NO | | |  |
| Planning | | | | | | | |  | | | | YES |  | NO | | |  |
| Plumbing Inspection (if different from Building Inspection) | | | | | | | |  | | | | YES |  | NO | | |  |
| Tax Collection | | | | | | | |  | | | | YES |  | NO | | |  |
| Utilities (specify which type) | | | |  | | | | | | | | YES |  | NO | | |  |
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| **General** | | | | | | | |  | | | |  |  |  | | |  |
| **Name of Board and Commission under Jurisdiction of Council** | | | | | | | **Number of Members** | | | | | | | | | | |
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| 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 | | | | | | | |  | | | |  |  |  | | |  |
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| **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 | | | | | |  | | |  |  |  |  |

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| **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 | | | | | | | | | | |

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| **Cyber Risk Insurance** | | | | |
| Is this coverage required? | YES |  | NO |  |
| **If "Yes", complete separate Cyber Risk Insurance Detailed Application** | | | | |

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| **Conflict Of Interest** |  |  |  |  |  |

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| --- | --- | --- | --- | --- |
| Is this coverage required? | YES |  | NO |  |

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| --- | --- | --- | --- | --- | --- |
| 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 | | | | | |
|  | | | | | |
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| **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 | |  | |  | | | |
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| **Marina Liability** |  |  |  |  |  |

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| Is this coverage required? | YES |  | NO |  |

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| **If "Yes", complete separate Marina Liability Supplemental Application** | | | | | |
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| **Non Owned Automobile** |  |  |  |  |  |

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| Is this coverage required? | YES |  | NO |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | | | |  | | | |

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| --- | --- | --- | --- | --- |
| **Owned Automobile** | | | | |
| Is this coverage required? | YES |  | NO |  |
| **If "Yes", complete Automobile Information in this application** | | | | |
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| **Garage Automobile** |  |  |  |  |  |

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| --- | --- | --- | --- | --- |
| Is this coverage required? | YES |  | NO |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | | | |  | | |

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|  | | | | |
| **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 | | | | |
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| **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** |
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| 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 | | | | | | | | | | | | | |
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| **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** | | **Building Values** | | | | **Other Property** | | | | | **Playground** | | | | | | | | **Fencing** | | **Max. #** | | | **Earthquake** | | | | | **Flood** | |
| **Lease** | | **Values** | | | | | **Equipment** | | | | | | | | **Vehicles** | | | **Only Indicate If Required** | | | | | | |
|  | |  | | | |  | | $ | | | | $ | | | | | $ | | | | | | | | $ | |  | | | 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** | | | | | | **Indicate Length of Time Property** | | | | | | | | | | |
| **Values** | | | | | | **has been in Applicants Possesion** | | | | | | | | | | |
|  | | | |  | | |  | | | | | | $ | | | | | | | $ | | | | | |  | | | | | | | | | | |
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| **Vacant Buildings** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Note** | Limited Coverage is available (Named Perils, Actual Cash Value Settlement) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Address** | | | | **Building Values** | | | | | | **Other Property** | | | | | **Indicate Length of Time Property** | | | | | | | | | | | | | | **Indicate Future Plans** | | | | | | | |
| **Values** | | | | | **has been in Applicants Possesion** | | | | | | | | | | | | | | **For Property** | | | | | | | |
|  | | | | $ | | | | | | $ | | | | |  | | | | | | | | | | | | | |  | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Are all locations and values that are owned, leased and under the Applicant's control included? | | | | | | | | | | | | | | | | | | | | | | | YES | | | |  | | | | NO | |  | | | |
| If "No", explain | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |
| **Electronic Computer Systems Coverage** |

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|  |  |  |  |  |
| Is this coverage required? | YES |  | NO |  |

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| **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** | | |
|  | | |  | | $ |  | | $ | |  | $ | |  | | $ |  | | | | | $ |  | |
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|  | | |  | | $ |  | | $ | |  | $ | |  | | $ |  | | | | | $ |  | |
|  | | | **Total Values** | | $ |  | | $ | |  | $ | |  | | $ |  | | | | | $ |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Are all locations and values, that are owned, leased and under the Applicant's control included? | | | | | | | | | | | | | | YES | | |  | | | NO | | |  |
|  | | | | | | | | | | | | | |  | | |  | | |  | | |  |
| If "No", explain | | | | | | | | | | | | | | | | | | | | | | | |
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| **Business Interruption and Special Coverages** | | | | | | | | | | | | | | | | | | | | | | | |
| Indicate any business interruption or any additional, specialor 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) | | | | | | | | | | | | | | | | | | | | | |
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| **Location Address** | | | | **Type of Business Interruption Coverage** | | | **Limit Required** | | | | | **Additional, Special or Unique Coverage** | | | | | | **Limit Required** | | | | | |
|  | | | |  | | | $ | |  | | |  | | | | | | $ |  | | | | |
|  | | | |  | | | $ | |  | | |  | | | | | | $ |  | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | |
| **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** | | | | | | | | | | | |
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| **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 Unlicenced 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 | | | | |
|  |  |  |  |  |
| **Unlicenced Equipment** |  |  |  |  |
|  | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Make** | **Serial Number** | **Replacement Value** |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |

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| --- | --- | --- | --- | --- | --- | --- |
|  |  |  | | |  |  |
| **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 | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| **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 | |  | | | | | |
|  | | | | | | | | | | | | |
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| --- | --- | --- | --- |
| **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/Incidents** | |
| For all "Claims Made" coverage (e.g. Errors and Omissions), provide full details of any incidents that may give rise to a claim | |
|  | |
| **Year** | **Detail of Incidents** |
|  |  |
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| --- | --- | --- | --- | --- |
| **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** | | | | | | | | |  | | EIFS: Wood  Block  Steel | | | | | |  | Heavy Timber | | |  |  | | | Leed Designation | | |  | $ | | |
| **Protection** | | | | | | | | |  | | Steel on Steel | | | |  | |  | Wood Stud | | |  |  | | | Green Roof | | |  | $ | | |
| Standpipes | | | | | | |  | |  | | Brick Veneer | | | |  | |  | None | | |  |  | | | Other | | |  | $ | | |
| Siamese Connection | | | | | | |  | |  | | Brick Veneer on Metal Stud | | | |  | |  |  | | |  |  | | |  | | | | | | |
| Extinguishers | | | | | | |  | |  | | Heavy Timber | | | |  | |  |  | | |  |  | | |  | | | | | | |
| Deep Frying **YES**  **NO** | | | | | | | | |  | | Metal Clad/Wood Frame | | | |  | |  |  | | | |  | | |  | | | | | | |
| Auto Wc/Dc/Co2 | | | | |  | | | |  | | Vinyl Clad/Wood Frame | | | |  | |  |  | | | |  | | | **Building Over 35 Years Old** | | | | | | |
| Emergency Lighting | | | | |  | | | |  | | Wood Clad/Wood Frame | | | |  | |  |  | | | |  | | | **Features Updated** | | | | | | |
| Exit Signs | | | | |  | | | |  | |  | | | | | |  |  | | | |  | | | Plumbing | | year | | | |  |
|  | | | | |  | | | |  | | **Roof** | | | | | | | | | | |  | | | Heating | | year | | | |  |
| **Security** | | | | | | | | |  | | **Decking** | | | | | |  | **Structural Members** | | | |  | | | Roof Surfaces | | year | | | |  |
| 24 Hr Occupancy | | | | |  | | | |  | | Concrete | | | | |  |  | Steel Joist | | |  |  | | | Wiring | | year | | | |  |
| 24 Hr On-site Security | | | | |  | | | |  | | Steel | | | | |  |  | Laminated Beams | | |  |  | | |  | | | | | |  |
| Fenced Premises | | | | |  | | | |  | | Mill >2” thick | | | | |  |  | Heavy Timber | | |  |  | | |  | | | | | | |
| Exterior Lighting | | | | |  | | | |  | | Wood | | | | |  |  | Wood Joist | | |  |  | | | **Vacant Buildings** | | | | | | |
|  | | | | | | | | |  | | Ceiling Open to Deck | | | | |  |  |  | | |  |  | | | Heat Maintained | | | | |  | |
|  | | | | | | | | |  | |  | | | | |  |  |  | | |  |  | | | Water Pipes Drained | | | | |  | |
|  | | | | | | | | |  | |  | | | | | |  |  | | | |  | | | Alarms Operational | | | | |  | |
| **24 Hour** | |  | | | **Central** | | | |  | | **H.V.A.C.** | | | | | |  | **Floors** | | | |  | | | Security Checked Daily | | | | |  | |
| **Alarms** | | **Local** | | | **Monitor** | | | |  | | Heat Pump | |  | | | |  | Concrete | | |  |  | | | Future Occupancy Plans and Time Frame | | | | | | |
| Smoke Alarms | |  | | | |  | | |  | | Forced Air | |  | | | |  | Wood | | |  |  | | |  | | | | | | |
| Heat Detectors | |  | | | |  | | |  | | Elec. Baseboards | |  | | | |  | Gravel | | |  |  | | | Condition | | | | | | |
| Pull Stations | |  | | | |  | | |  | | Unit Heaters | |  | | | |  | Dirt | | |  |  | | |  | | | | | | |
| Intrusion Alarm | |  | | | |  | | |  | | Infra-Red Radiant | |  | | | |  | # of Elevators | | | |  | | |  | | | | | | |
| CO2 Alarms | |  | | | |  | | |  | | Hot Water Boiler | |  | | | |  | **Electrical** | | | |  | | | **Vehicle Exposure** | | | | | | |
| Surv. Cameras | |  | | | |  | | |  | | Steam Boiler | |  | | | |  | Romex | | |  |  | | | Number of Bays in Building | | | | | | |
| **Sprinklers** | **Local** | | | | **24 Hr Mon** | | | |  | | Solid Fuel Burning Appl. | |  | | | |  | BX Cable | | |  |  | | |  | | | | | | |
| Wet Syst. |  | | | |  | | | |  | | GeoThermal | |  | | | |  | Conduit | | |  |  | | | **Inside Building:**  **# & Client’s Est. Auto Value Exposure** | | | | | | |
| Dry Syst. |  | | | |  | | | |  | | Air Exchange Units | |  | | | |  | Breakers | | |  |  | | |  | | | | | | |
| Spec. Agents |  | | | |  | | | |  | | Central Air | |  | | | |  | Fuses | | |  |  | | |  | | | | | | |
| % of Bldg |  | | | |  | | | |  | | Other | |  | | | |  | Borrowed | | |  |  | | |  | | | | | | |
|  | | | | | | | | |  | |  | |  | | | |  | Back-up Gen kW | | |  |  | | |  | | | | | | |
|  | | | | | | | | |  | |  | | | | | |  | Transformers | | |  |  | | | Estimated Client’s Mobile Equipment  Value Exposure | | | | | | |
| **General Information** | | | | | | | | | | | | | | | | |  | Other | | | |  | | |  | | | | | | |
| Year Built | | |  | | | | | | | # of Stories | |  | | | | |  | **Other Information** | | | |  | | |  | | | | | | |
| Dimensions | | |  | | | | | | | Gross Area | | **Sq/Ft** | | | | |  | Earthquake Exposure  Zone # | | | |  | | | **Within 150’ of Building:**  **# & Client’s Est. Value Exposure** | | | | | | |
| **Values ($)** | | | | | | | | | | Heritage Desig. | |  | | | | |  |  | | | |  | |  | | | | | | | |
| Replacement Value $ | | | | | | | | | | Housekeeping | |  | | | | |  | Flood Exposure  Yes  No | | | |  | |  | | | | | | | |
| 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:** | | | | | | | | | | | | |

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| 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 | | | | |
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