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Application Addendum

Commercial General Liability Insurance Non-Profit Entity

1. Name of Applicant: _____

Unless otherwise requested, the Named Insured shall read the same as indicated on the Directors and Officers Insurance application to which this addendum is attached. Please list separately the names of additional entities to which this insurance must apply and their relationship to the entities listed in the Directors and Officers Insurance application.

2. List all locations at which business is conducted, providing details indicated below:

	Address	Rent or Own	Area (m ²)
(a)	_____	_____	_____
(b)	_____	_____	_____
(c)	_____	_____	_____
(d)	_____	_____	_____

Please use additional pages if necessary.

3. Residential Facility Questions

Please answer the following questions **only** if the Applicant's operations involve the **ownership or management of residential or health care facilities**:

(a) Type of Facility: Hospital Nursing Home Long-term Care Home Housing Complex
 Other (please describe): _____

(b) For each address listed in response to question 2 of this addendum, indicate:

	Age	Construction Type	No. stories	No. elevators	Elevator Maintenance Contract?
(i)	_____	_____	_____	_____	YES <input type="checkbox"/> NO <input type="checkbox"/>
(ii)	_____	_____	_____	_____	YES <input type="checkbox"/> NO <input type="checkbox"/>
(iii)	_____	_____	_____	_____	YES <input type="checkbox"/> NO <input type="checkbox"/>
(iv)	_____	_____	_____	_____	YES <input type="checkbox"/> NO <input type="checkbox"/>

(c) For each building over 25 years of age, indicate if each of the following has been renovated and when the work was completed:

	Electrical Wiring	Plumbing	Heating	Roof
(i)	_____	_____	_____	_____
(ii)	_____	_____	_____	_____
(iii)	_____	_____	_____	_____
(iv)	_____	_____	_____	_____

(d) For each building, provide details of the following fire protection equipment:

	Fire Extinguishers	Smoke Detectors	Fire Alarm System*	Sprinklers
(i)	_____	_____	_____	_____
(ii)	_____	_____	_____	_____
(iii)	_____	_____	_____	_____
(iv)	_____	_____	_____	_____

*Indicate if Fire Alarm System is monitored by a central station: YES NO

(e) (i) Indicate which of the following are the responsibility of the Applicant at locations it manages and whether this work is performed by the Applicant's employees or by contractors:

- (a) Property Maintenance _____ Employees _____ Contractors _____
- (b) Snow Removal _____ Employees _____ Contractors _____
- (c) Security _____ Employees _____ Contractors _____

(ii) If these types of work are performed for the Applicant by others, please provide details of insurance which the Applicant requires these contractors to carry, and by what method they are required to evidence such insurance:

4. Indicate the number, location and function of any employees who are not covered under an applicable (provincial or other) Workers' Compensation Insurance Program:

5. Provide a complete description of the Applicant's products manufactured, distributed or sold:

6. Provide the following information regarding annual sales, for each type of product or service:

Type of Product/Service	Past Fiscal Year	Estimated Current Fiscal Year	Estimated Next Fiscal Year
_____	_____	_____	_____
_____	_____	_____	_____

7. If services are rendered or products distributed outside Canada, provide a breakdown of sales for Canada, United States and foreign (indicate country):

8. Describe any work conducted away from the Applicant's premises in connection with repair, service, maintenance or installation of products sold or distributed:

9. Describe any of the following:

(a) Nature of fundraising activities conducted by or on behalf of the Applicant:

(b) Special events held by the Applicant:

(c) Athletic events or contests held by the Applicant:

(d) Any aircraft or watercraft owned, operated or maintained by the Applicant:

10. Provide the following information regarding services that volunteers provide to your organization:

(a) An estimate of the approximate number of volunteer work hours: _____

(b) A description of the function(s) volunteers perform: _____

(c) Details (number, frequency, distances travelled, purpose) of volunteers' use of their personal vehicles in connection with their work for your organization:

11. Coverage Particulars

(a) Limit(s) of Liability requested: \$ _____

(b) Property Damage Deductible(s) requested: \$ _____

12. Extensions

(a) Tenants' Legal Liability YES NO

If tenants' legal liability is required, please indicate the limit of liability required for each leased location listed in response to question 2:

(i) \$ _____

(ii) \$ _____

(iii) \$ _____

(iv) \$ _____

(b) Non-owned Automobile Liability YES NO

If non-owned automobile liability is required, please respond to the following questions:

(i) Please indicate the number of employees who regularly drive their own vehicle on company business:

(ii) Please indicate the approximate number of "rental days" in the next 12 months that your employees will rent a vehicle (short term) for the purpose of conducting company business in:

Canada: _____ United States: _____

(iii) Please indicate the typical type of vehicle rented: _____

and the typical value per rented vehicle: _____

(c) Employee's Benefits Liability YES NO

(d) Employers' Liability YES NO

13. Current or Previous Insurance

Coverage	Insurer(s)	Expiration Date	Limit	Deductible	Premium
Commercial General Liability	_____	_____	\$ _____	\$ _____	\$ _____
Errors and Omissions	_____	_____	\$ _____	\$ _____	\$ _____

14. Has any insurer cancelled, declined or refused to renew or issue insurance of the type applied for? YES NO

If yes, please provide reason:

15. **Claims History**

Have there been any liability claims or potential claims that have come to the Applicant's attention during the past three years? YES NO

If yes, for each incident, detail the date of the loss, nature and cause of the claim, amount claimed, costs actually incurred (claim investigation, defence costs and damages), and status of the claim. Please use additional pages if necessary.

It is understood and agreed that the completion of this Application Addendum does not bind the Insurers to sell nor does it obligate the Applicant to purchase the insurance.

Signature of Applicant

Date (dd/mm/yyyy)