



APPLICATION FOR SCHOOLS, COLLEGES & SCHOOL BOARDS

PLEASE ANSWER ALL QUESTIONS

IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS

1. **Name of Applicant:**

2. **Address:**

3. **Other Locations:**

4. Number of years applicant has been in business? _____ Years

5. Number of full-time students: _____ Number of part-time students: _____

Are there any kindergartens and number of children: _____

Number of full-time teachers: _____ Number of part-time teachers: _____

6. Salaries: _____

7. Budget: _____ Receipts: _____

8. Construction, age, number of floors and fire protection of building - If School Board list all locations along with details of construction:

9. Annual cost of work given to sub-contractors: _____
 Type of work: _____
 Does the Insured require Certificate of Insurance for \$1,000,000? _____

10. Activities / Sports: _____

11. Are they owners/renters of pools or arenas? Yes No
 If Yes, number and specify if owners or renters:

12. Number of gymnasiums: _____

13. Are there any trips organized outside Canada? Yes No
 If Yes, specify where, how many times per year, how many students:

14. Is applicant engaged in any activity related to nuclear energy or defense? _____
 Operations involving the use of radio-isotopes or radio-activity? _____

15. Are there any products sold? Yes No
 If Yes, receipts and where they are sold:

16. Describe fully all properties of others in the applicant's care, custody or control in excess of \$10,000.

Locations & Description	Estimated Values	Limit of Insurance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

17. Are there any exposures related to the following (If Yes, explain):

- Contractual Liability: _____
- Watercraft: _____
- Railroad operation: _____
- Advertising: _____

18. Automobile Liability (how many)

Private car: _____	Light Commercial: _____
Heavy: _____	Tank: _____
Motorized equipment: _____	Trailer: _____
Radius of operation: _____	

Indicate if any flammables or explosives carried: Yes No

Any exposure in United States? Yes No
If Yes, number and type of vehicles:

Number of non-owned vehicles and use: _____

Does the Underlying policy cover all these exposures: Yes No

19. Aircraft Liability:

Give list of all aircrafts owned, leased or chartered by the Insured or any of its employees.

List attached: None:

20. Workmen's Compensation:

Is workmen's compensation insurance carried in all provinces where risk operates? Yes No
If not, list provinces where not carried and state payroll per province:

Do Underlying policies cover all of these exposures? Yes No

21. Medical Malpractice: Number of Employees: _____
 Doctor(s): _____ Nurse(s): _____ Dentist(s): _____

Does applicant operate a hospital or clinic? Yes No
 Explain: _____

22. Does the primary policy cover:
- Property damages on an occurrence basis Yes No
 - Blanket contractual liability Yes No
 - Care, Custody and Control Yes No
 - Products and completed operations Yes No
 - Personal Injury Yes No
 - Worldwide coverage Yes No
 - Advertising Liability Yes No
 - Fire Legal Liability Yes No
 - Demolition, excavation, blasting etc. Yes No
 - Contingent employer's liability Yes No
 - Employees as additional named Insureds Yes No
 - Non-owned automobile Yes No
 - Non-owned watercraft Yes No
 - Non-owned aircraft Yes No
 - Employee Benefits Liability - indicate sub-limit: _____ Yes No
 - Wrongful Dismissal Yes No
 - Bodily injury to Participants Yes No
 - Child molestation Yes No

23. List of underlying policies:

Type	Insurer	Expiration	Limit	Annual Premium

24. List all the liability claims (Commercial General Liability) for the last five years:

25. Additional Information:

16. Do any of the Underlying Insurance policies contain coverage for Cyber Risk? Yes No

If Yes please advise:

- 1) Type of Policy with Coverage: _____
- 2) Policy number: _____
- 3) Limit of Liability: _____

If standalone Cyber Policy carried:

- 1) Insurance Carrier: _____
- 2) Policy number: _____
- 3) Term of Policy _____

27. Limit required: _____ Subject to a deductible of: _____

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

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

Signature of Applicant (authorized representative)

Date

SUBMITTED BY: _____

EMAIL: _____

**For contact information visit:
www.markelintl.ca**