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General Application

NOTES: All questions must be completed
Supplemental applications may be required for specific information

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? _____

Conducted business continuously since (dd/mm/yy) _____

Number of Board Members _____

Total Budget for next twelve (12) months $ _____

Present Insurer _____

Expiry Date (dd/mm/yy) _____ Premium $ _____

Are you the incumbent broker? YES ☐ NO ☐

Is the present Insurer offering renewal? YES ☐ NO ☐

If "No", provide full details

Are they restricting cover? YES ☐ NO ☐

If "Yes", why and how?

Applicant is For Profit Organization ☐ Not for Profit Organization ☐

Applicant is a Corporation ☐ a Partnership ☐ a Sole Proprietor ☐

Incorporation Date (dd/mm/yy) _____ Act/Jurisdiction _____

If incorporated, a copy of the Letters Patent is required

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

Indicate Applicant's sources of income and the percentage of their total revenue generated from each

_____ _____ %

_____ _____ %

Is the Applicant municipally owned and operated? YES ☐ NO ☐

Is the facility licenced within the province of operation? YES ☐ NO ☐

Does the Applicant provide Ambulatory services? YES ☐ NO ☐

If "Yes", is the Applicant a member of the Provincial Association? YES ☐ NO ☐

Indicate radius of operation _____

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General Liability

Limit of Liability Requested $ _____

Deductible Requested $ _____

Total Number of Employees _____ Total Payroll (including benefits) $ _____

Total Number of Volunteers _____ Annual Gross Revenue $ _____

Is Workplace Safety Insurance (WSIB) carried? YES ☐ NO ☐

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

Professionals

Identify and provide the number of **Professional Employees** by category

Category	Number	
	Full Time	Part Time

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

If "Yes", provide details

Is Tenants' Legal Liability required? YES ☐ NO ☐

If "Yes", complete the chart below

Location	Occupancy	Limit Requested
		$
		$
		$
		$

Does the Applicant's operations include the provision of services (such as a group home, youth home, residential treatment centre, daycare or other similar type of facility)? YES ☐ NO ☐

If "Yes", is the facility licenced within the province of operation? YES ☐ NO ☐

If "Yes", provide the number of persons receiving treatment/accommodation/care including maximum capacity

Type of Service	Number of Persons Receiving Service	Maximum Capacity

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

If "Yes", provide copies

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

- Reference checks? YES ☐ NO ☐
- Police Record checks? YES ☐ NO ☐
- Confirm all employees/volunteers are checked? YES ☐ NO ☐
- Are other procedures used? YES ☐ NO ☐

If "Yes" provide full details

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

If "Yes", provide full details and a copy of the written policies in place.

Does the Applicant offer a formal orientation/training program for new employees/volunteers? YES ☐ NO ☐

If "Yes", attach details.

Does the Applicant have procedures in place to train, monitor and evaluate employees/volunteers after they've been hired? YES ☐ NO ☐

If "Yes", attach copies of policies and procedures.

Does the Applicant have procedures in place to handle complaints made against employees/ volunteers? YES ☐ NO ☐

If "Yes", attach copies of policies and procedures.

Have any allegations of Abuse or Professional Negligence been made against the Applicant, any employee, volunteer or any person associated with the organization in the past 5 years? YES ☐ NO ☐

If "Yes", provide full details

Parking Facility Exposures

Does the Applicant own a parking lot or garage? YES ☐ NO ☐

If "Yes", is the operation and management contracted out? YES ☐ NO ☐

If "Yes", to whom?

Identify how many spaces are in each parking facility

What security arrangements have been made?

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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

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Crime

Is this coverage required? YES ☐ NO ☐

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

Environmental

Is this coverage required? YES ☐ NO ☐

Limit of Liability requested $ _____

Does the Applicant have above or below ground tanks? YES ☐ NO ☐

If "Yes", additional information may be required

Errors & Omissions

Is this coverage required? YES ☐ NO ☐

Limit of Liability requested $ _____

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

Directors' & Officers'

Is this coverage required? YES ☐ NO ☐

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

Legal Expense

Is Legal Defence Costs required? YES ☐ NO ☐

Limit of Liability Options

$50,000 Occurrence $250,000 Aggregate ☐ $50,000 Occurrence $500,000 Aggregate ☐

$100,000 Occurrence $250,000 Aggregate ☐ $100,000 Occurrence $500,000 Aggregate ☐

Optional Coverage: Limits are included within the above mentioned Limit of Liability

Indicate **if Optional Coverage** is required

Contract Disputes and Debt Recovery YES ☐ NO ☐

Statutory Licence Protection YES ☐ NO ☐

Tax Protection YES ☐ NO ☐

Property Protection YES ☐ NO ☐

Attach full details of any lawsuits in the past 5 years with respect to any Board Member, Director, Officer, 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 hour 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

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Non-Owned Automobile

Is this coverage required? YES ☐ NO ☐

Indicate the number of employees and volunteers driving their own personal vehicles for the Applicant's business _____

Does the Applicant ever rent vehicles for short periods of time (less than 30 days)? YES ☐ NO ☐

If "Yes", complete the following

Number of times per year _____ Number of Vehicles rented per year _____

Current estimated cost of hire of non-owned vehicles (e.g. buses) $_____

Owned Automobile

Is this coverage required? YES ☐ NO ☐

If "Yes", complete Automobile Information in this application

Property

Is this coverage required? YES ☐ NO ☐

If "Yes", complete Property Information in this application

Special or Unique Exposures

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

If "Yes", provide full details

_____

_____

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Automobile Information

If the Applicant 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

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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 $1,000) $ _____

Address	Occupancy	Own, Rent Lease	Building Values	Other Property Values	Playground Equipment	Fencing	Max. # Vehicles	Earthquake Only Indicate If Required	Flood Only Indicate If Required
			$	$	$	$		Yes	Yes
			$	$	$	$		Yes	Yes
			$	$	$	$		Yes	Yes
			$	$	$	$		Yes	Yes
			$	$	$	$		Yes	Yes
			$	$	$	$		Yes	Yes
			$	$	$	$		Yes	Yes
			$	$	$	$		Yes	Yes
			$	$	$	$		Yes	Yes

Vacant Buildings
Note: Limited Coverage is available (Named Perils, Actual Cash Value Settlement)

Address	Building Values	Other Property Values	Indicate Length of Time Property has been in Applicants Possession	Indicate Future Plans For Property
	$	$		
	$	$		
	$	$		
	$	$		

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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

Are all locations and values that are owned, leased and under the Applicant's control included? YES ☐ NO ☐

If "No", explain

Electronic Computer Systems Coverage

Is this coverage required? YES ☐ NO ☐

Note: Deductible will follow the Property deductible, Breakdown Coverage under this section does not include production machinery.
All Values indicated are to reflect the Replacement Cost Values.

Address	Occupancy	Equipment (Hardware)	Laptops (Notebooks)	Media (Software)	Extra Expense	Breakdown
		$	$	$	$	$
		$	$	$	$	$
		$	$	$	$	$
		$	$	$	$	$
		$	$	$	$	$
		$	$	$	$	$
		$	$	$	$	$
		$	$	$	$	$
		$	$	$	$	$
		$	$	$	$	$
	Total Values	$	$	$	$	$

Are all locations and values that are owned, leased and under the Applicant's control included? YES ☐ NO ☐

If "No", explain

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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

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
		$		$
		$		$
		$		$
		$		$
		$		$
		$		$
		$		$

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Municipal & Public Administration - Supplemental Coverages and Extensions

Supplemental Coverage			Standard Limit	Required Limit
First Party Pollution Clean-up	Indicate # of above ground tanks		$ Included	$
Have there been any releases or spills of regulated substances, hazardous waste or any other pollutants (as defined by applicable environmental statutes) ?				
Yes ☐ No ☐	If "Yes" provide full details.			
Furs, Jewellery and Ceremonial Regalia				
Furs and Jewellery	Indicate exposures involving jewellery		$ 25,000	$
Ceremonial Regalia	Indicate type of Ceremonial Regalia		$ Included	$

Municipal & Public Administration Extensions Of Coverage				Standard Limit	Required Limit
Accounts Receivable	Indicate how often sensitive/valuable information is backed up			$ 250,000	$
Bridges and Culverts				$ 50,000	$
Building Coverage Owned Due to Non Payment of Municipal Taxes				$ Not Included	$
Buildings in Course of Construction Reporting Extension				$ 1,000,000	$
By Laws - Governing Acts	Indicate all Acts that govern the Applicants profession			$ 25,000	$
Consequential Loss Caused by Interruption of Services					
On Premises				$ Included	$
Off Premises				$ 1,000,000	$
Cost to Attract Volunteers Following a Loss				$ 10,000	$
Docks, Wharves and Piers	Dock or Wharf	Value	Construction	$ 25,000	$
Errors and Omissions				$ Included	$
Exterior Paved Surfaces				$ 50,000	$
Extra Expense				$ 250,000	$
Fine Arts					
At Insured's Own Premises				$ 25,000	$
On Exhibition				$ 25,000	$
Fundraising Expenses	Indicate # of Fundraising Events Planned this year			$ 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	$

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Boiler & Machinery (Equipment Breakdown)

Is this coverage required? YES ☐ NO ☐

Boiler & Machinery exposures include boiler, pressure vessels (fired or unfired), air conditioning units, miscellaneous electrical apparatus, electronic equipment

Are there any Boiler & Machinery exposures at any locations owned, rented or leased by the Applicant? YES ☐ NO ☐

If "Yes", complete the chart below

Comprehensive Form YES ☐ NO ☐

Equipment Breakdown Protection Form YES ☐ NO ☐

A Limit of Insurance is applicable to the Comprehensive Form. The Equipment Breakdown Protection Form is an exclusive product to Intact Public Entities offering comprehensive protection with no Limit of Insurance. Certain underwriting conditions apply. If this option is selected and the risk does not qualify, the Comprehensive Form will automatically be quoted.

Deductible (Minimum $1,000) $ _____

Location Address	Type of Boiler & Machinery Equipment	Replacement Cost
		$
		$
		$
		$
		$
		$

The Boiler Inspection and Insurance Company will be completing an inspection - provide

Contact name _____

Phone _____ Email _____

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

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

Year	Claim or Circumstance	Type of Claim/Circumstance	Amount Paid	Reserves for Unpaid Claims
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$

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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	_____		

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

Municipal Protection	
Full Time Brigade	☐
Volunteer Brigade	☐
Kilometers to Fire Hall	

Hydrants	
<1,000'	YES ☐ NO ☐

Building Protection	
Standpipes	☐
Siamese Connection	☐
Extinguishers	☐
Deep Frying	YES ☐ NO ☐
Auto Wc/Dc/Co2	☐
Emergency Lighting	☐
Exit Signs	☐
	☐

Security	
24 Hr Occupancy	☐
24 Hr On-site Security	☐
Fenced Premises	☐
Exterior Lighting	☐

24 Hour Alarms	Local	Central Monitor
Smoke Alarms	☐	☐
Heat Detectors	☐	☐
Pull Stations	☐	☐
Intrusion Alarm	☐	☐
CO2 Alarms	☐	☐
Surv. Cameras	☐	☐

Sprinklers	Local	24 Hr Mon
Wet Syst.		
Dry Syst.		
Spec. Agents		
% of Bldg	0.00%	0.00%

Construction Details

Exterior Walls	
Concrete	☐
Hollow Concrete Block	☐
Brick on Block	☐
Solid Brick	☐
EIFS: Wood ☐ Block ☐ Steel ☐	
Steel on Steel	☐
Brick Veneer	☐
Brick Veneer on Metal Stud	☐
Heavy Timber	☐
Metal Clad/Wood Frame	☐
Vinyl Clad/Wood Frame	☐
Wood Clad/Wood Frame	☐

Interior Walls	
Concrete	☐
Hollow Concrete Block	☐
Solid Brick	☐
Metal Stud	☐
Heavy Timber	☐
Wood Stud	☐
None	☐
	☐
	☐

Roof

Decking	
Concrete	☐
Steel	☐
Mill >2" thick	☐
Wood	☐
Ceiling Open to Deck	☐
	☐

Structural Members	
Steel Joist	☐
Laminated Beams	☐
Heavy Timber	☐
Wood Joist	☐
	☐
	☐

H.V.A.C.	
Heat Pump	☐
Forced Air	☐
Elec. Baseboards	☐
Unit Heaters	☐
Infra-Red Radiant	☐
Hot Water Boiler	☐
Steam Boiler	☐
Solid Fuel Burning Appl.	☐
GeoThermal	☐
Air Exchange Units	☐
Central Air	☐
Other	☐
	☐

Floors	
Concrete	☐
Wood	☐
Gravel	☐
Dirt	☐
# of Elevators	

Electrical	
Romex	☐
BX Cable	☐
Conduit	☐
Breakers	☐
Fuses	☐
Borrowed	☐
Back-up Gen kW	☐
Transformers	☐
Other	

Other Information
Earthquake Exposure Zone #
Flood Exposure Yes ☐ No ☐

Assets Included in overall Replacement Value ($)		
Solar Power	☐	$
Wind Turbine	☐	$
Geothermal	☐	$
Bacnet	☐	$
Leed Designation	☐	$
Green Roof	☐	$
Other	☐	$

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

General Information

Year Built		# of Stories	
Dimensions		Gross Area	Sq/Ft
Values ($)		Heritage Desig.	
Replacement Value $		Housekeeping	
ACV $	D&D $	Condition	

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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 _____

N
W + E
S

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