# 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 |  |

|  |  |
| --- | --- |
|  |  |
| Descriptionof 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