# Insured Details

## Insured Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Insured Name |  | | | |
|  | | | |  |
| Full Address |  | | | |
|  | |  | | |
| Applicant Is | Corporation  Partnership  Individual  Other: | |  | |
|  |  | | | |

## Insured Contacts

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full Name |  | | | | | |
|  | | | | | |  |
| Title |  | | | | | |
|  |  | | | | | |
| Telephone |  | Cell Phone |  | Fax Number |  | |
|  | | | | | |  |
| Email |  | | | | | |
|  |  | | | | | |

## Inspection Point of Contact

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full Name |  | | | | | |
|  | | | | | |  |
| Title |  | | | | | |
|  |  | | | | | |
| Telephone |  | Cell Phone |  | Fax Number |  | |
|  | | | | | |  |
| Email |  | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | |  |
| Description  of Operations |  | | | | |
|  | |  | | | |
| Website | |  | Year Incorporated |  | |
|  | | | | |  |
| Renewal Date |  | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Requested Coverage | | Limits | Deductible |
| Property | Yes  No |  |  |
| Crime | Yes  No |  |  |
| Directors & Officers | Yes  No |  |  |
| Errors & Omissions | Yes  No |  |  |
| Malpractice | Yes  No |  |  |
| General Liability (incl. Sudden & Accidental) | Yes  No |  |  |
| Environmental | Yes  No |  |  |
| Abuse | Yes  No |  |  |
| Commercial Auto Fleet | Yes  No |  |  |
| Legal Expenses | Yes  No |  |  |

# Property

Insured Locations – Please complete the Schedule of Values Excel form detailing all buildings owned, leased, or used for storage, or for which the Insured is responsible.

Contractor’s Equipment – Complete for any piece of mobile equipment owned or leased, for which the Insured is responsible.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| # | Type | Year | Manufacturer | Serial # | Value to Insure |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |

## Existing Coverages

|  |  |  |  |
| --- | --- | --- | --- |
| Insurer |  | Current Term |  |

|  |  |  |
| --- | --- | --- |
| Coverage Type | Limits Insured | Deductible |
| Property |  |  |
| Rents or Business Interruption |  |  |
| Contractor’s Equipment |  |  |

## Mortgages

|  |  |  |
| --- | --- | --- |
| Mortgagee name | Mortgagee Address | Locations Mortgage is Applicable |
|  |  |  |
|  |  |  |
|  |  |  |

## Past Losses

|  |  |
| --- | --- |
| Have there been any losses in the last 5 years? | Yes  No |
| If Yes, List claims paid, pending, or denied by the Insurers within the past five years. |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Cause / Description | Date of Loss | Amount Paid | Amount Pending | Amount Denied |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

## Requested Deductible

|  |  |  |
| --- | --- | --- |
| Applicant Is | $2,500  $5,000  $25,000  Other: |  |

# Crime

Employees – Class A – Include all Officers (i.e. President, VP, etc.), all Accountants (Cashiers, Bookkeepers), all Stock (Shipping, Receiving, Warehouse), Management (Department Manager, Superintendents)

|  |  |  |  |
| --- | --- | --- | --- |
| Total Class A (Full Time Equivalent) |  | Total Employees (Include Class A) |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Is there a safe at the main office location? | | Yes  No |
|  | |  |
| If Yes Describe |  | |

## Auditor

|  |  |
| --- | --- |
| Name |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| All locations included? | | | Yes  No |
| Inside audit department? | | | Yes  No |
|  | | |  |
| Frequency | Annual  Semi-annual  Other: |  | |

## Cheque and Cash Controls

|  |  |
| --- | --- |
| Are counter signatures required on all cheques? | Yes  No |
| Is a cheques signing machine used? | Yes  No |
| Is there control over blank cheques? | Yes  No |
| Are cheques pre-numbered and all accounted for? | Yes  No |
| All blank cheques locked up? | Yes  No |
| Are bank accounts reconciled by someone not authorized to deposit or withdraw? | Yes  No |
| Are securities subject to joint control? | Yes  No |
| Is there a safe or vault? | Yes  No |

|  |  |
| --- | --- |
|  |  |
| Details on the above |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | | |  |
| Inventory frequency | Annual  Semi-annual  Other: |  | |
|  |  |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Usual cash on premises |  | | # of members with access to financial accounts |  |
|  | |  |  |  |

|  |  |
| --- | --- |
| Standard crime coverage does not include ATMs, gaming machines, and or/gaming houses (including but not limited to casinos and bingo halls. Do you require coverage for these exposures? | Yes  No |

## Past Losses

|  |  |
| --- | --- |
| Have there been any losses in the last 5 years? | Yes  No |
| If Yes, use the chart below to list any claims paid, pending, or denied by the Insurers within the past five years. | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Cause / Description | Date of Loss | Amount Paid | Amount Pending | Amount Denied |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

## Requested Limit and Deductible

|  |  |  |
| --- | --- | --- |
| Limit | $1,000,000  $2,500,000  $5,000,000  $10,000,000  Other: |  |
| Deductible | $1,000  $2,500  $5,000  $10,000  Other: |  |

# Directors and Officers – Management Liability Application

|  |  |  |  |
| --- | --- | --- | --- |
| D&O policy renewal date |  | D&O Retro date |  |

## Funding Sources

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Source | | Amount | Source | Amount | |
| Federal Government | |  | Province |  | |
| Municipality | |  | Fee(s) |  | |
| Dues from Members | |  | Donations |  | |
| Fund Raising | |  | Other |  | |
|  | | | | |  |
| If other describe |  | | | | |

## Fund Use

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Type | % | | Type | % | Type | % | |
| Fund Raising |  | | Services |  | Lobbying |  | |
| Administration |  | | Equipment |  | other |  | |
|  | | | | | | |  |
| If other describe | |  | | | | | |

## Employees

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Time |  | Part Time |  | Non-Employees |  |

|  |  |
| --- | --- |
| Officers | Full Name |
| Chair of Board |  |
| Vice Chair |  |
| Treasurer |  |
| Secretary |  |
| Other Director |  |
| Other Director |  |
| Other Director |  |
| Other Director |  |
| Other Director |  |

Attach a copy of the most recent/current audited financial statements. For new organizations, attach copy of budget.

## Scope of Operation

|  |  |  |
| --- | --- | --- |
| Scope | Regional  Provincial  National  International  Other: |  |
|  |  |  |
| Company type | Corporation  Association  Foundation  Trust  Other: |  |

|  |  |
| --- | --- |
| Do you have any employees based or working outside of Canada? | Yes  No |
| Do you have an employee manual? | Yes  No |
| Do you have termination procedures? | Yes  No |
| Have you conducted any layoff, staff reduction or facility closing in the last 6 years? | Yes  No |
| Is there a planned merger or acquisition planned before the next insurance renewal? | Yes  No |
| Is there any staff-reduction or lay-offs planned before the next insurance renewal? | Yes  No |
| Have you been turned down for employment practice liability in the past? | Yes  No |

Has/Does Your Organization:

|  |  |
| --- | --- |
| Promote or sponsor any type of group travel, convention, parade or similar type events? | Yes  No |
| Assume liability in connection to any type of group travel, convention, parade or similar? | Yes  No |
| Offer products or services to its members for remuneration or commission? | Yes  No |
| Publish any magazines, periodicals, or newsletters? If so attach a copy. | Yes  No |
| Publish a technical manual? | Yes  No |
| Advertise, broadcast, or reproduce copyright material(s)? | Yes  No |
| Negotiate any collective agreements? | Yes  No |
| Promote or sponsor any type of insurance to its members or non-members? | Yes  No |
| Conduct any activity to evaluate or set standards for the qualification/performance of others? | Yes  No |
| Conduct any activity to evaluate or set standards for quality of products manufactured? | Yes  No |
| Conduct any activity to evaluate or set standards for quality of products sold or handled by others? | Yes  No |
| Take any disciplinary action or recommend disciplinary action as a result of peer review activities? | Yes  No |
| Provide a referral service, legal aid services, or collection service to its members? | Yes  No |
| Engage in any form of research, development, experimentation, or testing? | Yes  No |
| Had any proceedings against the Directors, Officers, or Management for employment practice issues? | Yes  No |

|  |  |
| --- | --- |
| Claims made within the last 5 years (or pending) against Director, Officers, Management, or the Organization | |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |

|  |  |  |
| --- | --- | --- |
| Are you aware of any past or present instances that would bring rise to a claim? | | Yes  No |
|  | |  |
| If Yes Describe |  | |

## Requested Limit and Deductible

|  |  |  |
| --- | --- | --- |
| Limit | $1,000,000  $2,500,000  $5,000,000  $10,000,000  Other: |  |
| Deductible | $1,000  $2,500  $5,000  $10,000  Other: |  |

# Errors and Omissions Application

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| E&O Policy Renewal Date | |  | E&O Retro Date |  | | |
|  | | | | | | |
| Amount of Yearly Payroll | |  | Yearly Gross Receipts |  | | |
|  | | | | | | |
| What professional services do you provide? Describe. | |  | | | | |
|  | | | | |  | |
| As you required to be an accredited organization? | | | | | | Yes  No |
| Are you accredited? | | | | | | Yes  No |
| Do you provide any of your services outside Canada? | | | | | | Yes  No |
| Do you charge a fee for your services? | | | | | | Yes  No |
| Have any employees been the recipient of allegations of professional negligence in writing/verbally? | | | | | | Yes  No |
|  | | | | | |  |
| If Yes to any of the above, give details. |  | | | | | |

|  |  |
| --- | --- |
| List any associations that the Insured is a member of | |
|  |  |
|  |  |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Source | | # of Employees | # of Contractors | # of Volunteers |
| Legal Services | |  |  |  |
| Financial Planning | |  |  |  |
| Other Planning Services | |  |  |  |
| Marketing Services | |  |  |  |
| Advertising Services | |  |  |  |
| Teachers | |  |  |  |
| Other Instructors | |  |  |  |
| Accounting Services | |  |  |  |
| Insurance Services | |  |  |  |
| Environmental Engineers | |  |  |  |
| Building / Contracting Services | |  |  |  |
| Engineering / Drafting | |  |  |  |
| Debt Services | |  |  |  |
| Other (Describe) |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Are there any past/present instances that would bring rise to a Malpractice Claim? | | Yes  No |
|  | |  |
| If Yes Describe |  | |

## Requested Limit and Deductible

|  |  |  |
| --- | --- | --- |
| Limit | $1,000,000  $2,500,000  $5,000,000  $10,000,000  Other: |  |
| Deductible | $1,000  $2,500  $5,000  $10,000  Other: |  |

# Malpractice Liability Application

|  |  |  |  |
| --- | --- | --- | --- |
| Malpractice Renewal Date |  | Malpractice Retro Date |  |
|  | | | |
| Amount of Yearly Payroll |  | Yearly Gross Receipts |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Position | | # of Employees | # of Contractors | # of Volunteers |
| Rehabilitation Services | |  |  |  |
| GP – Doctors | |  |  |  |
| Nurse Practitioners | |  |  |  |
| Health Care Aides | |  |  |  |
| RN Nurses | |  |  |  |
| RPN Nurses | |  |  |  |
| Occupational Therapists | |  |  |  |
| Pharmacists | |  |  |  |
| Physical or Speech Therapists | |  |  |  |
| Podiatrist | |  |  |  |
| Recreation of Activation Therapists | |  |  |  |
| Social Worker | |  |  |  |
| Psychiatrists | |  |  |  |
| Massage Therapists | |  |  |  |
| Chiropractor | |  |  |  |
| Dentist | |  |  |  |
| Dental Assistant | |  |  |  |
| Optometrist | |  |  |  |
| Other (Describe) |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Are you aware of any past/present instances that would bring rise to a Malpractice Claim? | | Yes  No |
|  | |  |
| If Yes Describe |  | |
|  |  | |
| Do you provide Beds? | | Yes  No |
|  | |  |
| If yes, Number |  | |
|  |  | |
| Do you provide medication? | | Yes  No |
|  | |  |
| If Yes Describe |  | |
|  |  | |
| Do you provide cleaning or housekeeping services? | | Yes  No |
| Do you provide food services? | | Yes  No |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Average annual number of residents by type | | | | | |
| Long Term |  | Respite |  | Palliative |  |
| Alzheimer |  | Foster Care |  | other |  |

## Requested Limit and Deductible

|  |  |  |
| --- | --- | --- |
| Limit | $1,000,000  $2,500,000  $5,000,000  $10,000,000  Other: |  |
| Deductible | $1,000  $2,500  $5,000  $10,000  Other: |  |

# General Liability Application

|  |  |  |  |
| --- | --- | --- | --- |
| CGL Policy Renewal Date |  |  |  |
|  | | | |
| Annual Gross Receipts |  | Yearly Gross Receipts |  |
|  | | | |
| Number of full time staff |  | Number of part time staff |  |
|  | | | |
| Number of staff |  | Number of volunteers |  |
|  | | | |
| Number of Members |  | Years in Business |  |

|  |  |
| --- | --- |
| Describe Business Operations |  |

|  |  |
| --- | --- |
| Describe activities conducted off premises |  |

|  |  |
| --- | --- |
| Describe operations outside of Canada |  |

|  |  |
| --- | --- |
| Describe any fund raising activities or events |  |

|  |  |  |
| --- | --- | --- |
| Do you sell or make products? | | Yes  No |
|  | |  |
| If Yes, describe |  | |

|  |  |
| --- | --- |
| Do you sub-contract any operations or services? | Yes  No |

|  |  |
| --- | --- |
| If Yes, describe |  |

|  |  |
| --- | --- |
| Are all your employees covered by Worker’s Compensation? | Yes  No |

## Locations Owned or Rented

|  |  |  |  |
| --- | --- | --- | --- |
| # | Address | Owned or Rented | Area Occupied (sq.ft.) |
| 1 |  | Owned  Rented |  |
| 2 |  | Owned  Rented |  |
| 3 |  | Owned  Rented |  |
| 4 |  | Owned  Rented |  |
| 5 |  | Owned  Rented |  |
| 6 |  | Owned  Rented |  |
| 7 |  | Owned  Rented |  |
| 8 |  | Owned  Rented |  |
| 9 |  | Owned  Rented |  |
| 10 |  | Owned  Rented |  |

|  |  |  |
| --- | --- | --- |
| Are you aware of any past/present instances that would bring rise to a General Liability Claim? | | Yes  No |
|  | |  |
| If Yes Describe |  | |

## Past Losses

|  |  |
| --- | --- |
| Have there been any losses in the past 5 years? | Yes  No |
| If Yes, use the chart below to list any claims paid, pending, or denied by the Insurers within the past five years. | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Cause / Description | Date of Loss | Amount Paid | Amount Pending | Amount Denied |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

## Requested Limit and Deductible

|  |  |  |
| --- | --- | --- |
| Limit | $1,000,000  $2,500,000  $5,000,000  $10,000,000  Other: |  |
| Deductible | $1,000  $2,500  $5,000  $10,000  Other: |  |

# Environmental Liability Application

|  |  |  |  |
| --- | --- | --- | --- |
| EIL Renewal Date |  | EIL Retro Date |  |

|  |  |
| --- | --- |
| Are there any underground tanks at any of your locations? | Yes  No |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| # | Tank Construction | Used For | Contents | Age (years) | How often tested, emptied, filled |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |

|  |  |
| --- | --- |
| Has anyone completed an environmental report in the past 5 years? | Yes  No |

|  |  |
| --- | --- |
| If Yes, describe |  |

|  |  |
| --- | --- |
| Are there municipal/provincial/federal environmental regulations you are not in compliance with? | Yes  No |

|  |  |
| --- | --- |
| If Yes, describe |  |

|  |  |
| --- | --- |
| Do you produce any wastes? | Yes  No |

|  |  |
| --- | --- |
| If Yes, explain disposal |  |

## Past Losses

|  |  |
| --- | --- |
| Have there been any losses in the last 5 years? | Yes  No |
| If Yes, use the chart below to list any claims paid, pending, or denied by the Insurers within the past five years. | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Cause / Description | Date of Loss | Amount Paid | Amount Pending | Amount Denied |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

## Requested Limit and Deductible

|  |  |  |
| --- | --- | --- |
| Limit | $1,000,000  $2,500,000  $5,000,000  $10,000,000  Other: |  |
| Deductible | $1,000  $2,500  $5,000  $10,000  Other: |  |

# Abuse Liability Application

|  |  |  |  |
| --- | --- | --- | --- |
| Abuse Liability Renewal Date |  | Abuse Liability Retro Date |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Position | | # of Full Time | # of Part Time | # of Volunteers |
| Senior Care | |  |  |  |
| Heath Care | |  |  |  |
| Sports Coaches | |  |  |  |
| Child Care | |  |  |  |
| Religious Services | |  |  |  |
| Teachers | |  |  |  |
| Counselors | |  |  |  |
| Other (Describe) |  |  |  |  |

|  |  |
| --- | --- |
| Do you provide overnight accommodation? | Yes  No |

|  |  |
| --- | --- |
| If Yes, explain Type |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Position | Daily Average | Number of Beds | Age Range |
| Children |  |  |  |
| Seniors |  |  |  |
| Disabled Persons |  |  |  |

When hiring employees, which of the following is applicable:

|  |  |
| --- | --- |
| Criminal background check | Yes  No |
| Abuse training | Yes  No |
| Contacting references | Yes  No |
| At least 2 interviews | Yes  No |
| Does your organization have a written policy on abuse? | Yes  No |
| Does your organization have abuse/molestation reporting procedure? | Yes  No |
| Are employees, volunteers, new hires trained with respect to abuse protocol | Yes  No |
| Are procedures in place for staff to report abusive co-workers, management, or clients/patients? | Yes  No |
| Do you provide any screening or referral services? | Yes  No |
| Have there been any claims or lawsuits arising from abuse or molestation? | Yes  No |

|  |  |
| --- | --- |
| If Yes to any of the above, give details. |  |

|  |  |  |
| --- | --- | --- |
| Are staff left alone with: | Children  Elderly  Disabled |  |
| Are Volunteers left alone with: | Children  Elderly  Disabled |  |

## Past Losses

|  |  |  |
| --- | --- | --- |
| Are you aware of any past/present instances that would bring rise to an abuse claim or lawsuit? | | Yes  No |
|  | |  |
| If Yes Describe |  | |
|  |  | |
| Has any insurance company cancelled or not renewed your abuse coverage? | | Yes  No |
|  | |  |
| If Yes explain |  | |

## Requested Limit and Deductible

|  |  |  |
| --- | --- | --- |
| Limit | $1,000,000  $2,500,000  $5,000,000  $10,000,000  Other: |  |
| Deductible | $1,000  $2,500  $5,000  $10,000  Other: |  |

# Commercial Auto Fleet Application

Please complete the “Auto Schedule” Excel form and attach the completed schedule to this application. The following information for each vehicle is required: year, make, model, VIN, value, use, vehicle class, RIN #, registered to.

Please complete the “Drivers’ List” and attach the completed list to this application. The following information for each driver is required: name, licence number, and date of birth.

If your company is domiciled in Quebec or any of the vehicles is licenced in Quebec, please have each driver complete and sign the “Authorization for the disclosure of their driving record by SAAQ”.

|  |  |  |
| --- | --- | --- |
| Are any vehicles leased in excess of 30 days? | | Yes  No |
|  | |  |
| If Yes provide full name and address of leasing company |  | |

|  |  |
| --- | --- |
| Are passengers carried for compensation or hire? | Yes  No |
| If Yes, use the chart below to detail the following information for each of the vehicles used for that purpose. | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of Vehicle | Type of Operation | # of Passenger Seats | Average Distance for Trip | Frequency of Trips |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Do any vehicles carry flammable, caustic, or explosive substances? | | Yes  No |
|  | |  |
| If Yes Describe |  | |
|  |  | |
| Do any vehicles carry radioactive materials? | | Yes  No |
|  | |  |
| If Yes describe |  | |

|  |  |  |
| --- | --- | --- |
| Is there exposure for Legal Liability for Physical Damage to non-owned automobile? | | Yes  No |
|  | |  |
| If Yes Describe |  | |
|  |  | |
| Do you have any long haul operations (over 125 miles)? | | Yes  No |
| If Yes, use the chart below to detail the following information: | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Type of Vehicle | Radius of Operation | # of Vehicles | Frequency of Trips |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| Do you have any transit in the United States? | Yes  No |
| If Yes, use the chart below to detail the following information: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Type of Vehicle | Radius of Operation | # of Vehicles | Frequency of Trips |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Is there exposure for Legal Liability for Physical Damage to non-owned Automobiles? | | Yes  No |
|  | |  |
| If Yes Describe |  | |
|  |  | |
| Are you in the business of hauling for others? | | Yes  No |
| If Yes, use the chart below to detail the following information: | |  |

|  |  |
| --- | --- |
| Type of Goods Hauled | Hauled type |
|  | Containers  Freight |
|  | Containers  Freight |
|  | Containers  Freight |
|  | Containers  Freight |
|  | Containers  Freight |

|  |  |  |
| --- | --- | --- |
| Type of vehicle used to haul | VIN # | |
|  |  | |
|  |  | |
|  |  | |
|  |  | |
|  |  | |
| A separate cargo application is necessary if cargo coverage is required. | |  |

|  |  |  |
| --- | --- | --- |
| Do you require any provincial, state, or Federal filings? | | Yes  No |
|  | |  |
| If Yes, List |  | |

## Requested Limit and Deductible

|  |  |  |
| --- | --- | --- |
| Limit | $1,000,000  $2,500,000  $5,000,000  $10,000,000  Other: |  |
| Deductible | $1,000  $2,500  $5,000  $10,000  Other: |  |

# Legal Expenses

## Operations

|  |  |
| --- | --- |
| Casino | Yes  No |
| Bingo Halls | Yes  No |
| Other Gambling and Gaming | Yes  No |
| Fairground Amusement and Arcade | Yes  No |
| Waste and Refuse Disposal | Yes  No |
| Tobacco Manufacturing | Yes  No |
| Police Department | Yes  No |
| Scrap Merchant | Yes  No |
| Aircraft / Aerospace Industry | Yes  No |

|  |  |
| --- | --- |
| Are the band operations solely based in Canada? | Yes  No |

|  |  |  |  |
| --- | --- | --- | --- |
| Types of businesses the band has contact with |  | | |
|  | | | |
| Total # of Contracts |  | # of Contracts over $50,000 |  |
|  | | | |
|  |  | Size of largest contract |  |

|  |  |
| --- | --- |
| Are you aware of any past legal disputes in the past 5 years that could give rise to a claim under this policy? | Yes  No |
|  |  |
| If Yes, use the chart below to detail the following information: |  |

|  |  |  |
| --- | --- | --- |
| Date of incident | Details | Legal Costs Incurred |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## Coverages Required

|  |  |
| --- | --- |
| Bodily Injury | Yes  No |
| Statutory Licence Protection | Yes  No |
| Tax Protection | Yes  No |
| Employment Disputes | Yes  No |
| Contract Disputes and Debt Recovery (Optional Endorsement) | Yes  No |
| Legal Advice | Yes  No |
| Legal Defence | Yes  No |

# Disclosure Statement

The Applicant, on behalf of all proposed Insured(s), confirms authority to act and that upon its inquiry all statements herein are true and correct to the best of its knowledge and that no material facts have been suppressed or misstated.

|  |  |  |  |
| --- | --- | --- | --- |
| Authorized |  | Date |  |
|  | | | |
|  | | | |
|  | | | |
| Applicant’s Signature |  | Date |  |
|  |  |  |  |
| Title |  |  |  |

Note: This document contains “Confidential Information” about insurance products and services proprietary and exclusive to, and the intellectual property of, the presenter, improper user or commercial exploitation is prohibited and legal grounds for damages.

## Broker Summary of Risk

To be completed by the broker.

|  |  |  |  |
| --- | --- | --- | --- |
| Renewal Date |  | Submission needed by |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Target Premium for Liability |  | target Premium for Property |  |

|  |  |
| --- | --- |
| Multiple locations? | Yes  No |
| Any USA Operations? | Yes  No |
| Is this business new to your office? | Yes  No |
| Does this risk have claims issues? | Yes  No |

|  |  |
| --- | --- |
| Further Information |  |

Please attach an application for each line of coverage. Note, the employment practices application is included with the Director’s and Officer’s application.

Documentation:

Statement of Values

Photos (inside and out) of subject risk(s)

Copy of the five-year loss run, if applicable