**Health Unit 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) | | | | | | | | | | | | | | | | | |
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| How long has the broker had this account and/or known the Applicant? | | | | | | | | | | |  | | | | | | |
| Number of Board Members | | | | | | | | | | |  | | | | | | |
| Total Budget for the next twelve (12) months | | | | | | | | | | $ |  | | | | | | |
| Population of Area Serviced | | | |  | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| 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 coverage? | | | |  | | | | | | | YES | | |  | | NO |  |
| If "YES", provide full details (why and how) | | | |  | | | | | | |  | | |  | |  |  |
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| **Operations Information** | | | | | | | | | | | | | | | | | |
| **Indicate which of the following general services the Applicant offers** | | | | | | | | | | | | | | | | | |

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| **Services** | | | | | | | | |
| Working with communities to address local health-related issues |  | | Confidential counselling consultation | | |  | | |
| Information and educational resources |  | | Support groups and clinics | | |  | | |
| Public health inspection and protection |  | | Referral services | | |  | | |
| Other |  | |  | | |  | | |
| If "Other", provide details | | | | | | | | |
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| **Indicate if the Applicant provides education, protection or prevention for the following** | | | | | |
| **Family Health** | | **Healthy Living** | | **Public Health Inspection and Protection** | |
| Breastfeeding |  | Active Living |  | Communicable/Control of infectious Diseases |  |
| Dental Health |  | Alcohol and Drugs |  | Environment |  |
| Healthy Babies/Children |  | Cancer Checkups |  | Food Safety |  |
| Infant/Toddler Development Programs |  | Healthy Eating |  | Immunization/Vaccine Preventable Diseases |  |
| Parenting |  | Injury Prevention |  | Infection Control |  |
| Pregnancy |  | Tobacco |  | Rabies Control |  |
| Sexual Health |  | Violence Protection |  | Safe Water |  |
| Reproductive Health |  |  |  | Septic Inspections & Tile Bed Approvals |  |

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| **Liability and Malpractice** | | | | | | | | | | |  | | | | | | |  | | |  | | |  | |  | |
| Limit of Liability requested | | $ |  | | | | | | | | |  | | Deductible requested | | | | | | $ | |  | | | | | |
| Malpractice Limit requested | | $ |  | | | | | | | | |  | |  | | | | | |  | |  | | | | | |
| Is Malpractice currently written on an | | | | | Ooccurrence basis | | |  | | | | or Claims Made basis | | | | |  | |  | | |  | | | | | |
| If coverage is written on a Claims Made basis, advise if Retroactive Date is required | | | | | | | | | | | | | | | | |  | | | | | | | | (dd/mm/yy) | |  |
| Total Number of Employees |  | |  | | | | | | | Total Payroll (including benefits) | | | | | | | | | | $ | |  | | | | | |
| Total Number of Volunteers |  | |  | | | | | | | Annual Gross Revenue | | | | | | | | | | $ | |  | | | | | |
| Is Workplace Safety Insurance carried? | | | | | | | | | | |  | | | | | | | YES | | |  | | | NO | |  | |
| Identify and provide numbers of **Professional Employees** for each category | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Category** | | | | | | **Number** | | | | | | | | | | | | | | | | | | | | | |
| **Full Time** | | | | | | | | | **Part Time** | | | | | | | | | | | | |
| **Physicians** | | | | | |  | | | | | | | | |  | | | | | | | | | | | | |
| **Dentists** | | | | | |  | | | | | | | | |  | | | | | | | | | | | | |
| **Nurses** | | | | | |  | | | | | | | | |  | | | | | | | | | | | | |
| **Nutritionists** | | | | | |  | | | | | | | | |  | | | | | | | | | | | | |
| **Dental Hygienists** | | | | | |  | | | | | | | | |  | | | | | | | | | | | | |
| **Other Professional Employees – list below** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Is Tenants' Legal Liability required? | | | | | | | | | | |  | | | | | | | YES | | |  | | | NO | |  | |
| If "YES", complete the chart below | | | | | | | | | | |  | | | | | | |  | | |  | | |  | |  | |
| **Location** | | | | | | **Occupancy** | | | | | | | | | **Limit Requested** | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | $ |  | | | | | | | | | | | |
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| **Public Health Inspection and Protection Services – Additional Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the Applicant employ part time | | | |  | | | and/or full time | |  | | | | public health inspectors? | | | | | | | | | |  | | | | |
| If the Applicant employs part time public health inspectors indicate all other duties/responsibilities of these staff | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| In the chart below, list his/her qualifications and education, including diplomas and certificates. Specifically indicate | | | | | | | | | | | |
| whether he/she has attained the Certificate in Public Health Inspection (Canada) from the Canadian Institute of Public Health Inspectors | | | | | | | | | | | |
| or whether he/she has attended the approved program at Ryerson Polytechnical University, British Columbia Insititute of Technology, | | | | | | | | | | | |
| Concordia University College of Alberta or University College of Cape Breton | | | | | | | | | | | |
| **Name** | | **Certificate in Public Health Inspection** | **College or University Education (list which one attended)** | | **Full Time** | | | | **Part Time** | | |
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| Indicate all continuing education that the Applicant requires of health inspectors on an annual basis? | | | | | | | | | | | |
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| Does the Applicant perform routine drinking water sampling? | | | | | | YES | |  | | NO |  |
| What are the Applicant's monitoring policies and procedures for water sampling? | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| What are the Applicant's procedures for notification on adverse water samples? | | | | | | | | | | | |
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| Does the Applicant issue septic permits for: | | | |  | |  | |  | |  |  |
|  | New construction | | | | | YES | |  | | NO |  |
|  | Replacement of existing system | | | | | YES | |  | | NO |  |
|  | Tank replacement or when lines are added or lengthened | | | | | YES | |  | | NO |  |
|  | When lines are added or lengthened | | | | | YES | |  | | NO |  |
| If "Yes", does the Applicant require an engineer's drawings for new installations and replacements? | | | | | | | YES |  | | NO |  |
| How does the Applicant enforce adherence to the approved plan? (i.e. does the Applicant issue stop-work orders?) | | | | | | | | | | | |
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| **Employees and Volunteers** | | | | | | | | | | | |
| 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 | | | |  | |  | |  | |  |  |
|  | | | | | | | | | | | |
| Does the Applicant have a formal written policy for their employees/volunteers that 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 | | | | | | | | | | | |
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| Provide details of abuse prevention and awareness training | | | | | | | | | | | |
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| **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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| **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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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Limit of Liability requested | $ |  |  | | | | | |
| Does the Applicant have above or below ground tanks? | | | |  | YES |  | NO |  |
| If "YES", additional information may be required | | | |  |  |  |  |  |

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| **Directors' & Officers'** | | | | |
| Is this coverage required? | YES |  | NO |  |
| **If "YES", complete separate Not-for-Profit Directors' and Officers' Liability Insurance Application** | | | | |

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| **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 | |  |  | | | | |
|  | | | | | | | | | | | | |
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| **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 hour coverage, additional underwriting criteria is required; contact an Intact Public Entities underwriter for mode details | | | | | | | | | |
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| **Cyber Risk Insurance** |  |  |  |  |  |

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

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| **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 | | |  | | | | |

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

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| **Owned Automobile** | | | | |
| Is this coverage required? | YES |  | NO |  |
| **If "YES", complete Automobile Information in this application** | | | | |
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|  | | | | |
| **Property** | | | | |
| Is this coverage required? | YES |  | NO |  |
| **If "YES", complete Property Information in this application** | | | | |
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|  | | | | |
| **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** | | | | | | | | | | | | | | |
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| If the Applicant owns or leases any vehicle(s), complete the applicable Automobile application (i.e. OAF1, SAF1, etc.) and Commercial Vehicle Supplement | | | | | | | | | | | | | | |
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| If 5 or more units, a Fleet Supplement is required | | | | | | | | | | | | | | |
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| 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 | | | | | | | | | | | | | | |
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| Indicate which vehicles, if any, are designated for the sole use of any one person as a business and pleasure vehicle (Company car) | | | | | | | | | | | | | | |
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| Indicate which vehicles, if any, are licenced as public vehicles under the public vehicles act. Indicate Passenger Hazard Limit required | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | |
| Limit of Liability | | | $ |  | |  | | | | | | | | |
| Physical Damage (All Perils coverage) deductible requested | | | | | | | $ |  | | |  | | | |
| List all required endorsements | | | | | | | | | | | | | | |
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| **Property Information** | | | |
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| Property of Every Description (POED) coverage is provided automatically. When completing the chart below ensure the following | | | |
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| * 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) | $ |  |  |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |  |

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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** |
|  | | $ | $ |  |  |
|  | | $ | $ |  |  |
|  | | $ | $ |  |  |
|  | | $ | $ |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| 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 |  |  |  |  |
|  | | | | |
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| **Electronic Computer Systems Coverage** |

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | | |
| Are all locations and values that are owned, leased and under the Applicant’s control included? | YES |  | NO |  |

|  |
| --- |
| If "NO", explain |
|  |
|  |

|  |
| --- |
| **Mortgagee and Loss Payee Information** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Identify all Loss Payees/Mortgagees and indicate the corresponding location(s) each is applicable to in the chart below | | | | | | | |
|  | |  |  |  |  | |  |
| **Location Address** | **Mortgagee or Loss Payee Name** | | | | | **Indicate if Mortgagee or Loss Payee** | |
|  |  | | | | |  | |
|  |  | | | | |  | |
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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) |

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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 | | | | | | | | | | **$** | 250,000 | **$** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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** | | | | | | | | |
|  |  | $ | | | $ | | | | | | | | |
|  |  | $ | | | $ | | | | | | | | |
|  |  | $ | | | $ | | | | | | | | |
|  |  | $ | | | $ | | | | | | | | |
|  |  | $ | | | $ | | | | | | | | |
|  |  | $ | | | $ | | | | | | | | |

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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** | | | | | | | | |  | | **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 | |  | | | | |  |  | | | |  | | |  | | | | | | |
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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:** | | | | | | | | | | | | |

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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) | | | | |
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| For each item include the address location, value of the property and distance from other property | | | | |
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