

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

- Please answer the following questions on behalf of your 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									
Emailaddress									
If registered charity status is pending, please advise date of application									
(Income Tax Act) Designation type:					Non-profit organization <input type="checkbox"/>		Public foundation <input type="checkbox"/>		Private foundation <input type="checkbox"/>
Has the applicant's charitable status ever been revoked, suspended or annulled by the Canada Revenue Agency?								Y <input type="checkbox"/>	N <input type="checkbox"/>
If yes, please provide details									
Operating since:									
Is the applicant a member of any association(s)?								Y <input type="checkbox"/>	N <input type="checkbox"/>
If yes, please specify:									
Description of organization's purpose:									
Social Welfare								Y <input type="checkbox"/>	N <input type="checkbox"/>
Civic Improvement								Y <input type="checkbox"/>	N <input type="checkbox"/>
Pleasure or Recreation								Y <input type="checkbox"/>	N <input type="checkbox"/>
Other								Y <input type="checkbox"/>	N <input type="checkbox"/>
Please state or enclose mission statement									

PREVIOUS INSURANCE AND CLAIMS EXPERIENCE 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 the applicant in the past 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	
		\$	
		\$	
		\$	
		\$	

RISK INFORMATION: PROPERTY (LOCATION 1)

For multiple locations or structures, please fill out the Additional Structures Addendum.
Please provide a picture of each building and a copy of the most recent building appraisal if the building is to be insured.

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				
Number of storeys				
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"/>	If yes, year	
Electrical	Y <input type="checkbox"/>	N <input type="checkbox"/>	If yes, year	
Plumbing	Y <input type="checkbox"/>	N <input type="checkbox"/>	If yes, year	
Heating	Y <input type="checkbox"/>	N <input type="checkbox"/>	If yes, year	
Type of heating system	Steam <input type="checkbox"/>		Hot Water <input type="checkbox"/>	Forced Air <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"/>	

Is building protected by 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 building protected by an intrusion alarm?	Y <input type="checkbox"/>	N <input type="checkbox"/>
If yes is the intrusion alarm monitored? (Yes: rings to offsite location. No: rings only at premises)	Y <input type="checkbox"/>	N <input type="checkbox"/>
Is there camera surveillance of the premises?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Is system monitored?	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"/>
If yes, is there a CO2 extinguishing system with a semi-annual maintenance contract in place?	Y <input type="checkbox"/>	N <input type="checkbox"/>

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"/>
Percentage of receipts:	Cash %	Cheques %
	Debit Card %	Credit Card %
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?		Date of last audit:
Is there an internal audit by an internal audit department?	Y <input type="checkbox"/>	N <input type="checkbox"/>
If yes how often		
To whom are reports rendered?		

RISK INFORMATION: LIABILITY

CURRENT EMPLOYEE INFORMATION

Occupation/Nature of work	# of Volunteers	# of Employees	# of Contract workers
Management			
Clerical/administrative			
Housekeeping/maintenance			
Registered nurses			
Licensed/registered practical nurses			
Social workers/counsellors			
Other (please describe)			
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			

FINANCIAL

Annual payroll (including benefits)	\$
When does applicant's fiscal year end?	
Annual operating budget:	Previous fiscal year(12 months) \$
	Current fiscal year(12 months) \$

OPERATIONS/ACTIVITIES

Applicant's main operations and activities (i.e. services provided, products sold, advocacy work, project funding etc.)							
Are activities limited to Canada?						Y <input type="checkbox"/> N <input type="checkbox"/>	
If no, please provide details							
Does the applicant have any fundraising activities? If yes, please complete this section						Y <input type="checkbox"/> N <input type="checkbox"/>	
Fundraising Event	Frequency	# of participants	Liquor Served		Food Served		
			Y <input type="checkbox"/>	N <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>	
			Y <input type="checkbox"/>	N <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>	
			Y <input type="checkbox"/>	N <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>	
Are waivers signed by participants?						Y <input type="checkbox"/> N <input type="checkbox"/>	
Please attach calendar of events							
Annual food receipts						\$	
Is food prepared by the organization's staff?						Y <input type="checkbox"/> N <input type="checkbox"/>	
Is food prepared by a third party?						Y <input type="checkbox"/> N <input type="checkbox"/>	
If prepared by a third party, does the organization request a certificate of insurance?						Y <input type="checkbox"/> N <input type="checkbox"/>	
Is liquor served?						Y <input type="checkbox"/> N <input type="checkbox"/>	
Liquor is served by:		The organization's staff <input type="checkbox"/>		A third party <input type="checkbox"/>			
If liquor is served by the applicant please answer the following:		Does applicant hold a liquor service license?				Y <input type="checkbox"/>	N <input type="checkbox"/>
		Are all liquor service staff certified by a provincially-approved program (e.g. smart serve)?				Y <input type="checkbox"/>	N <input type="checkbox"/>
If liquor is served by a third party please answer the following:		Does applicant request a certificate of insurance?				Y <input type="checkbox"/>	N <input type="checkbox"/>
		Are all liquor service staff certified by a provincially-approved program (e.g. smart serve)?				Y <input type="checkbox"/>	N <input type="checkbox"/>

Is there a written contract in place with a qualified contractor for removal of snow and ice?	Y <input type="checkbox"/>	N <input type="checkbox"/>
If yes, certificate(s) of liability insurance obtained from contractor(s)?	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"/>

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"/>

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"/>

WATERCRAFT AND/OR AIRCRAFT

Are watercraft and/or aircraft owned, leased, or chartered by the applicant?	Y <input type="checkbox"/>	N <input type="checkbox"/>
If yes, please provide details		

COVERAGES/LIMITS REQUESTED

PROPERTY & BUSINESS INTERRUPTION

Location 1	
Building replacement cost (including tenant's improvements)	\$
Contents replacement cost (equipment and stock)	\$
Business Interruption – Minimum limit \$250,000	\$
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"/>
Sewer back-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)	\$50,000	\$ *
Broad Form Money & Securities (Inside)	\$10,000	\$ **
Broad Form Money & Securities (Outside)	\$10,000	\$ **
Depositors' Forgery	\$25,000	\$
Money Orders & Counterfeit Paper Currency	\$25,000	\$
Credit Card Forgery	\$25,000	\$

*For limits > \$100,000, 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	\$
<i>Separate applications required to quote Abuse, D&O, and Umbrella Insurance</i>	

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

#	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