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Health Unit Application

NOTE: All questions must be completed

General Information

Legal Name of Applicant _____

Key Contact _____ Position _____

Mailing Address _____ Postal Code _____

Phone _____ Fax _____

Email _____ Website _____

Key Broker Contact _____

Brokerage Name _____

Brokerage Address _____ Postal Code _____

Phone _____ Fax _____

Email _____ Website _____

Applicant's operations (including activities, programs, events, U.S. or International exposures)

How long has the broker had this account and/or known the Applicant? _____

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)

Operations Information

Indicate which of the following general services the Applicant offers

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	☐

Liability and Malpractice

Limit of Liability requested $ _____ Deductible requested $ _____

Malpractice Limit requested $ _____

Is Malpractice currently written on an Occurrence 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 ☐

***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.**

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Liability 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
Crisis Management Expenses Extension (Excluding Cyber)	☐	$50,000/$50,000
	☐	$100,000/$100,000
Elevator, Escalator or Lift Collision Extension	☐	$50,000/$50,000
	☐	$100,000/$100,000
	☐	$150,000/$150,000
Host's Liability – Property Belonging to Guests Extension	☐	$10,000/$10,000
	☐	$25,000/$25,000
	☐	$50,000/$50,000
Employers Liability Voluntary Compensation – Employees and Volunteers	☐	$250/week per employee
	☐	$150/week per volunteer
Voluntary Property Damage Extension	☐	$25,000/$25,000
	☐	$50,000/$50,000
	☐	$100,000/$100,000
Waiver of Subrogation – Lease Agreements Extension		Included
Coverage for Students		Included
Watercraft Extension – Volunteers		Included

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Medical Officer of Health: Number of years employed **Qualification/Degrees**

Professional Employees
Professionals
*** The following professionals and professional services are excluded under our policy.**

Medical, surgical, dental, x-ray or nursing services or treatment, or the furnishing of food or beverage in connection with such services or treatment. Other service or treatment conducive to health, pharmacists, furnishing or dispensing of drugs or medical/surgical, dental supplies or appliances Handling of deceased bodies. Cosmetic, body piercing, hairdressing, massage, physiotherapy, chiropody, hearing aid, optical or optometric services. Preparation of maps, plans, opinions, reports, surveys, field orders, change orders, drawings or specifications. Supervisory inspection, architectural, design or engineering services. Professional advice or activities of accountants, advertisers, notaries, paralegals, lawyers, real estate brokers or agents, insurance brokers or travel agents, financial institutions or consultants. Computer programming, consulting, advisory or related services, Claims investigation, adjusting, appraisal, survey or audit services.

Identify and provide numbers of **Professional Employees** for each category

Category	Number	
	Full Time	Part Time
Nurses		
Nutritionists		
Dental Hygienists		
Other Professional Employees – list below		

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

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?

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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?

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.

Directors' & Officers'

Is this coverage required? YES ☐ NO ☐

If "YES", complete separate Not-for-Profit Directors' and Officers' Liability Insurance 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

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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

Cyber Risk Insurance

Is this coverage required? YES ☐ NO ☐

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) $_____

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

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	$

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 Number _____ 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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