

This application is for the following lines of cover: Property, Machinery & Equipment Breakdown, Crime, Commercial General Liability and Errors & Omissions insurance.

- Please answer the following questions on behalf of the organization.
- The application must be signed and dated by an authorized officer of the organization.

If the space to answer any questions fully is insufficient, please attach a separate document. Please check box if separate document has been attached.

GENERAL INFORMATION

Name of broker/producer					
Full legal name of the applicant					
Risk location address (attach schedule if multiple locations)					
Address					
City		Province		Postal code	
Mailing address (if different from above)					
Address					
City		Province		Postal code	
Website					
Contact Name					
Title					
Telephone					
E-mail Address					
Name & mailing address of mortgagee/loss payee					
Name					
Address					
City		Province		Postal code	
Name of regulatory body which has regulatory authority over the applicant					
The applicant is classified as			Profit <input type="checkbox"/>	Non-profit <input type="checkbox"/>	
Is the applicant a member of any trade association(s)?			Y <input type="checkbox"/>	N <input type="checkbox"/>	
If yes, please specify					
Which of the following categories applies to the applicant (please check box)					
<input type="checkbox"/> Retirement residence providing minimal level of support. May provide meals & housekeeping. No nursing care provided					
<input type="checkbox"/> Retirement residence providing moderate levels of personal care and support. RPN or RN on staff					
<input type="checkbox"/> Long Term/Chronic Care Facility/Nursing Homes providing 24 - hour nursing care					
<input type="checkbox"/> 'Life-Lease' community					
Year in which current management commenced operation at this location:					

PREVIOUS INSURANCE AND CLAIMS INFORMATION

Current property insurer			Expiry date of policy		
Current liability insurer			Expiry date of policy		
Current professional liability insurer			Expiry date of policy		
Has any insurer cancelled or declined to renew an insurance policy for applicant in the past five (5) years?			Y <input type="checkbox"/>	N <input type="checkbox"/>	
If yes, please provide details					

Please provide information for all claims in the last five (5) years, by coverage		If no claims, please check <input type="checkbox"/>
Date of claim	Description	Amount Paid or Reserved
		\$
		\$
		\$
If available please provide current claims experience from existing insurer by line of coverage		

RISK INFORMATION: PROPERTY (LOCATION 1)

For multiple locations or structures, please fill out the Additional Structures Addendum. Please provide a picture of each building.

Building construction (if mixed construction, please indicate percentage applicable to each type)		
Fire resistive (concrete wall, roof, floors)		%
Masonry non-combustible (masonry walls, steel deck roof, concrete floors)		%
Masonry (masonry walls, wood floors and roof)		%
Steel on steel (non-combustible walls, roof and floors with non-combustible supports)		%
Brick veneer (frame walls with brick veneer, wood floors/roof)		%
Frame (walls, floors/ roof all of combustible materials)		%
Year built		
Number of buildings (if more than one building, please provide diagram showing separation distances, in metres)		
Number of storeys		
Is there a basement?	Y <input type="checkbox"/>	N <input type="checkbox"/>
If 'yes' please describe what it is used for (eg. Storage, kitchen, etc.)		
Total area of building (all floors, including basement)		m ²
If the building was constructed over 25 years ago, have the following been upgraded or replaced?		
Roof	Y <input type="checkbox"/>	N <input type="checkbox"/>
Electrical	Y <input type="checkbox"/>	N <input type="checkbox"/>
Plumbing	Y <input type="checkbox"/>	N <input type="checkbox"/>
Heating	Y <input type="checkbox"/>	N <input type="checkbox"/>
Type of heating system	Steam <input type="checkbox"/>	Hot Water <input type="checkbox"/>
Fuel	Gas <input type="checkbox"/>	Electric <input type="checkbox"/>
	Oil <input type="checkbox"/>	Wood <input type="checkbox"/>
	Other <input type="checkbox"/>	Please describe:
Type of secondary heating, if any		
Municipal water supply?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Number of fire hydrants within 150 metres		
Distance to fire hall		km
Is the building protected by an automatic sprinkler system?	Y <input type="checkbox"/>	N <input type="checkbox"/>
If yes, extent of protection	100% <input type="checkbox"/>	Partial <input type="checkbox"/>
If partial, please describe (e.g. common areas only)		
Does sprinkler system have monitored alarm protection?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Is the sprinkler system inspected, maintained and tested on a regular basis?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Does the applicant have emergency water shut-off procedures and protocols in place to deal with a burst water pipe or sprinkler system malfunction?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Is there a fire alarm system?	Y <input type="checkbox"/>	N <input type="checkbox"/>
If yes, is fire alarm monitored?	Y <input type="checkbox"/>	N <input type="checkbox"/>

Does the facility have carbon monoxide detectors?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Is the building protected by an intrusion alarm?	Y <input type="checkbox"/>	N <input type="checkbox"/>
If yes is the intrusion alarm monitored?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Is there camera surveillance of the premises?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Is each living unit equipped with a smoke detector?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Do you have a working sump pump in your building?	Y <input type="checkbox"/>	N <input type="checkbox"/>
If yes, does it have a backup battery / generator / other power source?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Is it alarmed?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Does your building have a backflow valve installed on the sanitary sewer line?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Do you have water sensors installed in your building?	Y <input type="checkbox"/>	N <input type="checkbox"/>
If yes, how many? _____ Are the water sensors monitored?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Do the sensors automatically shut off the main water line when activated?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Do the premises have full kitchen/cafeteria facilities?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Is there an automatic extinguishing system with a valid semi-annual maintenance contract in place?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Describe kitchen facilities (if any) in individual units:		
Smoking:		
Permitted in individual units?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Permitted in designated interior smoking area?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Is there storage of compressed gas cylinders on the premises?	Y <input type="checkbox"/>	N <input type="checkbox"/>
If yes please describe the location – e.g. in individual living units, in storage room.		

RISK INFORMATION: MACHINERY& EQUIPMENT BREAKDOWN

If coverage is required, please complete the following section

Does the facility have a boiler(s)?	Y <input type="checkbox"/>	N <input type="checkbox"/>
If yes, please provide a contact <i>name</i> and <i>phone number</i> for inspection purposes		
Name		Phone
Any pressure vessels over 24 inches in diameter (expansion tank, hot water tank, etc.)?	Y <input type="checkbox"/>	N <input type="checkbox"/>
If yes, please provide details		
Any pressure vessels(s) equipped with a quick opening door (autoclave)?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Any pressure vessels used in ammonia service?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Is food spoilage coverage required?	Y <input type="checkbox"/>	N <input type="checkbox"/>
If yes, what is maximum value of contents?	\$	

RISK INFORMATION: CRIME

Are cheques countersigned?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Are bank accounts reconciled by someone not authorized to withdraw or deposit?	Y <input type="checkbox"/>	N <input type="checkbox"/>
If yes, how often?		
Maximum amount of cash kept on premises at any one time	\$	
Are cash and other securities kept in a money-safe with a combination lock?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Is there an audit by an independent CA, CMA, CGA, public accountant or equivalent?	Y <input type="checkbox"/>	N <input type="checkbox"/>
If yes, how often?		
If no, is there an internal audit?	Y <input type="checkbox"/>	N <input type="checkbox"/>

RISK INFORMATION: LIABILITY

CURRENT EMPLOYEE INFORMATION

Occupation/Nature of Work	# Permanent	# Contracted
Registered nurses		
Nurse manager(s)/ Director of Care		
Licensed/registered practical nurses		
Management		
Clerical/administrative		
Care assistants/orderlies		
Housekeeping/maintenance		
Social workers/personal support workers		
Nutritional management/food services (i.e. Registered dietitian, cooks, food handlers)		
Other (please describe):		
Do registered nurses have their own professional liability insurance?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Do licensed/registered practical nurses have their own professional liability insurance?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Are all employees enrolled in the Provincial Worker's Compensation program?	Y <input type="checkbox"/>	N <input type="checkbox"/>
If no, please itemize class and number of employees not enrolled		
Are criminal background checks required for all		
Employees?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Contract employees?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Volunteers?	Y <input type="checkbox"/>	N <input type="checkbox"/>

GENERAL LIABILITY INFORMATION

Number of suites/living units		
Are there any nursing home beds?		Y <input type="checkbox"/> N <input type="checkbox"/>
If yes please provide details:	Long term care beds:	
	Respite care beds:	
	Convalescent care beds:	
	Palliative care beds:	
Is there a written contract in place with a contractor for removal of snow and ice?		Y <input type="checkbox"/> N <input type="checkbox"/>
If yes, is a certificate of liability insurance obtained from the contractor?		Y <input type="checkbox"/> N <input type="checkbox"/>
Does the applicant take preventive measures by installing assist bars where required or other safety modifications? (i.e. bath & toilet grab bars, handrails, showers without steps, heavy non slip doormats)		Y <input type="checkbox"/> N <input type="checkbox"/>
What facilities and activities are available to residents? (e.g. fitness centers, craft classes, day trips, rehabilitation)		
Please list any services provided by third parties at the facility: (e.g. chiropractor or hairdressing services)		
Do third parties provide evidence of liability and professional insurance?		Y <input type="checkbox"/> N <input type="checkbox"/>
Are any of the facilities rented to third parties (i.e. weddings, parties, meetings)?		Y <input type="checkbox"/> N <input type="checkbox"/>
If yes, certificate(s) of liability insurance obtained?		Y <input type="checkbox"/> N <input type="checkbox"/>
When does the applicant's fiscal year end?		
Total annual gross revenue	Previous fiscal year (12 months)	\$
	Current fiscal year (12 months)	\$

NON-OWNED AUTOMOBILE

Personal Vehicles

Number of employees who regularly use their personal vehicles for business	
Number of volunteers who regularly use their personal vehicles for business	
For all such employees, does the applicant confirm that a minimum \$1,000,000 third-party liability policy is in force?	Y <input type="checkbox"/> N <input type="checkbox"/>
For all such volunteers, does the applicant confirm that a minimum \$1,000,000 third-party liability policy is in force?	Y <input type="checkbox"/> N <input type="checkbox"/>

Passenger Vans

Are vans rented, borrowed or chartered?	Y <input type="checkbox"/> N <input type="checkbox"/>
If yes, please provide details including any trips to the USA	
If yes, does the applicant confirm that a minimum \$2,000,000 third-party liability policy is in force?	Y <input type="checkbox"/> N <input type="checkbox"/>

Passenger Buses

Are buses rented, borrowed or chartered?	Y <input type="checkbox"/> N <input type="checkbox"/>
If yes, please provide details including any trips to the USA	
If yes, does the applicant confirm that a minimum \$5,000,000 third-party liability policy is in force?	Y <input type="checkbox"/> N <input type="checkbox"/>
Does the facility contract private ambulance transportation services?	Y <input type="checkbox"/> N <input type="checkbox"/>
If yes, please provide details including legal documentation and transportation log/record	

COVERAGES/LIMITS REQUESTED

PROPERTY & BUSINESS INTERRUPTION

	Location 1		Location 2	
Building replacement cost (including tenant's improvements)	\$		\$	
Contents replacement cost (equipment and stock)	\$		\$	
Business Interruption – \$250,000 automatically included	\$		\$	
Property deductible	\$2,500 <input type="checkbox"/>	\$5,000 <input type="checkbox"/>	\$10,000 <input type="checkbox"/>	\$25,000 <input type="checkbox"/>
Earthquake coverage: Y <input type="checkbox"/> N <input type="checkbox"/>	Flood coverage Y <input type="checkbox"/> N <input type="checkbox"/>		Sewerback-up coverage: Y <input type="checkbox"/> N <input type="checkbox"/>	

CRIME

Coverage	Standard Limits Incl. for Minimum Premium	Limit Requested
Employee Dishonesty – Commercial Blanket (Form A)	\$100,000	\$ *
Broad Form Money & Securities (Inside)	\$10,000	\$ **
Broad Form Money & Securities (Outside)	\$10,000	\$ **
Depositors' Forgery	\$50,000	\$
Money Orders & Counterfeit Currency	\$25,000	\$

*For limits > \$200,000 completed separate crime application required **For limits > \$25,000, completed separate crime application required

LIABILITY

Coverage	Limit
Commercial General Liability (each occurrence/general aggregate)	\$
Tenant's Legal Liability Broad Form (any one premises)	\$
Employers' Liability Extension	\$
Care Home Administration E&O (each occurrence/annual aggregate)	\$

Separate applications required to quote Abuse, D&O, and Umbrella Insurance

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.

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 insurer 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.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Ecclesiastical Insurance Office plc's insurance business in Canada.

Signature of authorized officer	
Print name and title of officer signing application	
Date	

ADDITIONAL STRUCTURES ADDENDUM – RETIREMENT PROTECT

#	Building Name, Occupancy Description	Address (If different than risk address)	Building Construction (See codes below, indicate main %)	Year Built	Storeys	Upgraded (If over 25 years old)	% Spr	Fire/Intrusion Alarms	Municipal Water Supply	Distance to Fire Hall	# of fire hydrants within 150m	Building, Replacement Cost Value	Contents, Replacement Cost Value
1						Y <input type="checkbox"/> N <input type="checkbox"/>	%	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>			\$	\$
2						Y <input type="checkbox"/> N <input type="checkbox"/>	%	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>			\$	\$
3						Y <input type="checkbox"/> N <input type="checkbox"/>	%	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>			\$	\$
4						Y <input type="checkbox"/> N <input type="checkbox"/>	%	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>			\$	\$
5						Y <input type="checkbox"/> N <input type="checkbox"/>	%	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>			\$	\$
6						Y <input type="checkbox"/> N <input type="checkbox"/>	%	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>			\$	\$
7						Y <input type="checkbox"/> N <input type="checkbox"/>	%	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>			\$	\$
8						Y <input type="checkbox"/> N <input type="checkbox"/>	%	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>			\$	\$
9						Y <input type="checkbox"/> N <input type="checkbox"/>	%	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>			\$	\$
10						Y <input type="checkbox"/> N <input type="checkbox"/>	%	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>			\$	\$

CONSTRUCTION CODES

Class 1	Fire resistive (concrete walls, roof, floors)
Class 2	Masonry non-combustible (masonry walls, steel deck roof, concrete floors)
Class 3	Steel on steel
Class 4	Masonry (masonry walls, wood floors and roof). Includes mill construction
Class 5	Brick veneer (frame walls with brick veneer, wood floors / roof)
Class 6	Frame (walls, floors / roof all of combustible materials)

Please provide a picture of each additional structure