**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) |
|       |
| 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** |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
| Is Tenants' Legal Liability required? |  | YES |       | NO |       |
| If "YES", complete the chart below |  |  |  |  |  |
| **Location** | **Occupancy** | **Limit Requested** |
|       |       | $ |       |
|       |       | $ |       |
|       |       | $ |       |
|  |
| **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** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
| Indicate all continuing education that the Applicant requires of health inspectors on an annual basis? |
|       |
|       |
| 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? |
|       |
|       |
|  |  |  |  |  |  |
| 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?) |
|       |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **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 |
|       |
| 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** |

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

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

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

|  |
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|  |
|  |
| **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** |
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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 |
|  |
| 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 |
|       |
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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) |
|       |
|  |
| 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) | $  |       |  |
|  |

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

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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 |  |  |  |  |
|       |
|       |

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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  |
|  | All Values indicated are to reflect the Replacement Cost Values  |

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

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

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

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| **Boiler & Machinery (Equipment Breakdown)** |  |  |  |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **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 EquipmentValue Exposure       |
| **General Information** |  | Other       |  |  |
| Year Built |       | # of Stories  |        |  | **Other Information** |  |  |
| Dimensions |       | Gross Area |       **Sq/Ft** |  | Earthquake ExposureZone #       |  | **Within 150’ of Building:****# & Client’s Est. Value Exposure** |
| **Values ($)** | Heritage Desig. |       |  |  |  |       |
| Replacement Value $      | Housekeeping  |       |  | Flood ExposureYes [ ]  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 |
|  |
| Location  |       |
|  |
|  | N |  |
| W | + | E |  |
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