|  |  |  |
| --- | --- | --- |
| logo.jpg  Insight. Experience. Commitment. | AIS Ventures 1 Commercial Application | |
|  | |  |

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Insured Application

**Insured Details**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Insured Name |  | | | | | | | | | |
|  |  | | | | | | | | | |
| Complete Mailing Address |  | | | | | | | | | |
|  |  | | | | | | | | | |
| Applicant is | Corporation | | | Partnership | | | | | Individual |  |
|  |  | | |  | | | | |  |  |
|  | Other (Specify) | |  | | | | | | | |
|  |  | | | | | | | | | |
| **Insured Contacts** | | | | | | | | | | |
|  |  | | | | | | | | | |
| Name |  | | | | | | | | | |
|  |  | | | | | | | | | |
| Title |  | | | | | Telephone | |  | | |
|  |  | | | | | | | | | |
| Cell Phone |  | | | | | Email | |  | | |
|  |  | | | | | | | | | |
| Name of Contact Person for Inspection |  | | | | | | | | | |
|  |  | | | | | | | | | |
| Title |  | | | | Telephone | | |  | | |
|  |  | | | | | | | | | |
| Cell Phone |  | | | | Email | | |  | | |
|  |  | | | | | | | | | |
| Description of Operations |  | | | | | | | | | |
|  |  | | | | | | | | | |
| Year Incorporated |  | Website Address | | | | |  | | | |
|  |  | | | | | | | | | |
| Renewal Date |  | | | | | |  | | | |

Property

Insured Locations: (Please complete the “AIS Schedule of Values” Excel detailing all buildings owned or leased or used for storage, or for which the Insured is responsible.)

Contractor’s Equipment: (Please complete for any piece of mobile equipment owned or leased, or for which the Insured is responsible.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No** | **Type** | **Year of Manufacture** | **Manufacturer** | **Serial Number** | **Value to Insure** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |

**Existing Coverages**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Current Insurer |  | | Current Term |  |
|  |  | |  | |
| Coverage | Limits Insured |  | Deductible |  |
|  |  | |  | |
| Property |  | | | |
|  |  | |  | |
| Rents or Business Interruption |  | | | |
|  |  | |  | |
| Contractor’s Equipment |  | | | |

**Mortgagees**

|  |  |  |
| --- | --- | --- |
| **Mortgagee Name** | **Mortgagee Address** | **Locations Mortgagee is Applicable** |
|  |  |  |
|  |  |  |
|  |  |  |

**Past Losses**

|  |  |  |
| --- | --- | --- |
| Have there been any losses in the last five (5) years | Yes | No |
| If “Yes”, please list any claims paid, pending, or denied by the Insurers within the past five (5) years in the chart below:   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Cause / Description** | **Date of Loss** | **Amount Paid** | **Amount Pending** | **Amount Denied** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | | |

**Requested Deductible**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Deductible | $2,500 | $5,000 | $10,000 | $25,000 | Other |  |

Crime

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Employees** | | | | | | | | | | |
| Class A : All Officers (i.e. President, V.P., etc), all Accountants (Cashiers, Bookkeepers), All Stock (Shipping, Receiving, Warehouse), Management (Dept. Mgr., Superintendents) | | | | | | | | | | |
| Total Class A (Full Time Equivalent) | | |  | Total Employees (Including Class A) | | |  | | | |
|  | | | | | | | | | | |
| Do you have a safe at your main office location? | | | | | | | | | Yes | No | |
|  | | | | | | | | | | |
| If Yes, Describe | |  | | | | | | | | |
|  | | | | | | | | | | |
| **Auditor** | | | | | | | | | | |
|  | | | | | | | | | | |
| Name |  | | | | | | | | | |
|  | | | | | | | | | | |
| All locations included? | | | | | | | | | Yes | No |
|  | | | | | | | | | | |
| Inside Audit Department? | | | | | | | | | Yes | No |
|  | | | | | | | | | | |
| Audit Frequency | | | | | |  |  | | | |
| Annually  Semi Annually  Other (Describe) | | | | |  | | |  | | |
|  | | | | | | | | | | |
| Are counter signatures required on all cheques? | | | | | | | | | Yes | No |
| If Yes, Explain:   |  | | --- | |  | | | | | | | | | | | |
|  | | | | | | | | | | |
| Is a cheque signing machine used? | | | | | | | | | Yes | No |
| If Yes, Explain:   |  | | --- | |  | | | | | | | | | | | |
|  | | | | | | | | | | |
| Is there control over blank cheques | | | | | | | | | Yes | No |
| Are cheques pre-numbered and all accounted for? | | | | | | | | | Yes | No |
| Are 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 |
| If NO, Explain:   |  | | --- | |  | | | | | | | | | | | |
|  | | | | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| How often is an inventory done? | | Annually | | Semi-Annually | Other (Describe Below) | | |
|  | | | | | | | |
| If Other, describe:   |  | | --- | |  | | | | | | | | |
|  | | | | | | | |
| Usual Cash on Premises |  | | | | | | |
|  | | | | | | | |
| Number of members having access to Financial Accounts | | |  | | | | |
|  | | | | | | | |
| Do you have a safe/vault? | | | | | | Yes | No |
| If Yes, Provide Make, Model, Type of Lock, etc.:   |  | | --- | |  | | | | | | | | |
|  | | | | | | | |
| The standard crime coverage does not include ATMs, gaming machine and/or gaming houses (including but not limited to casinos and bingo halls).  Do you require coverage for these exposures? | | | | | | Yes  No | No  No |

**Past Losses**

|  |  |  |
| --- | --- | --- |
| Have there been any losses in the last five (5) years | Yes | No |
|  | | |

If “Yes”, please list any claims paid, pending, or denied by the Insurers within the past five (5) years in the chart below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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**

Please indicate funds from the following sources:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Federal Government |  | Province |  | |
|  |  |  |  | |
| Municipality |  | Fee(s) |  | |
|  |  |  |  | |
| Dues from Members |  | Donations |  | |
|  |  |  |  | |
| Fund Raising |  |  |  | |
|  |  |  | |  |
| Other (Please Describe) |  | | | |

Please indicate how funds are used:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Fund Raising | % | Services | % | Lobbying | % |
|  |  |  |  |  |  |
| Administration | % | Equipment | % | Other | % |
|  |  |  |  |  |  |
| Other (Please Describe) |  | | | | |

**Employees**

Please list number of employees:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Time |  | Part Time |  | Non-employees in contract |  |

|  |  |
| --- | --- |
| **Officers** | **Name** |
| Chair of Board |  |
| Vice Chair |  |
| Treasurer |  |
| Secretary |  |
| Other (if applicable) |  |
| Other (if applicable) |  |
| Other (if applicable) |  |
| Other (if applicable) |  |
|  |  |
| ***\* Please attach a copy of your most current audited financial statements.***  ***For new organizations, please attach a copy of your budget \**** | |

Scope of Operation

**Operational Location**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Regional | | Provincial | | National | International | Other (describe) | |
|  |  | | |  |  |  | |
| If Other, describe:   |  | | --- | |  | | | | | | | |
| **Operational Type** | | |  | | | | |
| Corporation | | Association | | Foundation | Trust | Other (Describe) | |
|  |  | | |  |  |  | |
| If Other, describe:   |  | | --- | |  | | | | | | | |

|  |  |  |
| --- | --- | --- |
| 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 six (6) years | Yes | No |
| Is there a 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 your Organization** |  |  |

|  |  |  |
| --- | --- | --- |
| Promoted or sponsored any type of group travel, conventions, parades, or other similar events,  or assumed any liability in connection to these activities? | Yes | No |
| Offered products or services to its members for remuneration or commission? | Yes | No |
| Published any magazines, periodicals or newsletters? If so attach a copy. | Yes | No |
| Published a technical manual? | Yes | No |
| Advertised, broadcast or reproduced copyright material? | Yes | No |
| Negotiated any collective agreement? Promoted, sponsored any type of insurance to its members or non-members? | Yes | No |

|  |  |  |
| --- | --- | --- |
| Conducted any activity that evaluated or set standards for the qualification and performance of others or the quality of products manufactured, sold or handled by others? | Yes | No |
| Taken any disciplinary action or recommended disciplinary action as a result of peer review activities? | Yes | No |
| Provided a referral service, legal aid service or collection service to its members? | Yes | No |
| Engaged 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 |

List any claims made within the last five (5) years, or are pending, against your director or officers, Management, or the organization:

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| 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? Please describe, as detailed as possible: |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are 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 |
| In the past or present have any employees been recipient of any allegations of professional negligence in writing or verbally? | |  | Yes | No |
| If you responded “Yes” to any of the above please explain below: | | | | |
|  | | | |

|  |
| --- |
| Please list any associations that the insured is a member of: |
|  |

Employee, Contractors, Volunteers

|  |  |  |  |
| --- | --- | --- | --- |
| **Position** | **# 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 |  |  |  |
| Engineering / Drafting |  |  |  |
| Debt Services |  |  |  |
| Other: |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Are you aware of any past or present instances that would bring rise to a Malpractice Claim?  If yes, please describe, as detailed as possible: | | Yes | No |
|  | | |

**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 |  |

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 |  |  |

COMMERCIAL GENERAL LIABILITY APPLICATION

|  |  |  |
| --- | --- | --- |
| CGL Policy Renewal Date | |  |
|  | |  |
| Population Policed | |  |
|  | |  |
| Date Force Established | |  |
|  | |  |
| Annual Employee Turnover | |  |
| Is the jail / holding cell area operated 24 hours? | | | |  | | Yes | No |
|  | | | |  | |  |  |
| Are jailers on duty 24 hours? | | | |  | | Yes | No |
|  | | | |  | |  |  |
| How often are inspections by the fire & health inspectors issued at the jail? | | | Fire: | |  | Health: |  |

|  |  |  |
| --- | --- | --- |
| Are there written policies governing inmate discipline, inmate grievances, sick calls, medical treatment, access to legal services, recreation, intake screening, strip searches, correctional  services officer training?  Provide Details | | Yes  No |
|  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Inmate Population** | **#** | **Inmate Population** | **#** |
| Daily Number of Inmates |  | Annual Number of Inmates |  |
| Daily Number of Arrests |  | Annual Number of Arrests |  |
| Certified Capacity of Jail |  | Annual Number of Traffic Citations |  |
| Annual Number of citations other than traffic |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Staffing** | **Number of Employees** | **Annual Payroll** | **Details** |
| Full Time Police |  |  |  |
| Part Time Personnel |  |  |  |
| Reserves |  |  |  |
| Security Guards |  |  |  |
| Others |  |  |  |

Describe Education and Training Requirements:

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Does applicant handle material that could cause pollution? | | Yes | No |
| If YES, describe:   |  | | --- | |  | | | | | |
| Is Workmen’s Compensation Insurance available in all provinces where Applicant conducts business? | | Yes  No | | |
| If “Yes”, does Applicant take advantage of it? | | Yes  No | | |
| If “No”, please specify provinces and payroll: | | | | |
|  | | | |

**Other Exposures**

|  |  |  |
| --- | --- | --- |
| Does applicant assume any liability, by contract, verbal or written agreement? | | Yes  No |
| *If YES, attach wording of such contract or written agreements.* | |  |
| **Is the Applicant subject to the following risks:** | | |
| Work sublet to sub-contractors or independent contractors? | | Yes  No |
| If “Yes” please specify type of work and annual costs: | | |
|  | |
| Railroad operation? | | Yes  No |
| If “Yes” fully describe any railway network owned, used or operated by the Insured: | |  |
|  | |
| Advertising? | | Yes  No |
| If “Yes” please give a description: | | |
|  | |
| If “Yes” please give estimated annual advertising expenditure: | | |
|  | |

**Automobile**

|  |  |
| --- | --- |
| Do you carry Automobile Liability insurance? | Yes  No |
| If “Yes”, complete the following and attach a schedule of vehicles: | |

|  |  |
| --- | --- |
| **Property** | **Detail** |
| What limit of liability do you carry? |  |
| Insurer |  |
| Policy Number: |  |
| Policy Term | From:       To: |

|  |  |  |  |
| --- | --- | --- | --- |
| Are any flammable, caustic or explosive substances hauled? | | | Yes  No |
| If “Yes”, please describe | | |
|  | |
| Do you have any long haul operations (over 125 miles)? | | | Yes  No |
| If “Yes”, please describe stating number of units, frequency and radius of operations: | |
|  | |
| Is there any transit to the United States? | | | Yes  No |

If YES, complete the following chart:

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Vehicle** | **Vehicle Number** | **Value** | **Destination** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Aviation

|  |  |  |
| --- | --- | --- |
| Do you own, lease or charter any aircraft? | Yes | No |

If YES, please provide the following details:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description** | **Seating Capacity** | **# of owned Aircraft** | **# of Non-Owned Aircraft** | **# of Chartered Aircraft** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Do any employees fly their own or other aircraft on your business? | | Yes  No |
| If “Yes”, describe type of aircraft and purpose of use: | | |
|  | |

**Marine**

|  |  |
| --- | --- |
| Do you own, lease or charter any watercraft? | Yes  No |

If YES, please provide the following details:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description** | **Seating Capacity** | **# Owned** | **# Non-Owned** | **# Chartered** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Do any employees operate their own or other watercraft on your business? | | Yes  No | |
| If “Yes”, describe type of watercraft and purpose of use: | | |
|  | |

**If you have answered “Yes” to the aviation and marine questions,**

**a separate application will need to be completed.**

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

If “Yes”, please describe as detailed as possible:

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| **Past Losses** |  |  |
| Have there been any losses in the last five (5) years | Yes  No | |
| If “Yes”, please list any claims paid, pending, or denied by the Insurers within the past five (5) 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

|  |  |  |  |
| --- | --- | --- | --- |
| Policy Renewal Date |  | Retro Date |  |

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

If “Yes”, please detail below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Location** | **Tank Construction** | **Used For?** | **Contents** | **Age (Years)** | **How Often Tested/Emptied/filled** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Has anyone in the past five (5) years completed an environmental report?  If “Yes”, were there any adverse affects noted? Please describe below: | | Yes  No |
|  | |

|  |  |  |
| --- | --- | --- |
| Are there any municipal, provincial or federal environmental regulations that you are not in compliance with at any of your locations?  If “Yes”, please explain: | | Yes  No |
|  | |

|  |  |  |
| --- | --- | --- |
| Do you produce any wastes?  If “Yes”, please explain how they are disposed of: | | Yes  No |
|  | |

|  |  |
| --- | --- |
| Have there been any losses in the last five (5) years | Yes  No |
|  | |
| If “Yes”, please list any claims paid, pending, or denied by the Insurers within the past five (5) 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

|  |  |  |  |
| --- | --- | --- | --- |
| Policy Renewal Date |  | Retro Date |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Position** | | **Full Time Employees** | **Part Time Employees** | **Volunteers** |
| Senior Care | Yes  No |  |  |  |
| Healthcare | Yes  No |  |  |  |
| Sport Coaches | Yes  No |  |  |  |
| Child Care | Yes  No |  |  |  |
| Religious Services | Yes  No |  |  |  |
| Teachers | Yes  No |  |  |  |
| Counselors | Yes  No |  |  |  |
| Other (Please Describe) | Yes  No |  |  |  |

|  |  |  |
| --- | --- | --- |
| Do you provide overnight accommodation?  If “Yes”, describe type of accommodation | | Yes  No |
|  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type** | | **Daily Average** | **Number of Beds** | **Age Range** |
| Children | Yes  No |  |  |  |
| Seniors | Yes  No |  |  |  |
| Disabled Persons | Yes  No |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| When hiring employees, which of the following is applicable: | | | | |
| Criminal Background Check  Yes  No | | | | |
| Abuse Training  Yes  No | | | | |
| Contacting References  Yes  No | | | | |
| At least two (2) interviewers  Yes  No | | | | |
| Does your organization have a written policy on abuse?  Yes  No | | | | |
| Does your organization have abuse/molestation reporting procedures?  Yes  No | | | | |
| Are employees, volunteers, and 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 service?  Yes  No | | | | |
| If “Yes”, please explain: | | | | |
|  | | | |
| Have there been any claims or lawsuits arising from abuse or molestation?  Yes  No | | | | |
| If “Yes”, please explain: | | | | |
|  | | | |
|  | |  |  |  |
| Are staff members ever left alone with: | | | | |
| Children  Yes  No | | | | |
| Elderly  Yes  No | | | | |
| Disabled  Yes  No | | | | |
| Are volunteers ever left alone with: | | | | |
| Children  Yes  No | | | | |
| Elderly  Yes  No | | | | |
| Disabled  Yes  No | | | | |

|  |  |  |
| --- | --- | --- |
| Are you aware of any past or present facts, circumstances, claims, allegations or incidents that may give rise to an abuse claim or lawsuit? | | Yes  No |
| If yes, please describe, as detailed as possible: | | |
|  | |

|  |  |
| --- | --- |
| Has any Insurance Company canceled or not renewed your abuse coverage?  Yes  No | |
| If “Yes”, please explain: | |
|  |

**Requested Limit and Deductible**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Limit | $1,000,000 | $2,000,000 | $3,000,000 | $5,000,000 | Other |  |
|  |  |  |  |  |  |  |
| Deductible | $1,000 | $2,500 | $5,000 | $10,000 | Other |  |

Commercial Auto Fleet Application

|  |  |  |
| --- | --- | --- |
| Please complete the “AIS Auto Schedule” form and attach the completed schedule to this application. | | |
| The following information for each vehicle is required: | | |
| * Year * Make * Model | * VIN * Value * Use | * 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 | * License Number | * Date of Birth |
| If your company is domiciled in Quebec or any of the vehicles is licensed in Quebec, please have each driver complete and sign the “authorization For the Disclosure of Their Driving Record by SAAQ” | | |

**Summary**

|  |  |
| --- | --- |
| Are any vehicles leased in excess of 30 days?  Yes  No | |
| If “Yes”, please provide the full name and address of each leasing company: | |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are passengers carried for compensation or hire?  Yes  No | | | | |
| If “Yes”, please detail the following information for each of the vehicles used: | | | | |
| **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”, please describe: | |
|  |

|  |  |
| --- | --- |
| Do any vehicles carry radioactive materials?  Yes  No | |
| If “Yes”, please describe: | |
|  |

|  |  |
| --- | --- |
| Is there exposure for Legal Liability for physical damage to non-owned automobile?  Yes  No | |
| If “Yes”, please describe, including frequency and maximum value of the non-owned vehicles: | |
|  |

|  |
| --- |
| Do you have long haul operations (over 125 miles)?  Yes  No |
| If “Yes”, please detail the following information: |
| |  |  |  |  | | --- | --- | --- | --- | | **Type of Vehicle** | **Radius of Operation** | **# of Vehicles Involved** | **Frequency of Trips** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |

|  |
| --- |
| Is there any transit in the United States?  Yes  No |
| If “Yes”, please detail the following information: |

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

|  |  |
| --- | --- |
| Is there exposure for Legal Liability for physical damage to non-owned automobile?  Yes  No | |
| If “Yes”, please describe, including frequency and maximum value of the non-owned vehicles: | |
|  |

|  |  |
| --- | --- |
| Are you in the business of hauling for others?  Yes  No | |
| If “Yes”, please describe the type of goods hauled, specifying if you haul containers or containerized freight: | |
|  |
| List all vehicles used to haul goods for others, specifying type and VIN for each: | |
|  | |
| **\* A separate Cargo application is necessary if Cargo coverage is required \*** | |
| Please provide fuel tax mileage by province and/or state: | |
|  | |
| Do you require any provincial, state or federal filings?  Yes  No | |
| If “Yes”, please list: | |
|  |

**Requested Limit and Deductible**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Limit | $1,000,000 | $2,000,000 | $3,000,000 | $5,000,000 | Other |  |
|  |  |  |  |  |  |  |
| Deductible | $1,000 | $2,500 | $5,000 | $10,000 | Other |  |

|  |  |  |
| --- | --- | --- |
| **To be signed by the drivers:** | | |
| This is to authorized the highway traffic board to disclose all details of my driving record including accidents, convictions and suspensions to my employer and/or their Insurer | | |
|  |  |  |
| Driver’s Signature |  | Date |

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 business the band has a contract with |  |
|  |  |
| Total number of contracts |  |
|  |  |
| Total number of contracts worth over $50,000 |  |
|  |  |
| Size of largest contract |  |

|  |  |  |
| --- | --- | --- |
| Are you aware of any past legal disputes that could have given rise to a claim under this policy in the past 5 (five) years? | | Yes  No |
| If yes, please describe, as detailed as possible, including dates, legal costs incurred (lawyers, accountant fees, etc.): | | |
|  | |

**Coverage Requested**

|  |
| --- |
| Bodily Injury  Yes  No |
| Statutory License Protection  Yes  No |
| Tax Protection  Yes  No |
| Employment Disputes  Yes  No |
| Contract Disputes & 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 use or commercial exploitation is prohibited and legal grounds for damages.**

Broker Summary of Risk (to be completed by Broker)

|  |  |  |  |
| --- | --- | --- | --- |
| Renewal Date |  | Submission from AIS to Broker needed by |  |
|  |  |  |  |
| Target Premium for Liability |  | Target Premium for Property |  |

|  |  |
| --- | --- |
| **Question**  Yes  No | |
| 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: | |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Requested Liability Coverage** | | **Limits** | **Deductable** |
| Property | Yes  No |  |  |
| Crime | Yes  No |  |  |
| Directors & Officers | Yes  No |  |  |
| Errors & Omissions | Yes  No |  |  |
| General Liability | Yes  No |  |  |
| Environmental (Sudden & Accidental is in GL) | Yes  No |  |  |
| Abuse | Yes  No |  |  |
| Commercial Auto Fleet | Yes  No |  |  |
| Legal Fees | Yes  No |  |  |

Please attach an application for each line of coverage.

Note: The Employment Practices application is included within the D&O App.

**Additional Documentation**

● Statement of Values

● Photos (inside and outside) of subject risk(s)

● Copy of five-year loss run, if applicable