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| --- | --- | --- |
| logo.jpg  Insight. Experience. Commitment. | Ventures Coverage Checklist | |
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**Commercial Lines Exposure Checklist For:**

|  |  |  |  |
| --- | --- | --- | --- |
| Client Name |  | Date |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Coverage** | **Limit of Coverage** | **Recommended Coverage** | **Suggested Limit** | **Accepted?** |
| **Miscellaneous Policies** | | | | |
| Aircraft Products Liability |  | Yes |  | Yes  No |
| Aviation |  | Yes |  | Yes  No |
| Bonds |  | Yes |  | Yes  No |
| Breach Of Privacy |  | Yes |  | Yes  No |
| Credit Insurance |  | Yes |  | Yes  No |
| Cyber/E-Commerce Liability |  | Yes |  | Yes  No |
| Directors & Officers |  | Yes |  | Yes  No |
| Discontinued Products Liability |  | Yes |  | Yes  No |
| Employment Practices Liability |  | Yes |  | Yes  No |
| Environmental Liability (1st And 3rd Party Coverage) |  | Yes |  | Yes  No |
| Excess Flood Insurance (Over Federal Flood Program Maximum Limits) |  | Yes |  | Yes  No |
| Extended Reporting Period Endorsement (Tail Coverage) |  | Yes |  | Yes  No |
| Fiduciary Liability |  | Yes |  | Yes  No |
| Flood Insurance |  | Yes |  | Yes  No |
| Food Contamination |  | Yes |  | Yes  No |
| Intellectual Property (Patents, Copyrights, Unauthorized Disclosure) |  | Yes |  | Yes  No |
| Kidnap & Ransom |  | Yes |  | Yes  No |
| Lead Paint Liability (Landlord) |  | Yes |  | Yes  No |
| Mergers & Acquisitions |  | Yes |  | Yes  No |
| Political Risks, Terrorism, Trade Disruption, Etc |  | Yes |  | Yes  No |
| Product Recall |  | Yes |  | Yes  No |
| Travel Accident |  | Yes |  | Yes  No |
| Umbrella/Excess Liability |  | Yes |  | Yes  No |
| Other |  | Yes |  | Yes  No |

Property Section

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Coverage** | **Limit of Coverage** | **Recommended Coverage** | **Suggested Limit** | **Accepted?** |
| Any One Occurrence |  | Yes |  | Yes  No |
| Annual Aggregate – Earthquake |  | Yes |  | Yes  No |
| Annual Aggregate – Flood |  | Yes |  | Yes  No |
| Automatic Coverage – Newly Acquired Locations |  | Yes |  | Yes  No |
| 90 Days Reporting |  | Yes |  | Yes  No |
| Not Subject to Reporting |  | Yes |  | Yes  No |
| Property in Transit |  | Yes |  | Yes  No |
| Extra Expense |  | Yes |  | Yes  No |
| Vacant or Unoccupied |  | Yes |  | Yes  No |
| Owned/Leased/Vacant |  | Yes |  | Yes  No |
| Fire Legal |  | Yes |  | Yes  No |
| Special Perils |  | Yes |  | Yes  No |
| Earthquake |  | Yes |  | Yes  No |
| Flood |  | Yes |  | Yes  No |
| Sprinkler Leakage |  | Yes |  | Yes  No |
| Water Damage |  | Yes |  | Yes  No |
| Difference in Conditions |  | Yes |  | Yes  No |
| Sinkhole |  | Yes |  | Yes  No |
| Agreed Amount |  | Yes |  | Yes  No |
| Replacement Cost |  | Yes |  | Yes  No |
| Actual Cash Value (ACV) |  | Yes |  | Yes  No |
| Functional Building Valuation |  | Yes |  | Yes  No |
| Increased Cost of Construction |  | Yes |  | Yes  No |
| Demolition |  | Yes |  | Yes  No |
| Signs |  | Yes |  | Yes  No |
| Plate Glass |  | Yes |  | Yes  No |
| Business Personal Property |  | Yes |  | Yes  No |
| Leased Equipment |  | Yes |  | Yes  No |
| Manufacturers Output |  | Yes |  | Yes  No |
| Reporting Form/Peak Season |  | Yes |  | Yes  No |
| Improvements and Betterments |  | Yes |  | Yes  No |
| Inflation Guard |  | Yes |  | Yes  No |
| Debris Removal |  | Yes |  | Yes  No |
| Newly Acquired |  | Yes |  | Yes  No |
| Ordinance or Law Coverage |  | Yes |  | Yes  No |
| Property of Others |  | Yes |  | Yes  No |
| Market Value – Stock |  | Yes |  | Yes  No |
| Off Premises Power Failure |  | Yes |  | Yes  No |
| Builders’ Risk |  | Yes |  | Yes  No |
| Fences |  |  |  |  |
| Light Post |  | Yes |  | Yes  No |
| Antennas/Towers |  | Yes |  | Yes  No |
| Additional Insured |  | Yes |  | Yes  No |
| Business Interruption |  | Yes |  | Yes  No |
| Loss of Earnings |  | Yes |  | Yes  No |
| Extra Expense |  | Yes |  | Yes  No |
| Accounts Receivable |  | Yes |  | Yes  No |
| Leasehold Interest |  | Yes |  | Yes  No |
| Extra Expense |  | Yes |  | Yes  No |
| Contingent Business Interruption |  | Yes |  | Yes  No |
| Contributing |  | Yes |  | Yes  No |
| Recipient |  | Yes |  | Yes  No |
| Consequential Damage |  | Yes |  | Yes  No |
| Extended period of Indemnity |  | Yes |  | Yes  No |
| Off premises Power Failure |  | Yes |  | Yes  No |
| **Electronic Equipment/Data Processing Protection** | | | | |
| Hardware (Equipment) |  | Yes |  | Yes  No |
| Data/Media |  | Yes |  | Yes  No |
| Business Interruption |  | Yes |  | Yes  No |
| Extra Expenses |  | Yes |  | Yes  No |
| Mechanical Breakdown |  | Yes |  | Yes  No |
| Electrical Injury |  | Yes |  | Yes  No |
| Automatic Extinguisher |  | Yes |  | Yes  No |
| Interruption of Power off Premises |  | Yes |  | Yes  No |
| Off Premises/Transportation |  | Yes |  | Yes  No |
| **Valuation method** | | | | |
| ACV |  | Yes |  | Yes  No |
| Replacement Cost |  | Yes |  | Yes  No |
| Manufacturer’s Selling price |  | Yes |  | Yes  No |
| Peak Season |  | Yes |  | Yes  No |
| Agreed Amount |  | Yes |  | Yes  No |
| Stock Reporting |  | Yes |  | Yes  No |
| Automatic Increase |  | Yes |  | Yes  No |
| Blanket |  | Yes |  | Yes  No |
| Specific |  | Yes |  | Yes  No |
|  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Deductibles** | | | | |
| **Coverage** | **Limit of Coverage** | **Recommended Coverage** | **Suggested Limit** | **Accepted?** |
| Earthquake – 3% of Values Subject to minimum |  | Yes |  | Yes  No |
| Earthquake – 5% of Values Subject to Minimum |  | Yes |  | Yes  No |
| Flood |  | Yes |  | Yes  No |
| ALl Other Losses |  | Yes |  | Yes  No |

Transit Insurance

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Coverage** | | **Limit of Coverage** | | **Recommended Coverage** | **Suggested Limit** | | **Accepted?** | |
| Transportation (Domestic) | |  | | Yes |  | | Yes  No | |
| Common/Contract Carrier | |  | | Yes |  | | Yes  No | |
| Rail | |  | | Yes |  | | Yes  No | |
| Owned Vehicles | |  | | Yes |  | | Yes  No | |
| US Mail | |  | | Yes |  | | Yes  No | |
| Valuation (Replacement Cost, Selling Price) | |  | | Yes |  | | Yes  No | |
| **Ocean Marine** | | | | | | | | |
| Aircraft Limit | |  | | Yes |  | | Yes  No | |
| Concealed Damage | |  | | Yes |  | | Yes  No | |
| Container Shortage | |  | | Yes |  | | Yes  No | |
| Contingency | |  | | Yes |  | | Yes  No | |
| Duty | |  | | Yes |  | | Yes  No | |
| FOB/FAS | |  | | Yes |  | | Yes  No | |
| Unpaid Vendor Interest | |  | | Yes |  | | Yes  No | |
| Valuation | |  | | Yes |  | | Yes  No | |
| Cost Plus (state percentage) | |  | | Yes |  | | Yes  No | |
| Selling Price | |  | | Yes |  | | Yes  No | |
| Vessel Limit | |  | | Yes |  | | Yes  No | |
| War Risks including SRCC | |  | | Yes |  | | Yes  No | |
| Other | |  | | Yes |  | | Yes  No | |
| Total annual value of shipments (past 12 months | |  | | |  | |
| Total annual value of shipments anticipated (next 12 months)\_\_$ | |  | | |  | |
| What percentage is actually insured by applicant? | |  | | |  | |
| List major areas of trade: | | To Which Countries | | | From Which Countries | |
|  | |  | | |  | |
| Percentages of Shipments that are:  OCEAN \_\_\_\_\_  AIR \_\_\_0%\_\_\_\_\_  INLAND TRANSIT \_\_\_\_\_\_\_\_\_\_\_  If other, please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | | |  | |
|  | |  | | |  | |
| Describe fully the packing used for each commodity (cartons, crates, bags or break-bulk etc) | |  | | |  | |
| Who is responsible for packing the cargo? | |  | | |  | |
| Are shipments containerized? If so, are they always Full Container Loads (FCL) | |  | | |  | |
| If No containers are involved, please describe how cargo is Secured, Blocked, Braced and/or Lashed. To what is the Cargo secured, and who’s responsible for securing it? | |  | | |  | |
| For Containerized Shipments, where are the container normally unpacked (discharge port, consignee’s warehouse, or other?) | |  | | |  | |
| Locations and limits of insurance required on merchandise temporarily removed from transit (excluding while in carrier’s custody). Please specify purpose of such removal from transit (e.g., temporary warehousing, consolidation, repackaging, processing, or assembly). | | Location, Name & Address | | | Purpose Limit Desired | |
| Specific coverage’s to be included in quotation:  Import Duty: YES / NO  War Risks: YES / NO  Strikes, Riots and Civil Commotion:YES / NO | |  | | |  | |
| Describe fully the Commodity being shipped | |  | | |  | |
| Maximum Value of any one Shipping Package? | |  | | |  | |
| Maximum value required per any one conveyance via:  OCEAN VESSEL (Under Deck) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  OCEAN VESSEL (On-Deck) $\_\_\_\_\_\_\_\_\_\_  AIR SHIPMENT $\_\_\_\_\_\_\_\_\_\_\_  BARGE $\_\_\_\_\_\_\_\_\_\_\_  MAIL / PARCEL POST $\_\_\_\_\_\_\_\_\_  INLAND TRANSIT $\_\_\_\_\_\_\_\_ | |  | | |  | |
| The normal valuation clause used in an Open Policy is as follows:  Valued, premium included, at amount of invoice, including all charges in the nvoice, and including prepaid and/or advanced and/or guaranteed freight, any, plus 10% | |  | | |  | |
| How has your insurance been handled up to now:  A. Insured through a Freight Forwarder ( )  B. Insured by Customer or Supplier ( )  C. Insured with another Underwriter ( Y ) Who? | |  | | |  | |
| Please complete the following for the last five years:  **YEAR PREMIUM PAID LOSSES RESERVES** | |  | | |  | |
|  | |  | | |  | |

Total amount to be shipped and anticipated duration of shipment(s):

|  |
| --- |
|  |

Method of Shipment:

|  |
| --- |
|  |

Maximum amount per any one conveyance:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | |
| Shipment by : | | Insured  Common Carrier | | |  | |
| If by Common Carrier, Type of Bill of Lading? : | | | | Declared  Standard  Released | |
|  | | | |  | |
| Name of Common Carrier: | | |  | | | |

Basis of valuation for property being shipped? (Replacement cost or selling price) :

|  |
| --- |
|  |

Details of preparation for shipment and by whom:

|  |
| --- |
|  |

Will property be inspected prior to shipment, and before acceptance at point of inland destination by insured (Details):

|  |
| --- |
|  |

Construction Insurance – Builder’s Risk Section

Boiler and Machinery

|  |  |
| --- | --- |
| Quotation  New Business  Renewed  Replacing Policy No. |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Named Insured |  | | | | | | | |
|  |  | | | | | | | |
| Locations Insured |  | | | | | | | |
|  |  | | | | | | | |
| Additional Named Insured |  | | | | | | | |
|  |  | | | | | | | |
| Mailing Address |  | | | | | | | |
|  |  | | | | | | | |
| Term | From |  | | | To |  | | |
| **Property Damage** | | | | | | | | | | |
| **Coverage** | | | | **Limit of Coverage** | **Recommended Coverage** | | | **Suggested Limit** | **Accepted?** | |
| Standard Comprehensive form | | | |  | Yes | | |  | Yes  No | |
| Covering a Sudden and Accidental Breakdown of all Boilers | | | |  | Yes | | |  | Yes  No | |
| Pressure Vessels | | | |  | Yes | | |  | Yes  No | |
| Mechanical and Electrical Machinery and Apparatus | | | |  | Yes | | |  | Yes  No | |
| **Boiler and Machinery** | | | | | | | | | | |
| Production Machinery | | | |  | Yes | | |  | Yes  No | |
| Boilers, Fired Vessels | | | |  | Yes | | |  | Yes  No | |
| Electric Steam Generators | | | |  | Yes | | |  | Yes  No | |
| Unfired Pressure Vessels | | | |  | Yes | | |  | Yes  No | |
| Refrigeration and HVAC | | | |  | Yes | | |  | Yes  No | |
| Auxiliary Piping | | | |  | Yes | | |  | Yes  No | |
| Rotating Electrical machines | | | |  | Yes | | |  | Yes  No | |
| Transformers | | | |  | Yes | | |  | Yes  No | |
| Induction Feeder Regulators | | | |  | Yes | | |  | Yes  No | |
| Engines, Pumps, Compressors, Fan Blowers | | | |  | Yes | | |  | Yes  No | |
| Gear Wheels and Enclosed Gear Sets | | | |  | Yes | | |  | Yes  No | |
| Wheels and Shafting | | | |  | Yes | | |  | Yes  No | |
| Miscellaneous Electrical Apparatus | | | |  | Yes | | |  | Yes  No | |
| Deep Well Pumps | | | |  | Yes | | |  | Yes  No | |
| Small Compressing and Refrigeration Units | | | |  | Yes | | |  | Yes  No | |
| Solid State Rectifier Units | | | |  | Yes | | |  | Yes  No | |
| Business Interruption | | | |  | Yes | | |  | Yes  No | |
| Loss of Earnings | | | |  | Yes | | |  | Yes  No | |
| Extra Expense | | | |  | Yes | | |  | Yes  No | |
| Consequential Damage | | | |  | Yes | | |  | Yes  No | |
| Extended Period of Indemnity | | | |  | Yes | | |  | Yes  No | |
| Off Premises power Failure | | | |  | Yes | | |  | Yes  No | |
| Valuation | | | |  | Yes | | |  | Yes  No | |
| Replacement Cost | | | |  | Yes | | |  | Yes  No | |
| Actual Cash Value | | | |  | Yes | | |  | Yes  No | |
| Production Machinery | | | |  | Yes | | |  | Yes  No | |
| Boilers, Fired | | | |  | Yes | | |  | Yes  No | |
| Business Interruption and Extra (Use & Occupancy) | | | |  | Yes | | |  | Yes  No | |
| Outage | | | |  | Yes | | |  | Yes  No | |
| Refrigerator/Air Conditioner | | | |  | Yes | | |  | Yes  No | |
| Electric Panel | | | |  | Yes | | |  | Yes  No | |
| Spoilage | | | |  | Yes | | |  | Yes  No | |
| **Deductibles** | | | | | | | | | | |
|  | | | | **Limit of Coverage** | **Recommended Coverage** | | | **Suggested Limit** | **Accepted?** | |
| Property Damage | | | |  | Yes | | |  | Yes  No | |
| 24 Hour Waiting Period – Business Interruption | | | |  | Yes | | |  | Yes  No | |
| Extra Expense | | | |  | Yes | | |  | Yes  No | |
| Sub Limits | | | |  | Yes | | |  | Yes  No | |
| Expediting Expenses | | | |  | Yes | | |  | Yes  No | |
| Water Damage | | | |  | Yes | | |  | Yes  No | |
| Ammonia Contamination | | | |  | Yes | | |  | Yes  No | |
| PCB Contamination | | | |  | Yes | | |  | Yes  No | |
| Professional Fees | | | |  | Yes | | |  | Yes  No | |

Stock Through Put (Cargo and Inland Transit)

|  |  |
| --- | --- |
| Quotation  New Business  Renewed  Replacing Policy No. Policy No : |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Broker : |  | | |
|  |  | | |
| Applicant’s Name : |  | | |
|  |  | | |
| Locations Insured |  | | |
|  |  | |
| Term – From : |  |
|  |  |
| To : |  |
|  |  |
| Current Insurer : |  |

|  |  |  |
| --- | --- | --- |
| **Coverage** | **Limit of Coverage** | **Coverage Provided** |
|  |  | Yes  No |
|  |  | Yes  No |
|  |  | Yes  No |
|  |  | Yes  No |
|  |  | Yes  No |
|  |  | Yes  No |
|  |  | Yes  No |

|  |  |  |
| --- | --- | --- |
| **Deductibles** | **Limit of Coverage** | **Coverage Provided** |
| Each Occurrence |  | Yes  No |
|  |  | Yes  No |
|  |  | Yes  No |
|  |  | Yes  No |

Commercial General Liability

|  |  |
| --- | --- |
| Quotation  New Business  Renewed  Replacing Policy No. |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Named Insured |  | | | |
|  |  | | | |
| Additional Named Insured |  | | | |
|  |  | | | |
| Mailing Address |  | | | |
|  |  | | | |
| Term | From |  | To |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Limits/Coverage Required** | | | | |
| **Coverage** | **Limit of Coverage** | **Recommended Coverage** | **Suggested Limit** | **Accepted?** |
| Bodily Injury and property Damage per occurrence |  | Yes |  | Yes  No |
| Annual Aggregate products and Completed Operations |  | Yes |  | Yes  No |
| Tenant’s Legal Liability per Occurrence |  | Yes |  | Yes  No |
| Employee Benefits Liability per Occurrence and Aggregate |  | Yes |  | Yes  No |
| Incidental Medical Malpractice Liability per Occurrence |  | Yes |  | Yes  No |
| Advertising Liability per Occurrence |  | Yes |  | Yes  No |
| Non-Owned automobile per Occurrence |  | Yes |  | Yes  No |
| products/completed operations (Broad Form) |  | Yes |  | Yes  No |
| personal injury (Nil participation) |  | Yes |  | Yes  No |
| occurrence property damage |  | Yes |  | Yes  No |
| employer's liability (excludes U.S.A) |  | Yes |  | Yes  No |
| contingent employer's liability |  | Yes |  | Yes  No |
| employees as additional Named Insured |  | Yes |  | Yes  No |
| tenant's legal liability ("all risks") |  | Yes |  | Yes  No |
| Cross Liability |  | Yes |  | Yes  No |
| non-owned automobile including SEF 94 ("All Perils" $50,000 limit) & 96 |  | Yes |  | Yes  No |
| Additional Insureds |  | Yes |  | Yes  No |
| Aircraft (owned & non-owned), Aircraft Products |  | Yes |  | Yes  No |
| Environmental (1st party & 3rd party) |  | Yes |  | Yes  No |
| Form |  | Yes |  | Yes  No |
| Occurrence |  | Yes |  | Yes  No |
| Claims Made |  | Yes |  | Yes  No |
| Host Liquor Liability |  | Yes |  | Yes  No |
| Liquor Law Liability |  | Yes |  | Yes  No |
| Per Project Aggregate |  | Yes |  | Yes  No |
| Personal Injury including Libel, Slander and False Arrest |  | Yes |  | Yes  No |
| Cross Liability |  | Yes |  | Yes  No |
| broad form property damage |  | Yes |  | Yes  No |
| medical payments ($10,000 each)  Cancellation – 90 Days |  | Yes |  | Yes  No |
| broad form vendor's |  | Yes |  | Yes  No |
| worldwide coverage |  | Yes |  | Yes  No |
| cancellation clause 90 days |  | Yes |  | Yes  No |
| Certificate Holders added as additional Insured |  | Yes |  | Yes  No |
| Owned and Non-Owned Watercraft |  | Yes |  | Yes  No |
| Blanket Contractual (Including verbal if contract within 120 days of agreement) |  | Yes |  | Yes  No |
| Incidental Medical Malpractice |  | Yes |  | Yes  No |
| Employee Benefits Liability |  | Yes |  | Yes  No |
| Advertising Liability |  | Yes |  | Yes  No |
| Fire Fighting Liability |  | Yes |  | Yes  No |
| Limited Pollution (IBC Form 2313) including Hostile Fire |  | Yes |  | Yes  No |
| Notice of loss as soon as practicable |  | Yes |  | Yes  No |
| Pay on behalf Insuring Agreement |  | Yes |  | Yes  No |
| Personal Injury includes mental anguish, shock, discrimination, humiliation, and harassment |  | Yes |  | Yes  No |
| Owners/Contractors Protective |  | Yes |  | Yes  No |
| Cross Liability/Severability of Interest |  | Yes |  | Yes  No |
| Automobile Exclusion amended to cover loading and unloading, maintenance and attached machinery |  | Yes |  | Yes  No |
| Prior Acts Coverage |  | Yes |  | Yes  No |
| Professional Liability, Errors & Omissions |  | Yes |  | Yes  No |
| Property Damage Legal Liability (basic $50,000 limit) |  | Yes |  | Yes  No |
| Property Damage Legal Liability - Increased Limits |  | Yes |  | Yes  No |
| Territory |  | Yes |  | Yes  No |
| Watercraft (owned & non-owned) |  | Yes |  | Yes  No |
| Other |  | Yes |  | Yes  No |
| **Foreign Liability** | | | | |
| Automobile Liability (including Hired & Non-Owned) |  | Yes |  | Yes  No |
| Difference in Conditions |  | Yes |  | Yes  No |
| Employers Liability |  | Yes |  | Yes  No |
| Excess Repatriation |  | Yes |  | Yes  No |
| Foreign Voluntary Workers Compensation |  | Yes |  | Yes  No |
| Premises Liability |  | Yes |  | Yes  No |
| Products & Completed Operations |  | Yes |  | Yes  No |
| Property Damage Legal Liability (basic $50,000 limit) |  | Yes |  | Yes  No |
| Property Damage Legal Liability - Increased Limits |  | Yes |  | Yes  No |
| Other |  | Yes |  | Yes  No |
| Past & Present officers, executives, directors, employees, stock-holders, volunteers, social club members as Additional Insured |  | Yes |  | Yes  No |
| Automatic Coverage on newly acquired or created organizations |  | Yes |  | Yes  No |
| Blanket Contractual – Non Reporting |  | Yes |  | Yes  No |
| Elevator Collision |  | Yes |  | Yes  No |
| Watercraft up to 50 feet |  | Yes |  | Yes  No |
| Unintentional Errors & Omissions |  | Yes |  | Yes  No |
| Broad Definition of Insured including partnership and Joint Ventures |  | Yes |  | Yes  No |
| Broad Form Vendors |  | Yes |  | Yes  No |
| Worldwide Territory |  | Yes |  | Yes  No |
| Cancellation – 90 Days |  | Yes |  | Yes  No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Deductibles** | | | | |
| **Coverage** | **Limit of Coverage** | **Recommended Coverage** | **Suggested Limit** | **Accepted?** |
| **Property** | | | | |
| Each Property Damage Occurrence |  | Yes |  | Yes  No |
| Each claim – Employee Benefits Liability |  | Yes |  | Yes  No |
| Each Claim – Tenants legal Liability |  | Yes |  | Yes  No |
| Each Claim – Legal Liability Damage to Hired autos |  | Yes |  | Yes  No |

Abuse Liability Section

|  |  |
| --- | --- |
| Quotation  New Business  Renewed  Replacing Policy No. |  |

**Abuse Liability Insurance Application**

|  |  |  |
| --- | --- | --- |
| Insured Name: |  | |
|  |  | |
| Mailing Address: |  | |
|  |  | |
| Phone: |  |
|  |  | |
| Fax: |  |
|  |  |
| Abuse Liability Renewal Date: |  |
|  |  |
| Retro Date: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Coverage** | **Limit of Coverage** | **Recommended Coverage** | **Suggested Limit** | **Accepted?** |
| Each “Wrongful Act” limit | 5,000,000 | Yes |  | Yes  No |
| Each “Wrongful Act” | 1,000,000 | Yes |  | Yes  No |
| Each “Abuse” Limit | 3,000,000 | Yes |  | Yes  No |
| **Deductible** | | | | |
| Wrongful Act | 2,500 | Yes |  | Yes  No |
| Wrongful Act | 2,500 | Yes |  | Yes  No |
| Abuse | 2,500 | Yes |  | Yes  No |

|  |  |
| --- | --- |
| Limit of Abuse Liability Required  $1,000  $2,500  $5,000  $10,000  Other |  |

Errors and Omissions Section

|  |  |
| --- | --- |
| Quotation  New Business  Renewed  Replacing Policy No. |  |

**Abuse Liability Insurance Application**

|  |  |  |
| --- | --- | --- |
| Insured Name: |  | |
|  |  | |
| Mailing Address: |  | |
|  |  | |
| Phone: |  |
|  |  | |
| Fax: |  |
|  |  |
| Abuse Liability Renewal Date: |  |
|  |  |
| Retro Date: |  |

Errors and Omissions (including Medical Malpractice) – Covers you for errors and omissions while you or someone on your behalf is acting in a professional capacity, claims made [this means your claim must be made during the policy term]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Coverage** | **Limit of Coverage** | **Recommended Coverage** | **Suggested Limit** | **Accepted?** |
| Errors and Omissions liability | 5,000,000 | Yes |  | Yes  No |
| Each “Wrongful Act | 1,000,000 | Yes |  | Yes  No |
| **Deductible** | | | | |
| Per Loss | 1,000 | Yes |  | Yes  No |

Umbrella Liability Section

|  |  |
| --- | --- |
| Quotation  New Business  Renewed  Replacing Policy No. Policy No : |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Broker : |  | | |
|  |  | | |
| Applicant’s Name : |  | | |
|  |  | | |
| Locations Insured |  | | |
|  |  | |
| Term – From : |  |
|  |  |
| To : |  |
|  |  |
| Current Insurer : |  |

|  |  |  |
| --- | --- | --- |
| **Limits of Liability** | **Limit of Coverage** | **Coverage Provided** |
| Pre Occurrence |  | Yes  No |
| Aggregate Excess of Underlying Coverages & Limits Retentions |  | Yes  No |

**Limits of Liability**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Coverage** | **Limit of Coverage** | **Recommended Coverage** | **Suggested Limit** | **Accepted?** |
| Pre Occurrence |  | Yes |  | Yes  No |
| Aggregate Excess of Underlying Coverages & Limits Retentions |  | Yes |  | Yes  No |
| **Underlying Policies** | | | | |
| **Excess Liability** | | | | |
| Excess |  | Yes |  | Yes  No |
| Umbrella |  | Yes |  | Yes  No |
| Follow Form |  | Yes |  | Yes  No |
| 1st Dollar Defense |  | Yes |  | Yes  No |
| Defense in Limit |  | Yes |  | Yes  No |
| Employee Benefit Liability |  | Yes |  | Yes  No |
| Claims Made – Retroactive Date |  | Yes |  | Yes  No |
| Employment Practices Liability |  | Yes |  | Yes  No |
| Professional Liability |  | Yes |  | Yes  No |
| Liquor Liability |  | Yes |  | Yes  No |
| Directors & Officers |  | Yes |  | Yes  No |
| Errors & Omissions |  | Yes |  | Yes  No |
| Pollution Liability |  | Yes |  | Yes  No |
| Underground/Above Ground Tanks |  | Yes |  | Yes  No |
| Flood |  | Yes |  | Yes  No |
| Earthquake |  | Yes |  | Yes  No |
| Watercraft |  | Yes |  | Yes  No |
| Aircraft |  | Yes |  | Yes  No |
| Bonds |  | Yes |  | Yes  No |
| Ocean Marine |  | Yes |  | Yes  No |
| Difference in Conditions |  | Yes |  | Yes  No |
| **Special Hazards of** | | | | |
| Collapse |  | Yes |  | Yes  No |
| Demolition |  | Yes |  | Yes  No |
| Blasting |  | Yes |  | Yes  No |
| Explosion |  | Yes |  | Yes  No |
| Excavation |  | Yes |  | Yes  No |
| Underground |  | Yes |  | Yes  No |
| Worldwide (Limited Basis) |  | Yes |  | Yes  No |

**nderlying Primary Schedule (Canada, USA, Foreign)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of Policy and Limit** | **Policy Number** | **Insurer** | **Policy Period** | **Annual Premium** |
| General liability including products and non-owned auto bi/pd $1,000,000 |  |  |  |  |
| Products liability and completed operations annual aggregate $1,000,000 |  |  |  |  |
| Automobile liabilityBi/pd$1,000,000 |  |  |  |  |
| Employers liability $1,000,000Admiralty or jones act |  | Included in CGL |  |  |
| Advertisers liability $1,000,000 |  | Included in CGL |  |  |
| Aircraft – owned  Bi $  Pd $  Passenger $ |  |  |  |  |
| Aircraft – non-owned  Bi $  Pd $  Passenger $ |  |  |  |  |
| Charters liability  $ |  |  |  |  |
| Malpractice liability$1,000,000 | Incidental Malpractice included in CGL | | | |

|  |  |  |
| --- | --- | --- |
| **Deductibles** | **Limit of Coverage** | **Coverage Provided** |
| Each Occurrence |  | Yes  No |
|  |  | Yes  No |
|  |  | Yes  No |
|  |  | Yes  No |

Directors and Officers

|  |  |
| --- | --- |
| Quotation  New Business  Renewed  Replacing Policy No. |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Coverage** | **Limit of Coverage** | **Recommended Coverage** | **Suggested Limit** | **Accepted?** |
| Computer Fraud |  | Yes |  | Yes  No |
| Kidnap and Ransom |  | Yes |  | Yes  No |
| Extortion |  | Yes |  | Yes  No |
| Financial guarantees |  | Yes |  | Yes  No |
| Fiduciary liability |  | Yes |  | Yes  No |
| Political Risks |  | Yes |  | Yes  No |
| Foreign Operations |  | Yes |  | Yes  No |
| Directors’ and Officers’ Liability |  | Yes |  | Yes  No |
| Corporate Reimbursement |  | Yes |  | Yes  No |
| Outside Directors |  | Yes |  | Yes  No |
| Automatic Advancement of Defense Costs |  | Yes |  | Yes  No |
| Bilateral Discovery Period –       % for 365 days |  | Yes |  | Yes  No |
| 45 Day Post Reporting Window |  | Yes |  | Yes  No |
| Non-Cancelable by Insurer Only |  | Yes |  | Yes  No |
| Full Continuity to |  | Yes |  | Yes  No |
| Severability of Application and Exclusions |  | Yes |  | Yes  No |
| Automatic Acquisition Coverage |  | Yes |  | Yes  No |
| Outside Directorship Coverage – Blanket |  | Yes |  | Yes  No |
| Employment Practices Liability Coverage |  | Yes |  | Yes  No |
| Options for Entity and Non-Entity |  | Yes |  | Yes  No |
| Predetermined Allocation of Defense Costs – min 80% |  | Yes |  | Yes  No |
| Entity and Employee Coverage for Securities Claims |  | Yes |  | Yes  No |
| Securities Claim Allocation -       % |  | Yes |  | Yes  No |
| Investigation Costs Coverage |  | Yes |  | Yes  No |
| No Major Shareholder Exclusion |  | Yes |  | Yes  No |
| No Absolute E&O Exclusions |  | Yes |  | Yes  No |
| Competition Act Coverage |  | Yes |  | Yes  No |
| Statutory Liability Coverage |  | Yes |  | Yes  No |
| Side A Reinstatement |  | Yes |  | Yes  No |
| Coverage Limit Requested |  | Yes |  | Yes  No |

Crime Section

|  |  |
| --- | --- |
| Quotation  New Business  Renewed  Replacing Policy No. |  |

|  |  |
| --- | --- |
| Name of Insured: |  |

**Coverages**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Limits of Liability** | | | | |
| **Coverage** | **Limit of Coverage** | **Recommended Coverage** | **Suggested Limit** | **Accepted?** |
| Depositors’ Forgery |  | Yes |  | Yes  No |
| Computer Fraud and Funds Transfer Fraud |  | Yes |  | Yes  No |
| Credit Card Forgery |  | Yes |  | Yes  No |
| Client Coverage |  | Yes |  | Yes  No |
| Employee Benefit Coverage |  | Yes |  | Yes  No |
| Employee Dishonesty |  | Yes |  | Yes  No |
| Forgery/Alteration |  | Yes |  | Yes  No |
| Money & Securities (Inside and Outside) |  | Yes |  | Yes  No |
| Robbery/Safe Burglary |  | Yes |  | Yes  No |
| Premises Burglary |  | Yes |  | Yes  No |
| Premises Theft/Robbery |  | Yes |  | Yes  No |
| Theft, Disappearance and Destruction |  | Yes |  | Yes  No |
| Computer Fraud |  | Yes |  | Yes  No |
| Extortion |  | Yes |  | Yes  No |
| Counterfeit |  | Yes |  | Yes  No |
| Depositors Forgery |  | Yes |  | Yes  No |
| Fiduciary Liability |  | Yes |  | Yes  No |
| ERISA/Employee Benefits |  | Yes |  | Yes  No |
| 120 days Notice post Discovery of Loss |  | Yes |  | Yes  No |
| Proof of Loss required within 6 months of Discovery |  | Yes |  | Yes  No |
| Funds Transfer Fraud for Money, Securities, Property and Merchandise |  | Yes |  | Yes  No |
| 12 months Discovery Period |  | Yes |  | Yes  No |
| 120 days Notice of Cancellation |  | Yes |  | Yes  No |
| 60 days Notice of Non-renewal |  | Yes |  | Yes  No |
| Audit Expenses for all Insuring Clauses – $250,000 |  | Yes |  | Yes  No |
| Definition of Employee to include Non-compensated Directors, Officers and Trustees |  | Yes |  | Yes  No |
| Temporary Employees excess of Agency coverage |  | Yes |  | Yes  No |
| Part-time, Contract or Seasonal Employees |  | Yes |  | Yes  No |
| Students |  | Yes |  | Yes  No |
| Retired Employees acting as Consultants |  | Yes |  | Yes  No |
| Automatic Acquisition coverage < 20% of Assets, 90 day Notice provision |  | Yes |  | Yes  No |
| Prior Fraud Tolerance Level of $25,000 |  | Yes |  | Yes  No |
| Unidentifiable Employee clause |  | Yes |  | Yes  No |
| Ex-employees covered for 90 days post termination |  | Yes |  | Yes  No |
| Employee Cross-over Rider |  | Yes |  | Yes  No |
| Employee Benefit Plans included as Insureds |  | Yes |  | Yes  No |
| Worldwide Territory |  | Yes |  | Yes  No |
| Designated Reps under “Notice,” Prior Dishonesty,” “Discovery,” and “Cancellation” clauses |  | Yes |  | Yes  No |
| Toll Fraud coverage |  | Yes |  | Yes  No |
| Worldwide Currencies under Money Orders and Counterfeit Currency |  | Yes |  | Yes  No |
| Include “Telefacsimile” under Funds Transfer Fraud |  | Yes |  | Yes  No |
| Professional Liability Loss History |  | Yes |  | Yes  No |

Fiduciary Liability

|  |  |
| --- | --- |
| Quotation  New Business  Renewed  Replacing Policy No. |  |

|  |  |
| --- | --- |
|  |  |
| Insured: |  |
|  |  |
| Limits of Liability: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Limits of Liability** | | | | |
| **Coverage** | **Limit of Coverage** | **Recommended Coverage** | **Suggested Limit** | **Accepted?** |
| Each Loss |  | Yes |  | Yes  No |
| Each Policy Period |  | Yes |  | Yes  No |
| **Deductible** | | | | |
| Non-Indemnifiable Loss |  | Yes |  | Yes  No |

|  |  |  |
| --- | --- | --- |
| Locations: | Canada : |  |
|  |  |  |
|  | USA : |  |
|  |  |  |
|  | Foreign: |  |
|  |  |  |
|  | Totals: |  |
|  |  |  |
| Annual Sales | Canada : |  |
| Or Gross Revenues |  |  |
|  | USA : |  |
|  |  |  |
|  | Foreign: |  |
|  |  |  |
|  | Totals: |  |

Automobile Fleet Information

|  |  |
| --- | --- |
| Quotation  New Business  Renewed  Replacing Policy No. Policy No : |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Broker : | |  | | | | |
|  | |  | | | | |
| Applicant’s Name : | |  | | | | |
|  | |  | | | | |
| Locations Insured | |  | | | | |
|  | |  | | | |
| Term – From : | |  |
|  | |  |
| To : | |  |
|  | |  |
| Current Insurer : | |  |
|  | |  | | | |
|  | | | | |
| **Coverage** | | | **Limit of Coverage** | **Coverage Provided** | |
| Third Party Liability | | |  | Yes  No | |
| Accident Benefits (per provincial requirements) | | |  | Yes  No | |
| Loss or Damage to Insured Automobile | | |  | Yes  No | |
| All Perils – Deductible | | |  | Yes  No | |
| Comprehensive – deductable | | |  | Yes  No | |
| Specified Perils – deductable | | |  | Yes  No | |
| **Endorsements** | | | **Limit of Coverage** | **Coverage Provided** | |
| OPCF 2 – Permission to Drive Other Automobiles | | |  | Yes  No | |
| OPCF 4A – Permission to Carry Explosives | | |  | Yes  No | |
| OPCF 4B – Permission to Carry Radioactive Material | | |  | Yes  No | |
| OPCF 5 – Permission to Rent or Lease Automobiles | | |  | Yes  No | |
| OPCF 6A – Permission to Carry Paying Passengers | | |  | Yes  No | |
| OPCF 20 – Coverage for Transportation Replacement | | |  | Yes  No | |
| OPCF 21B – Blanket Coverage | | |  | Yes  No | |
| OPCF 27 – Physical Damage to Non-Owned Automobiles | | |  | Yes  No | |
| OPCF 27B – Business Operations: Physical Damage to Non-Owned Autos | | |  | Yes  No | |
| OPCF 43/43A – Removing Deprecation Deduction (      Months) | | |  | Yes  No | |
| OPCF 44R – Family Protection Endorsement | | |  | Yes  No | |
| QEF 2 – Drive Other Automobiles | | |  | Yes  No | |
| QEF 4A – Transportation of Explosives | | |  | Yes  No | |
| QEF 4B – Transportation of Radioactive Materials | | |  | Yes  No | |
| QEF 5A – Lease or Leasing | | |  | Yes  No | |
| QEF 20 – Loss of Use Extension | | |  | Yes  No | |
| QEF 21B – Blanket Fleet Coverage | | |  | Yes  No | |
| QEF 27 – Civil Liability for Damage to Non Owned Automobiles | | |  | Yes  No | |
| QEF 34 – Accident Benefits | | |  | Yes  No | |
| QEF 43 – Change to Loss Payment | | |  | Yes  No | |
|  | | | | | |
| SEF 2 – Drive Other Automobiles | | |  | Yes  No | |
| SEF 4A – Permission to carry explosives | | |  | Yes  No | |
| SEF 4B – Permission to carry Radioactive material | | |  | Yes  No | |
| SEF 5 – Permission to Rent or Lease | | |  | Yes  No | |
| SEF 6A – Permission Carry Passengers for Compensation | | |  | Yes  No | |
| SEF 20 – Loss of Use Extension | | |  | Yes  No | |
| SEF 21B – Blanket Fleet Coverage | | |  | Yes  No | |
| SEF 21D – Express Coverage Blanket Fleet (mb, sk, bc) | | |  | Yes  No | |
| SEF 27 – Legal Liability for Damage to Non Owned Automobiles | | |  | Yes  No | |
| SEF 43R – Limited Waiver of Depreciation -       months | | |  | Yes  No | |
| SEF 43L – Limited Waiver of Depreciation -       months | | |  | Yes  No | |
| SEF 44 – Family Protection Endorsement | | |  | Yes  No | |
| BCSEF 41 – Limitation of Third Party Liability to Excess Insurance (BC) | | |  | Yes  No | |
| EEF 1 – Saskatchewan Excess | | |  | Yes  No | |
| **Others** | | | | | |
| Manitoba Excess | | |  | Yes  No | |
| Cancellation – 90 days notice | | |  | Yes  No | |
| Blanket Lessors | | |  | Yes  No | |
| NFLD – Basic Accident Benefits | | |  | Yes  No | |
| Cross Liability | | |  | Yes  No | |
| Contingent Profit Agreement | | |  | Yes  No | |
| Blanket Lessors | | |  | Yes  No | |
| Cross liability | | |  | Yes  No | |
| Cancellation – 90 Days Notice | | |  | Yes  No | |
| Contingent Profit Agreement | | |  | Yes  No | |

|  |  |  |
| --- | --- | --- |
| **Deductibles** | **Limit of Coverage** | **Coverage Provided** |
| Each Occurrence |  | Yes  No |
|  |  | Yes  No |
|  |  | Yes  No |
|  |  | Yes  No |

Garage Automobile Section

|  |  |
| --- | --- |
| Quotation  New Business  Renewed  Replacing Policy No. Policy No : |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Broker : | |  | | | | |
|  | |  | | | | |
| Applicant’s Name : | |  | | | | |
|  | |  | | | | |
| Locations Insured | |  | | | | |
|  | |  | | | |
| Term – From : | |  |
|  | |  |
| To : | |  |
|  | |  |
| Current Insurer : | |  |
|  | | |  |  | |
| **Coverage** | | | **Limit of Coverage** | **Coverage Provided** | |
| OAP 4, QPF 4, SF 4 – Standard Garage Automobile | | |  | Yes  No | |
| Third Party Liability | | |  | Yes  No | |
| Accident Benefits – Options as per Provincial Requirements | | |  | Yes  No | |
| Uninsured Automobile | | |  | Yes  No | |
| Legal Liability for Damage to Customers’ Vehicles | | |  | Yes  No | |
| Collision or Upset | | |  | Yes  No | |
| Any one vehicle | | |  | Yes  No | |
| Deductable | | |  | Yes  No | |
| Specified Perils | | |  | Yes  No | |
| Each Location | | |  | Yes  No | |
| Deductable | | |  | Yes  No | |
| **Endorsements** | | | | | |
| SEF 71, OEF 71, QEF 71 – Excluding Owned Automobiles | | |  | Yes  No | |
| SEF 77, OEF 77 – Liability for Comprehensive Damage to Customers’ Automobiles (including open lot theft) | | |  | Yes  No | |
| Cross Liability | | |  | Yes  No | |
| Cancellation – 90 Days Notice | | |  | Yes  No | |

|  |  |  |
| --- | --- | --- |
| **Deductibles** | **Limit of Coverage** | **Coverage Provided** |
| Each Occurrence |  | Yes  No |
|  |  | Yes  No |
|  |  | Yes  No |
|  |  | Yes  No |

Legal Defence

|  |  |
| --- | --- |
| Quotation  New Business  Renewed  Replacing Policy No. Policy No : |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Broker : |  | | |
|  |  | | |
| Applicant’s Name : |  | | |
|  |  | | |
| Locations Insured |  | | |
|  |  | |
| Term – From : |  |
|  |  |
| To : |  |
|  |  |
| Current Insurer : |  |

|  |  |  |
| --- | --- | --- |
| **Coverage** | **Limit of Coverage** | **Coverage Provided** |
| Legal Expense Insurance Coverage | 200,000 | Yes  No |
| Employment Disputes | 200,000 | Yes  No |
| Legal Defence | 200,000 | Yes  No |
| Bodily Injury | 200,000 | Yes  No |
| Statutory Licence Protection | 200,000 | Yes  No |
| tax Protection | 250,000 | Yes  No |
| Contract Disputes & Debt Recovery | 200,000 | Yes  No |
| Telephone Legal Advice Service | 200,000 | Yes  No |
| Deductible | | |
| Wrongful Act | 2,500 | Yes  No |

|  |  |  |
| --- | --- | --- |
| **Deductibles** | **Limit of Coverage** | **Coverage Provided** |
| Each Occurrence |  | Yes  No |
|  |  | Yes  No |
|  |  | Yes  No |
|  |  | Yes  No |

**Workers’ Compensation**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  | |  | |  | |  | |
| **Coverage** | | **Limit of Coverage** | | **Recommended Coverage** | | **Suggested Limit** | | **Accepted?** | |
| Building Owner (if same ownership) added as Additional Insured | |  | | Yes | |  | | Yes  No | |
| Defense Base Act | |  | | Yes | |  | | Yes  No | |
| Federal Employees Liability Act | |  | | Yes | |  | | Yes  No | |
| Increased Employers Liability | |  | | Yes | |  | | Yes  No | |
| Jones Act | |  | | Yes | |  | | Yes  No | |
| Officers Excluded? If yes, have proper DWC11 forms filed with state? | |  | | Yes | |  | | Yes  No | |
| Other States Endorsement | |  | | Yes | |  | | Yes  No | |
| Sole Proprietors, Partners Included | |  | | Yes | |  | | Yes  No | |
| Statutory Coverage | |  | | Yes | |  | | Yes  No | |
| USL&H | |  | | Yes | |  | | Yes  No | |
| Voluntary Compensation | |  | | Yes | |  | | Yes  No | |
| Other | |  | | Yes | |  | | Yes  No | |
| All Provinces Coverage | |  | | Yes | |  | | Yes  No | |
| Voluntary Compensation | |  | | Yes | |  | | Yes  No | |
| Foreign Voluntary Compensation | |  | | Yes | |  | | Yes  No | |
| Repatriation | |  | | Yes | |  | | Yes  No | |
| Jones Act | |  | | Yes | |  | | Yes  No | |
| Defense Bases Act | |  | | Yes | |  | | Yes  No | |
| FELA | |  | | Yes | |  | | Yes  No | |
| USL&H | |  | | Yes | |  | | Yes  No | |
| Stop Gap | |  | | Yes | |  | | Yes  No | |
| Occupation Disease | |  | | Yes | |  | | Yes  No | |
| Employers’ Liability | |  | | Yes | |  | | Yes  No | |
| Outer Continental Shelf Act | |  | | Yes | |  | | Yes  No | |
| Statutory | |  | | Yes | |  | | Yes  No | |
| Employer’s Liability | |  | | Yes | |  | | Yes  No | |
| WV Broad Form Endorsement | |  | | Yes | |  | | Yes  No | |
| Other States Endorsement | |  | | Yes | |  | | Yes  No | |
| Monopolistic States | |  | | Yes | |  | | Yes  No | |
| Jones Act | |  | | Yes | |  | | Yes  No | |
| US Life & Health | |  | | Yes | |  | | Yes  No | |
| Foreign Volunteer | |  | | Yes | |  | | Yes  No | |
| Federal Coal Mine Health and Safety Act Coverage | |  | | Yes | |  | | Yes  No | |
| Voluntary Compensation | |  | | Yes | |  | | Yes  No | |
| Maritime | |  | | Yes | |  | | Yes  No | |
| Sole Proprietor, Officers, Partners Coverage | |  | | Yes | |  | | Yes  No | |
| Waiver of Subrogation | |  | | Yes | |  | | Yes  No | |
| Leased Employees | |  | | Yes | |  | | Yes  No | |
| Domestic Employees | |  | | Yes | |  | | Yes  No | |
| **Life, Health, Disability** | | | | | | | | | |
| Buy-Sell Insurance | |  | | Yes | |  | | Yes  No | |
| Group Disability (short or long term) | |  | | Yes | |  | | Yes  No | |
| Group Life | |  | | Yes | |  | | Yes  No | |
| Group Long Term Care | |  | | Yes | |  | | Yes  No | |
| Group Medical Plans | |  | | Yes | |  | | Yes  No | |
| Mandatory State Disability | |  | | Yes | |  | | Yes  No | |

Accidental Death & Dismemberment

|  |  |
| --- | --- |
| Quotation  New Business  Renewed  Replacing Policy No. |  |

To provide benefits to Insured Persons in the event of an accident that results in the bodily injury, dismemberment or death.

|  |  |
| --- | --- |
| Insured |  |

|  |  |  |
| --- | --- | --- |
| **Limit of Coverage Options** | | **Coverage provided** |
| Class 1 (a) | Chiefs, Council Members, Board Members, Trustees, Directors | 200,000 Principal Sum |
| Class 1 (b) | Police and Security Guards | 200,000 Principal Sum |
| Class 1 (c) | Firefighters | 200,000 Principal Sum |
| Class 1 (d) | Teachers | 200,000 Principal Sum |
| Class 2 (a) | Volunteers | 50,000 Principal Sum |
| Class 2 (b) | Part-time employees and Full-time Employees NOT included in Class 1 | 50,000 Principal Sum |
| Class 3 | Spouse or Dependent Child of all Class 1 insured persons | 10,000 Principal Sum |
| Class 4 | Children attending Day-Care Centres or Educational Centres over six (6) months and under eighteen (18) years of age | 20,000 Principal Sum |

Premium is based on all insured under the age of 70 years old.

Employee Benefits

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Life, Health, Disability** | | | | |
| **Coverage** | **Limit of Coverage** | **Recommended Coverage** | **Suggested Limit** | **Accepted?** |
| Buy-Sell Insurance |  | Yes |  | Yes  No |
| Group Disability (short or long term) |  | Yes |  | Yes  No |
| Group Life |  | Yes |  | Yes  No |
| Group Long Term Care |  | Yes |  | Yes  No |
| Group Medical Plans |  | Yes |  | Yes  No |
| Mandatory State Disability |  | Yes |  | Yes  No |
| Voluntary Benefits |  | Yes |  | Yes  No |
| Other |  | Yes |  | Yes  No |
| Accidental Death and Dismemberment |  | Yes |  | Yes  No |
| Pension |  | Yes |  | Yes  No |
| Life – Keyperson, proprietor, Partnership, Corporation |  | Yes |  | Yes  No |
| Business Continuation |  | Yes |  | Yes  No |
| Retirement Benefits |  | Yes |  | Yes  No |

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| **Life Insurance and Accidental Death & Dismemberment Benefit Including Critical Illness** | | | | |
| **Coverage** | **Limit of Coverage** | **Recommended Coverage** | **Suggested Limit** | **Accepted?** |
| **All Salaried and Hourly Employees** | | | | |
| Amount of Insurance |  | Yes |  | Yes  No |
| Non-Evidence Maximum |  | Yes |  | Yes  No |
| maximum Amount of Insurance |  | Yes |  | Yes  No |
| Waiver of Premium |  | Yes |  | Yes  No |
| Reduction |  | Yes |  | Yes  No |
| Termination |  | Yes |  | Yes  No |
| **Deductible** | | | | |
| Wrongful Act |  | Yes |  | Yes  No |
| **Management** | | | | |
| Amount of Insurance |  | Yes |  | Yes  No |
| Non-Evidence Maximum |  | Yes |  | Yes  No |
| maximum Amount of Insurance |  | Yes |  | Yes  No |
| Waiver of Premium |  | Yes |  | Yes  No |
| Reduction |  | Yes |  | Yes  No |
| Termination |  | Yes |  | Yes  No |
| Monthly Premium |  | Yes |  | Yes  No |
| **Dependent Life** | | | | |
| Amount of Insurance – Spouse |  | Yes |  | Yes  No |
| Amount of Insurance – Child |  | Yes |  | Yes  No |
| Dependent Eligibility |  | Yes |  | Yes  No |
| Termination |  | Yes |  | Yes  No |
| Monthly Premium |  | Yes |  | Yes  No |
| **Optional Life Insurance Benefit – Not Applicable** | | | | |
| Employee and Dependent |  | Yes |  | Yes  No |
| Amount of Insurance |  | Yes |  | Yes  No |
| Maximum Amount of Insurance |  | Yes |  | Yes  No |
| Termination |  | Yes |  | Yes  No |
| Monthly Premium |  | Yes |  | Yes  No |
| **Short Term Disability – All Employees** | | | | |
| Amount of Insurance |  | Yes |  | Yes  No |
| Maximum Amount of Insurance |  | Yes |  | Yes  No |
| Qualifying Period (Accident/Illness) |  | Yes |  | Yes  No |
| Qualifying period (Sickness) |  | Yes |  | Yes  No |
| Maximum Benefit Period |  | Yes |  | Yes  No |
| Termination |  | Yes |  | Yes  No |
| **Management** | | | | |
| Amount of Insurance |  | Yes |  | Yes  No |
| maximum Amount of Insurance |  | Yes |  | Yes  No |
| Qualifying Period (Accident/Illness) |  | Yes |  | Yes  No |
| Qualifying period (Sickness) |  | Yes |  | Yes  No |
| Maximum Benefit Period |  | Yes |  | Yes  No |
| Termination |  | Yes |  | Yes  No |
| Monthly Premium |  | Yes |  | Yes  No |
| **Long Term Disability** | | | | |
| Amount of Insurance |  | Yes |  | Yes  No |
| Maximum Benefit period |  | Yes |  | Yes  No |
| Non-Evidence maximum |  | Yes |  | Yes  No |
| Maximum Amount of Insurance |  | Yes |  | Yes  No |
| All Source Maximum |  | Yes |  | Yes  No |
| Qualifying period |  | Yes |  | Yes  No |
| Offset |  | Yes |  | Yes  No |
| Waiver of Premium |  | Yes |  | Yes  No |
| Definition of Total Disability |  | Yes |  | Yes  No |
| Tax Status |  | Yes |  | Yes  No |
| Recurrent Disability |  | Yes |  | Yes  No |
| Pre-Existing condition |  | Yes |  | Yes  No |
| Termination |  | Yes |  | Yes  No |
| **Management** | | | | |
| Maximum Benefit Period |  | Yes |  | Yes  No |
| Monthly Premium |  | Yes |  | Yes  No |
| **Health Insurance Benefit – All Employees** | | | | |
| Deductible |  | Yes |  | Yes  No |
| Co Insurance |  | Yes |  | Yes  No |
| Drugs |  | Yes |  | Yes  No |
| Paramedical Services |  | Yes |  | Yes  No |
| Medical Supplies |  | Yes |  | Yes  No |
| Ambulance |  | Yes |  | Yes  No |
| Hospitalization In Canada |  | Yes |  | Yes  No |
| Vision Care |  | Yes |  | Yes  No |
| Travel Coverage |  | Yes |  | Yes  No |
| Drug Card |  | Yes |  | Yes  No |
| Dispensing Fee Maximum |  | Yes |  | Yes  No |
| Generic Substitution |  | Yes |  | Yes  No |
| Do Not Substitute Provision |  | Yes |  | Yes  No |
| Formulary Type |  | Yes |  | Yes  No |
| Drug Maximum |  | Yes |  | Yes  No |
| Life Style Drugs |  | Yes |  | Yes  No |
| Paramedical Maximum |  | Yes |  | Yes  No |
| Paramedical Services - No Prescription Except - \*\* Prescription Required |  | Yes |  | Yes  No |
| Hospitalization In Canada |  | Yes |  | Yes  No |
| Rehabilitation Institution, Convalescent Home, And Chronic Care Institution |  | Yes |  | Yes  No |
| Registered Nurse |  | Yes |  | Yes  No |
| Orthopedic Shoes And Foot Orthotics |  | Yes |  | Yes  No |
| Hearing Aids |  | Yes |  | Yes  No |
| Elastic Support Stockings |  | Yes |  | Yes  No |
| Vision Payment |  | Yes |  | Yes  No |
| Vision - Eye Examination |  | Yes |  | Yes  No |
| Vision - Eyeglasses/Contact Lenses/Laser Eye Surgery |  | Yes |  | Yes  No |
| Travel Health - Maximum |  | Yes |  | Yes  No |
| Termination |  | Yes |  | Yes  No |
| **Management** | | | | |
| Deductible |  | Yes |  | Yes  No |
| Co-Insurance |  | Yes |  | Yes  No |
| Monthly Premium |  | Yes |  | Yes  No |
| **Dental Care Benefit – All Employees** | | | | |
| Deductible |  | Yes |  | Yes  No |
| Basic/Preventive |  | Yes |  | Yes  No |
| Major |  | Yes |  | Yes  No |
| Basic/Preventive/Major Maximum |  | Yes |  | Yes  No |
| Orthodontics |  | Yes |  | Yes  No |
| Orthodontics Lifetime Maximum |  | Yes |  | Yes  No |
| Fluoride Treatment |  | Yes |  | Yes  No |
| Recall Period |  | Yes |  | Yes  No |
| Fee Schedule |  | Yes |  | Yes  No |
| Fee Schedule Edition |  | Yes |  | Yes  No |
| Survivor Benefit |  | Yes |  | Yes  No |
| Termination |  | Yes |  | Yes  No |

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| **Management** | | | | | |
| Basic/Preventative |  | Yes |  | Yes  No | |
| Major |  | Yes |  | Yes  No | |
| Basic/Preventative/Major Maximum |  | Yes |  | Yes  No | |
| Monthly premium |  | Yes |  | Yes  No | |
| NIHB Carve Out |  | Yes |  | Yes  No | |
| NIHB Carve Out |  | Yes |  | Yes  No | |
| Current Cost |  | Yes |  | Yes  No | |
| **Additional Benefits and Programs** | | | | |
| Best Doctors |  | Yes |  | Yes  No | |
| Employee Assistance Program |  | Yes |  | Yes  No | |
| Wellness Care Path |  | Yes |  | Yes  No | |
| Rehabilitation Programs |  | Yes |  | Yes  No | |
| Priority Care/Health Insurance |  | Yes |  | Yes  No | |
| Expatriate Insurance |  | Yes |  | Yes  No | |
| Business Travel And Medical |  | Yes |  | Yes  No | |
| Individual Life Insurance |  | Yes |  | Yes  No | |
| Critical Illness |  | Yes |  | Yes  No | |
| Excess Accidental Death And Dismemberment |  | Yes |  | Yes  No | |
| Individual Disability |  | Yes |  | Yes  No | |
| Mortgage Life |  | Yes |  | Yes  No | |
| Burial Life |  | Yes |  | Yes  No | |
| Truckers Disability |  | Yes |  | Yes  No | |
| Taxi And Limo AD&D |  | Yes |  | Yes  No | |
| **Responsibilities** | | | | |
| **Management** | | | | | |
| Obtain Booklet (If Available) |  | Yes |  | Yes  No | |
| Obtain Renewal Report (If Available) |  | Yes |  | Yes  No | |
| Group Experience (If Necessary) |  | Yes |  | Yes  No | |
| Employee Data (In Electronic Format) |  | Yes |  | Yes  No | |
| Collect Information On Disabled Employees (Liaise With AtWORK Consulting) |  | Yes |  | Yes  No | |
| (Refer To AIS "Request For Quotes" For Quote Requirements) |  | Yes |  | Yes  No | |
| **Analysis Of Current Plan Design** | | | | | |
| Review Current Plan Design |  | Yes |  | Yes  No | |
| Create Appropriate Plan Design |  | Yes |  | Yes  No | |
| Consider Potential Benefit Enhancements |  | Yes |  | Yes  No | |

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| **Analysis Of Current Plan Design** | | | | |
| Review Current Plan Design |  | Yes |  | Yes  No |
| Create Appropriate Plan Design |  | Yes |  | Yes  No |
| Consider Potential Benefit Enhancements |  | Yes |  | Yes  No |
| **Quote Process** | | | | |
| Create Specifications For Marketing |  | Yes |  | Yes  No |
| Determine Appropriate List Of Providers To Quote (Equitable Default Currently) |  | Yes |  | Yes  No |
| Determine If Specialty Providers Are Required |  | Yes |  | Yes  No |
| Request Quotations For Additional/Optional Benefits |  | Yes |  | Yes  No |
| Request And Follow Up With Providers For Quotes |  | Yes |  | Yes  No |
| Answer Questions From Carriers Regarding Quote |  | Yes |  | Yes  No |
| **Proposal Review** | | | | |
| Analyze Each Quote Re: U/W, Cost, Contract & Service |  | Yes |  | Yes  No |
| Review Proposals For Plan Design Deviations And Assess Impact |  | Yes |  | Yes  No |
| Negotiate Suggested Rates And Plan With Providers |  | Yes |  | Yes  No |
| Prepare Detailed Marketing Proposal For Client Presentation |  | Yes |  | Yes  No |
| Deliver Proposal To Client |  | Yes |  | Yes  No |
| Provide Cost Per Employee Summary |  | Yes |  | Yes  No |
| Provide Cost Share Considerations |  | Yes |  | Yes  No |
| **Implementation Process** | | | | |
| Confirm Final Sold Rates And Plan Design With Carrier |  | Yes |  | Yes  No |
| Prepare Master Application For Client Meeting |  | Yes |  | Yes  No |
| Prepare Specialty Carrier Applications For Client Meeting |  | Yes |  | Yes  No |
| Review Completed Applications Prior To Submission For Accuracy |  | Yes |  | Yes  No |
| Work With Provider To Ensure Timely Enrolment |  | Yes |  | Yes  No |
| Review Contracts For Accuracy |  | Yes |  | Yes  No |
| Review Booklets For Accuracy |  | Yes |  | Yes  No |
| Confirm Billing For Accuracy |  | Yes |  | Yes  No |
| Review Employee Cards And Certificates For Accuracy |  | Yes |  | Yes  No |
| Update Cost Per Employee Summary As Per Enrolled Employees |  | Yes |  | Yes  No |
| Deliver Implementation Package |  | Yes |  | Yes  No |
| Employee Certificates |  | Yes |  | Yes  No |
| Employee Drug Cards |  | Yes |  | Yes  No |
| Administration Kit |  | Yes |  | Yes  No |
| On-Line Access Training |  | Yes |  | Yes  No |
| Create Invoices for Specialty Carriers |  | Yes |  | Yes  No |
| Follow-Up with Client after one (1) month and three (3) months |  | Yes |  | Yes  No |
| **Employee Enrollment process** | | | | |
| Draft Employee Memo Re: New Program And Claims Submission Deadlines |  | Yes |  | Yes  No |
| Follow Up On Enrolment Package With Provider |  | Yes |  | Yes  No |
| Prepare Employee Enrolment Packages |  | Yes |  | Yes  No |
| Draft Pharmacare Memo And Applications (Where Applicable) |  | Yes |  | Yes  No |
| Provide Employee Instructions For Completing Applications |  | Yes |  | Yes  No |
| Prepare Employee PowerPoint Presentation |  | Yes |  | Yes  No |
| Facilitate Employee Enrolment Meetings |  | Yes |  | Yes  No |
| Follow Up On Incomplete Enrolment Material |  | Yes |  | Yes  No |
| Submit Completed Enrolment Package To Selected Provider (Equitable Currently) |  | Yes |  | Yes  No |
| **Renewal** | | | | |
| Negotiate Renewal Rates With Carrier |  | Yes |  | Yes  No |
| Analyze Claims Experience And Trend Factors Used |  | Yes |  | Yes  No |
| Review Demographics |  | Yes |  | Yes  No |
| Provide Rate Sheet & Supporting Documents |  | Yes |  | Yes  No |
| Prepare Renewal Report |  | Yes |  | Yes  No |
| Draft Employee Notification Memo |  | Yes |  | Yes  No |
| Calculate Cost Per Employee |  | Yes |  | Yes  No |
| Meet With Client To Review Renewal |  | Yes |  | Yes  No |
| **Continued Administration** | | | | |
| Available Daily For Client Phone Calls And Questions |  | Yes |  | Yes  No |
| Assist With Enrolment Of New Employees |  | Yes |  | Yes  No |
| Handle Coverage/Provision Inquiries |  | Yes |  | Yes  No |
| Provide Day-To-Day Administration Guidance |  | Yes |  | Yes  No |
| Facilitate Health & Dental Claim Submission As Necessary |  | Yes |  | Yes  No |
| Quarterly Newsletters |  | Yes |  | Yes  No |
| Bi Annual Phone Calls |  | Yes |  | Yes  No |
| Facilitate Life/Disability/Ci Claims As Necessary |  | Yes |  | Yes  No |
| **Other** | | | | |
| Voluntary Program - Individually Owned Life, DSAI, CI, Etc. |  | Yes |  | Yes  No |
| Group Life |  | Yes |  | Yes  No |
| Group Disability |  | Yes |  | Yes  No |
| Major Medical/Hospitalization |  | Yes |  | Yes  No |
| Accidental Death and Dismemberment |  | Yes |  | Yes  No |
| Pension |  | Yes |  | Yes  No |
| Life-Keyperson, Proprietor, Partnership, Corporation |  | Yes |  | Yes  No |
| Business Continuation |  | Yes |  | Yes  No |
| Retirement Benefits |  | Yes |  | Yes  No |