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|  | May 2013 |

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Introduction / Executive Summary

|  |
| --- |
|       |

Corporate Profile

|  |
| --- |
|       |

Coverage Specifications

|  |
| --- |
|       |

Property Section

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

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

|  |  |
| --- | --- |
| **Type** | **Information / Description** |
| **Location** |       |
| **Construction** |       |
| **Building** |       |
| **Equipment** |       |
| **Stock** |       |
| **Business Interior** |       |
| **Total** |       |

|  |
| --- |
| **Property / Risk Insured** |
| **Coverage** | **Limit of Coverage** | **Coverage Provided** |
| Property of Every Description anywhere in Canada or the United States including in transit |       | [ ]  Yes [ ]  No |
| Business Interruption – Profits |       | [ ]  Yes [ ]  No |
| Indemnity Period – 12 months |       | [ ]  Yes [ ]  No |
| Ordinary Payroll –       days |       | [ ]  Yes [ ]  No |
| Business Interruption – Gross Earnings |       | [ ]  Yes [ ]  No |
| Coinsurance 50% 80% |       | [ ]  Yes [ ]  No |
| Ordinary Payroll –       days |       | [ ]  Yes [ ]  No |
| Gross Rentals |       | [ ]  Yes [ ]  No |
| Extra Expense |       | [ ]  Yes [ ]  No |

|  |
| --- |
| **Perils Insured** |
| **Coverage** | **Limit of Coverage** | **Coverage Provided** |
| **Basis of Loss Settlement** |
| Buildings and Equipment – Replacement Cost |       | [ ]  Yes [ ]  No |
| Stock – Selling Price |       | [ ]  Yes [ ]  No |
| Bylaws coverage applicable to Buildings and Equipment |       | [ ]  Yes [ ]  No |
| Functional Replacement Cost on EDP Equipment and Media |       | [ ]  Yes [ ]  No |
| Additional Time required for rebuilding |       | [ ]  Yes [ ]  No |
| All Risks of Physical Loss or Damage including Earthquake, Flood and Sewer Backup |       | [ ]  Yes [ ]  No |

**Limits of Liability**

|  |  |
| --- | --- |
| Any One Occurrence |       |
|  |  |
| Annual Aggregate – Earthquake |       |
|  |  |
| Annual Aggregate – Flood |       |

**Sublimit**

Automatic Coverage – Newly Acquired Locations

|  |  |
| --- | --- |
| 90 Days Reporting |       |
|  |  |
| Not Subject to Reporting |       |
|  |  |
| Property in Transit |       |
|  |  |
| Extra Expense |       |

|  |  |
| --- | --- |
| Course of Construction |       |

|  |  |  |
| --- | --- | --- |
| **Deductibles** |  |  |
| **Coverage** | **Limit of Coverage** | **Coverage Provided** |
| Earthquake – 3% of Values Subject to minimum |       | [ ]  Yes [ ]  No |
| Earthquake – 5% of Values Subject to Minimum |       | [ ]  Yes [ ]  No |
| Flood |       | [ ]  Yes [ ]  No |
| ALl Other Losses |       | [ ]  Yes [ ]  No |

|  |
| --- |
| **Policy Form** |
| **Coverage** | **Limit of Coverage** | **Coverage Provided** |
| **Manuscript Wording Including:** |
| Valuable Papers |       | [ ]  Yes [ ]  No |
| Accounts Receivable |       | [ ]  Yes [ ]  No |
| Fine Arts |       | [ ]  Yes [ ]  No |
| Course of Construction |       | [ ]  Yes [ ]  No |
| Debris Removal |       | [ ]  Yes [ ]  No |
| Expediting Expense |       | [ ]  Yes [ ]  No |
| Fire Fighting Expense |       | [ ]  Yes [ ]  No |
| Consequential Damage by Service Interruption |       | [ ]  Yes [ ]  No |
| Electronic Data Processing Equipment and Media Coverage (INcl. Mechanical and Electrical Breakdown) |       | [ ]  Yes [ ]  No |
| Pollution Cleanup and Removal  |       | [ ]  Yes [ ]  No |
|       per Occurrence |       | [ ]  Yes [ ]  No |
|       aggregate |       | [ ]  Yes [ ]  No |
| Defense Costs |       | [ ]  Yes [ ]  No |
| Radioactive Contamination |       | [ ]  Yes [ ]  No |
| Consequential Loss |       | [ ]  Yes [ ]  No |
| Professional Fees |       | [ ]  Yes [ ]  No |
| Personal Effects of Employees and Officers –       per person |       | [ ]  Yes [ ]  No |
| Money and Stamps |       | [ ]  Yes [ ]  No |
| Lawns, Trees and Shrubs |       | [ ]  Yes [ ]  No |
| Physical Damage by Civil Authority |       | [ ]  Yes [ ]  No |
| Interruption by Civil Authority – 8 weeks |       | [ ]  Yes [ ]  No |

|  |  |  |
| --- | --- | --- |
| **Coverage** | **Limit of Coverage** | **Coverage Provided** |
| Ingress/Egress – 8 weeks |       | [ ]  Yes [ ]  No |
| Service Interruption |       | [ ]  Yes [ ]  No |
| Contingent BI and Extra Expense including but not limited to Contributing and Recipient Premises |       | [ ]  Yes [ ]  No |
| Permission for Unlimited Vacancy |       | [ ]  Yes [ ]  No |
| Breach of Conditions |       | [ ]  Yes [ ]  No |
| Control of Damaged Stock |       | [ ]  Yes [ ]  No |
| Severability of Interest |       | [ ]  Yes [ ]  No |
| Scope of Coverage |       | [ ]  Yes [ ]  No |
| Errors and Omissions clause |       | [ ]  Yes [ ]  No |
| Joint Loss agreement |       | [ ]  Yes [ ]  No |
| Cancellation – 90 days notice |       | [ ]  Yes [ ]  No |

Property Technical Information

|  |  |
| --- | --- |
|  |  |
| Name: |       |
|  |  |
| Location: |       |
|  |  |
| Date: |       |
|  |  |
| Inspected By: |       |
|  |  |
| Conferred with: |       |
|  |  |
| Number of Employees: |       |
|  |  |
| Hours of Operation: |       |
|  |  |
| **Construction** |  |
|  |  |
| Ground Floor Area: |       | Number of Storey’s: |       |
|  |
| Exterior Walls: | [ ]  Concrete Block | [ ]  Concrete Panels  | [ ]  Reinforced Concrete | [ ]  Concrete |
|  |  |  |  |  |
| Supporting Walls: | [ ]  Steel  | [ ]  Wood  |  |  |
|  |  |  |  |
| Ground Floor: | [ ]  Wood Block | [ ]  Reinforced Concrete  | [ ]  Steel with Concrete |
|  |  |  |  |
| Other Floors: | [ ]  Wood Block | [ ]  Reinforced Concrete  | [ ]  Steel with Concrete |
|  |  |  |  |  |
| Roof: | [ ]  Concrete | [ ]  Metal  | [ ]  Steel / Wood Deck | [ ]  Wood |
|  |  |
| Comments: |       |
|  |  |
| Common Hazards: | Heating Systems |       |
|  |  |
|  | Utilities |       |
|  |  |
| Process Hazards: |       |
|  |  |
|  |  |
| **Protection** |  |
|  |  | Alarms Local | Alarms Central Station |
| Automatic Sprinklers: | % | [ ]  Yes [ ]  No  | [ ]  Yes [ ]  No  |
|  |  |  |
| Burglar Protection: | Describe: |       |
|  |  |  |
| Other Fire Protection: | Describe: |       |
|  |  |  |  |
| Watchman Service: | [ ]  Yes [ ]  No  | Describe:  |       |
| Portable Fire Extinguishers | [ ]  Yes [ ]  No |
|  |  |
| Hand Hoses | [ ]  Yes [ ]  No |
|  |  |
| Hydrants: | Within 100 m – 350 ft | [ ]  Yes [ ]  No |
|  |  |  |
|  | Comments: |       |
|  |  |  |
| Water Supply | City Mains? | [ ]  Yes [ ]  No  |
|  |  |  |
|  | Other? |       |
|  |  |  |
| Fire Department | [ ]  Fully Paid [ ]  Volunteer  |  |
|  |  |  |  |  |
|  | Distance from the site (kms) |       | Distance from Site (miles) |       |
|  |  |  |  |  |
|  |  |  | Distance to site (metres/feet) |       |
|  |  |  |  |  |
| Exposures: | North: |       |
|  |  |  |
|  | South: |       |
|  |  |  |
|  | East: |       |
|  |  |  |
|  | West: |       |
|  |  |  |  |  |
| Flood Risks: | Distance to open body of water (meters) |       | (feet) |       |
|  |  |
| Additional Comments: |       |

Estimated Property Values

|  |  |
| --- | --- |
|  |  |
| Date : |       |

Location address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Type** | **Information / Description** | **values insured**  |
| Location |  |  |
| Construction |  |  |
| Building |  |  |
| Equipment |  |  |
| Stock |  |  |
| Business Interior |  |  |
| **Total** |  |  |

Location address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Type** | **Information / Description** | **values insured**  |
| Location |  |  |
| Construction |  |  |
| Building |  |  |
| Equipment |  |  |
| Stock |  |  |
| Business Interior |  |  |
| **Total** |  |  |

Location address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Type** | **Information / Description** | **values insured**  |
| Location |  |  |
| Construction |  |  |
| Building |  |  |
| Equipment |  |  |
| Stock |  |  |
| Business Interior |  |  |
| **Total** |  |  |

 Include Office Contents and EDP Equipment / Media / Extras Expense

Transit Insurance (Inland)
Underwriting Information

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):

|  |
| --- |
|       |

Gross Profits Form – Worksheet

|  |  |
| --- | --- |
| Date: |       |
|  |  |
| Insured: |       |
|  |  |
| Locations: | 1.       |
|  |  |
|  | 2.       |
|  |  |
|  | 3.       |

|  |  |  |
| --- | --- | --- |
| **Standing Charges** | **Current Fiscal Year** | **Projected Figures** |
| 1. Advertising
 |  |  |
| 1. Auditor's Fees (Does not include fees for preparation of claim)
 |  |  |
| 1. Agency Contracts and Expenses
 |  |  |
| 1. Bad Debts Reserve (not bad debts as such)
 |  |  |
| 1. Buying Expense
 |  |  |
| 1. Catalogues, Samples, Pattern Books, etc. Cost of Production
 |  |  |
| 1. Commission paid or payable on orders which Insured could not fill because of an insured loss
 |  |  |
| 1. Delivery and other services under contract
 |  |  |
| 1. Depreciation (including Building, Plant, Machinery, etc.)
 |  |  |
| 1. Directors' Fees and Remuneration (avoid overlap with salaries - Item 27)
 |  |  |
| 1. Donations
 |  |  |
| 1. Head Office, Branch or Local Offices Expense
 |  |  |
| 1. Heating (Avoid Duplication with Power - Item 21)
 |  |  |
| 1. Insurance Premiums - Medical & Welfare, Life, Accident, Group & Pension Fund Contributions (non-recurrent Contribu­tions to Pension Funds should be included)
 |  |  |

|  |  |  |
| --- | --- | --- |
| **Standing Charges** | **Current Fiscal Year** | **Projected Figures** |
| 1. Insurance Premiums – Fire, Casualty & Surety
 |  |  |
| 1. Interest on Debentures & Bonds
 |  |  |
| Mortgages, Loans, Bank Overdrafts |  |  |
| Other Borrowed Capital |  |  |
| 1. Legal and Other Professional Retainers
 |  |  |
| 1. Lighting (Avoid Duplication with Power – Item 21)
 |  |  |
| 1. Maintenance of Buildings, Plant, Machinery, etcNote: Motor Vehicles shown separately – see Item 32)
 |  |  |
| 1. Pensions and/or Annuities being paid by Insured
 |  |  |
| 1. Power – Electric, steam, etc. (only minimum amounts charged for power may possibly be standing charges. Avoid duplication with heating – Item 13, and Lighting – Item 18
 |  |  |
| 1. Printing, Stationary, Postage, Cables & Telegrams, Telephones, Telex, etc.
 |  |  |
| 1. Pumping, Ventilation, Air Conditioning (Avoid Confliction with Power – Item 21)
 |  |  |
| 1. Purchased Research
 |  |  |
| 1. Rents Payable including Rental of Premises, Machinery, Office Equipment, etc.
 |  |  |
| 1. Royalties (only if payable, whether in operations or not)
 |  |  |
| 1. Salaries & Wages (gross) or permanent staff, foremen, skilled service & other employees as much necessarily continue during a total or partial suspension
 |  |  |
| Officers, Executives, Office Staff and all other important salaried employees |  |  |
| Skilled and Important employees paid on hourly basis who would be kept on payroll |  |  |
| All Other Employees (Ordinary Payroll) |  |  |
| 1. Subscription to Trade and Credit Organization (Memberships)
 |  |  |
| 1. Taxes – Municipal and others (except those varying with sales or turnover and income tax – See Item 35 b – Profit below)
 |  |  |
| 1. Technical Advisory Fees
 |  |  |

|  |  |  |
| --- | --- | --- |
| **Standing Charges** | **Current Fiscal Year** | **Projected Figures** |
| 1. Travelling Expenses (Administration / Sales)
 |  |  |
| 1. Upkeep of Motor Vehicles, Aircrafts, etc. including licence fees
 |  |  |
| 1. Water (May vary with turnover & not be standing in charge. May be minimum amounts charged for supply)
 |  |  |
| 1. Continuing Charges (Telephone, Telex, etc) and Expenses
 |  |  |
| **Sub Total: Add Items 1 – 34 (Inclusive)** |  |  |
|  |
| 1. Miscellaneous Standing ChargesAddition of up to 5% of total of Items 1-34 permitted
 |  |  |
| 1. Total of Standing Charges : Items 1-35 Above
 |  |  |
| 1. Profit – Estimate for 12 months BEFORE deducting provision for Provincial and Federal Income Tax
 |  |  |
| 1. Ordinary Payroll for 100%
 |  |  |
| **TOTAL Amount of Insurance: (Add Items 36, 37, and 38)** |  |  |

|  |  |
| --- | --- |
| Is production dependent upon any one supplier? | [ ]  Yes [ ]  No  |
|  |  |
| If Yes, Name and Address: |       |
|  |  |
| Are sales dependent upon a Major Customer? | [ ]  Yes [ ]  No  |
|  |  |
| If Yes, Name and Address: |       |
|  |  |
| Is Production Dependent Upon any One source of Off-Premises Power | [ ]  Yes [ ]  No  |
|  |  |
| If Yes, Name and Address: |       |
|  |  |
| Is Production at any insured location dependent upon any other location insured? | [ ]  Yes [ ]  No  |
|  |  |
| If yes, Describe dependency specifying locations involved |       |

Property Loss History

**Summary by Policy Year : From** **To**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Policy Year** | **Net Amount Paid (# Claims)** | **Adj. Expenses** | **Outstanding** | **Total** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

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** | **Coverage Provided** |
| Standard Comprehensive form |       | [ ]  Yes [ ]  No |
| Covering a Sudden and Accidental Breakdown of all Boilers |       | [ ]  Yes [ ]  No |
| Pressure Vessels |       | [ ]  Yes [ ]  No |
| Mechanical and Electrical Machinery and Apparatus |       | [ ]  Yes [ ]  No |
| Excluding production Machinery |       | [ ]  Yes [ ]  No |
| Also Quote Production Machinery |       | [ ]  Yes [ ]  No |
| Valuation – Repair or Replacement Cost |       | [ ]  Yes [ ]  No |
| Business Interruption |       | [ ]  Yes [ ]  No |
| Gross Profits –Value $       24 month Period of Indemnity |       | [ ]  Yes [ ]  No |
| Extra Expense – Value $       (100% First Month) |       | [ ]  Yes [ ]  No |
| Any One Loss Combined Property Damage/Business Interruption |       | [ ]  Yes [ ]  No |

|  |
| --- |
| **Deductibles** |
| **Coverage** | **Limit of Coverage** | **Coverage Provided** |
| Property Damage |       | [ ]  Yes [ ]  No |
| 24 Hour Waiting Period – Business Interruption |       | [ ]  Yes [ ]  No |
| Extra Expense |       | [ ]  Yes [ ]  No |
| Sub Limits |       | [ ]  Yes [ ]  No |
| Expediting Expenses |       | [ ]  Yes [ ]  No |
| Water Damage |       | [ ]  Yes [ ]  No |
| Ammonia Contamination |       | [ ]  Yes [ ]  No |
| PCB Contamination |       | [ ]  Yes [ ]  No |
| Professional Fees |       | [ ]  Yes [ ]  No |

|  |
| --- |
| **Coverage Extensions** |
| **Coverage** | **Limit of Coverage** | **Coverage Provided** |
| Cancellation in 60 Days |       | [ ]  Yes [ ]  No |
| By-Laws – Included up to Policy Limit |       | [ ]  Yes [ ]  No |
| Off Premises Heat and/or Light |       | [ ]  Yes [ ]  No |
| Stock at Selling Price |       | [ ]  Yes [ ]  No |
| Interruption by Civil authority – up to 2 Weeks |       | [ ]  Yes [ ]  No |
| Amended (in use connected, ready for use) |       | [ ]  Yes [ ]  No |
| Brands/Labels |       | [ ]  Yes [ ]  No |
| Boilers, Pressure Vessels, Electrical, Mechanical Machines, including/excluding Production Machines |       | [ ]  Yes [ ]  No |
| Business Interruption – Profits |       | [ ]  Yes [ ]  No |
| Gross Rentals |       | [ ]  Yes [ ]  No |
| Extra Expense |       | [ ]  Yes [ ]  No |
| Consequential Damage (no co-insurance) |       | [ ]  Yes [ ]  No |
| Definition of Accident Sudden and Accidental Breakdown |       | [ ]  Yes [ ]  No |
| Limits of Liability |       | [ ]  Yes [ ]  No |

|  |  |
| --- | --- |
| Locations Insured : |       |
|  |  |
| Claims History : |       |

Boiler and Machinery Loss History Summary by Policy Year: From       to

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Policy Year** | **Net $ Paid (# claims)** | **Adj. Expenses** | **Outstanding** | **Total** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

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** | **Coverage Provided** |
| Bodily Injury and property Damage per occurrence |       | [ ]  Yes [ ]  No |
| Annual Aggregate products and Completed Operations |       | [ ]  Yes [ ]  No |
| Tenant’s Legal Liability per Occurrence |       | [ ]  Yes [ ]  No |
| Employee Benefits Liability per Occurrence and Aggregate |       | [ ]  Yes [ ]  No |
| Incidental Medical Malpractice Liability per Occurrence |       | [ ]  Yes [ ]  No |
| Advertising Liability per Occurrence |       | [ ]  Yes [ ]  No |
| Non-Owned automobile per Occurrence |       | [ ]  Yes [ ]  No |

|  |
| --- |
| **Extensions** |
| **Coverage** | **Limit of Coverage** | **Coverage Provided** |
| products/completed operations (Broad Form) |       | [ ]  Yes [ ]  No |
| personal injury (Nil participation) |       | [ ]  Yes [ ]  No |
| occurrence property damage |       | [ ]  Yes [ ]  No |
| employer's liability (excludes U.S.A) |       | [ ]  Yes [ ]  No |
| contingent employer's liability |       | [ ]  Yes [ ]  No |
| employees as additional Named Insured |       | [ ]  Yes [ ]  No |
| tenant's legal liability ("all risks")  |       | [ ]  Yes [ ]  No |

|  |  |  |
| --- | --- | --- |
| **Coverage** | **Limit of Coverage** | **Coverage Provided** |
| non-owned automobile including SEF 94 ("All Perils" $50,000 limit) & 96 |       | [ ]  Yes [ ]  No |
| Cross Liability |       | [ ]  Yes [ ]  No |
| broad form property damage |       | [ ]  Yes [ ]  No |
| medical payments ($10,000 each)Cancellation – 90 Days |       | [ ]  Yes [ ]  No |
| broad form vendor's |       | [ ]  Yes [ ]  No |
| worldwide coverage |       | [ ]  Yes [ ]  No |
| cancellation clause 90 days |       | [ ]  Yes [ ]  No |
| Certificate Holders added as additional Insured |       | [ ]  Yes [ ]  No |
| Owned and Non-Owned Watercraft |       | [ ]  Yes [ ]  No |
| Blanket Contractual (Including verbal if contract within 120 days of agreement) |       | [ ]  Yes [ ]  No |
| Incidental Medical Malpractice |       | [ ]  Yes [ ]  No |
| Employee Benefits Liability |       | [ ]  Yes [ ]  No |
| Advertising Liability |       | [ ]  Yes [ ]  No |
| Fire Fighting Liability |       | [ ]  Yes [ ]  No |
| Limited Pollution (IBC Form 2313) including Hostile Fire |       | [ ]  Yes [ ]  No |
| Notice of loss as soon as practicable  |       | [ ]  Yes [ ]  No |
| Pay on behalf Insuring Agreement |       | [ ]  Yes [ ]  No |
| Personal Injury includes mental anguish, shock, discrimination, humiliation, and harassment |       | [ ]  Yes [ ]  No |
| Owners/Contractors Protective |       | [ ]  Yes [ ]  No |
| Cross Liability/Severability of Interest |       | [ ]  Yes [ ]  No |
| Automobile Exclusion amended to cover loading and unloading, maintenance and attached machinery |       | [ ]  Yes [ ]  No |

|  |  |  |
| --- | --- | --- |
| **Coverage** | **Limit of Coverage** | **Coverage Provided** |
| Past & Present officers, executives, directors, employees, stock-holders, volunteers, social club members as Additional Insured |       | [ ]  Yes [ ]  No |
| Automatic Coverage on newly acquired or created organizations |       | [ ]  Yes [ ]  No |
| Blanket Contractual – Non Reporting |       | [ ]  Yes [ ]  No |
| Elevator Collision |       | [ ]  Yes [ ]  No |
| Watercraft up to 50 feet |       | [ ]  Yes [ ]  No |
| Unintentional Errors & Omissions |       | [ ]  Yes [ ]  No |
| Broad Definition of Insured including partnership and Joint Ventures |       | [ ]  Yes [ ]  No |
| Broad Form Vendors |       | [ ]  Yes [ ]  No |
| Worldwide Territory |       | [ ]  Yes [ ]  No |
| Cancellation – 90 Days |       | [ ]  Yes [ ]  No |

|  |
| --- |
| **Deductibles** |
| **Coverage** | **Limit of Coverage** | **Coverage Provided** |
| Each Property Damage Occurrence |       | [ ]  Yes [ ]  No |
| Each claim – Employee Benefits Liability |       | [ ]  Yes [ ]  No |
| Each Claim – Tenants legal Liability |       | [ ]  Yes [ ]  No |
| Each Claim – Legal Liability Damage to Hired autos |       | [ ]  Yes [ ]  No |

Commercial General Liability Questionnaire

General Information

|  |  |
| --- | --- |
| Current Insurer : |       |
|  |  |
| Policy Number : |       |
|  |  |
| Expiring : |       |
|  |  |
| Does Applicant have other insurance? | [ ]  Yes [ ]  No  |
|  |  |
| If Yes, give details: |       |
|  |  |
| Any losses over the past five (5) years? | [ ]  Yes [ ]  No  |
|  |  |
| If Yes, give details: |       |
|  |  |
| Has any company cancelled/refused insurance during past three (3) years? | [ ]  Yes [ ]  No  |
|  |  |
| If Yes, give details: |       |
|  |  |

List all companies to be insured, including parent, subsidiary, controlled, or joint venture companies:

|  |
| --- |
|       |

List all locations at which business is conducted, showing whether owned or just leased:

|  |
| --- |
|       |

Where leased premises are involved, show annual rental, square footage leased, and state whether or not subrogation rights have been waived by owner:

|  |
| --- |
|       |

State total number of employees by the following classification:

|  |  |  |
| --- | --- | --- |
| **Employee** | **# of Employees** | **Annual Payroll** |
| Executives |  |  |
| Clerical |  |  |
| other |  |  |
| Totals |  |  |

Are all employees covered by Provincial Workers’ Compensation? [ ]  Yes [ ]  No

If NO, State number and location of any employees who are not covered under Provincial Workers’ Compensation. in particular, describe the position of executive officers (President, Vice President, Secretary, and/or Treasurer):

|  |
| --- |
|       |

Provide complete descriptions of operations, by company, with particular attention to any conducted outside of Canada:

|  |
| --- |
|       |

|  |  |  |
| --- | --- | --- |
| Provide estimated sales for: December 31, 2012-2013Products/Operations : | Anticipated Annual Sales : |       |
|  |  |  |
|  | Product : |       |
|  |  |  |
|  | Annual Sales Canada : |       |
|  |  |  |
|  | Annual Sales USA : |       |
|  |  |  |
|  | Sub-Totals : |       |
|  |  |  |
|  | Grand Total: |       |
|  |  |  |
| : | Ontario |       |
| (Canadian Sales Allocation) |  |  |
|  | Quebec |       |
|  |  |  |
|  | Eastern Canada |       |
|  |  |  |
|  | Western Canada |       |
|  |  |  |
|  | Newfoundland |       |

Please separate totals for each type of product or service performed. Special attention should be paid to any product supplied or service performed in connection with aircraft. Note: Please provide separate sales totals for US or Foreign (show country), Ontario, Quebec, and Newfoundland.

|  |
| --- |
|       |

Name and Personal Experience of Owners:

|  |
| --- |
|       |
| Any Subsidiaries? | [ ]  Yes [ ]  No  |
| Is Applicant Contractually Obligated to Provide Insurance? | [ ]  Yes [ ]  No  |

 If Yes, Please Describe

|  |
| --- |
|       |

**Business Property**

Describe All Premises (Including Land) Owned, Rented, or Used by you:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Address / Location** | **Owned or Rented** | **Use & Construction** | **Area** | **Exposure Hazard** |
|  | [ ]  Own [ ]  Rent |  |  |  |
|  | [ ]  Own [ ]  Rent |  |  |  |
|  | [ ]  Own [ ]  Rent |  |  |  |
|  | [ ]  Own [ ]  Rent |  |  |  |
|  | [ ]  Own [ ]  Rent |  |  |  |
|  | [ ]  Own [ ]  Rent |  |  |  |

|  |  |
| --- | --- |
| Number of Owners, Directors, Partners, Salesmen, & Office Employees : |       |
|  |  |
| Total Annual Remuneration : |       |

Operational Information

|  |  |  |  |
| --- | --- | --- | --- |
| **List & Description of Operations** | **# of Employees** | **Employees Remuneration** | **Total Annual Receipts** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Section 1 – Operations Away From Premises**

|  |  |
| --- | --- |
| Do you perform any operations outside of Canada? | [ ]  Yes [ ]  No  |
|  |  |
| If Yes, give details: |       |
|  |  |
| Do you do any welding operations away from your premises? | [ ]  Yes [ ]  No  |
|  |  |
| If Yes, give details: |       |
|  |  |
| Do you do any demolition work? | [ ]  Yes [ ]  No  |
|  |  |
| If Yes, give details: |       |
| Do you do underpinning? | [ ]  Yes [ ]  No  |
|  |  |
| If Yes, give details: |       |
| Do you do pile driving? | [ ]  Yes [ ]  No  |
|  |  |
| If Yes, give details: |       |
|  |  |
| Do you performing any operations in harbours, airports, or mines? | [ ]  Yes [ ]  No  |
|  |  |
| If Yes, give details: |       |
| Do you use explosives? | [ ]  Yes [ ]  No  |
|  |  |
| If Yes, give details: |       |
| Do you use nuclear energy? | [ ]  Yes [ ]  No  |
|  |  |
| If Yes, give details: |       |
| Do you use laser beam technology? | [ ]  Yes [ ]  No  |
|  |  |
| If Yes, give details: |       |

|  |  |  |  |
| --- | --- | --- | --- |
|  Number of job sites usually undertaken simultaneously : |       | number of foremen : |       |

List major contracts during last three (3) years:

|  |
| --- |
|       |

**Section 2 – Operations Performed by Independent Contractors**

|  |  |
| --- | --- |
| **List Type of Sub-Let Work** | **Cost** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Do you require any evidence of Liability Insurance from the Independent Contractors? | [ ]  Yes [ ]  No  |
|  |  |
| Amount of Insurance Required: |       |

**Section 3 – Equipment Leased or Rented to Others**

Is equipment leased: [ ]  with operator [ ]  Without operator [ ]  Both

|  |  |
| --- | --- |
| Annual Receipts:  |       |

List type of Equipment Leased or Rented:

|  |
| --- |
|       |

**Section 4 – Manufacturing Operations**

|  |  |
| --- | --- |
| Do you import any raw materials from other countries? | [ ]  Yes [ ]  No  |

 If yes, complete the chart

|  |  |  |
| --- | --- | --- |
| **Type of Material** | **Country of Origin** | **Name of Supplier** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| Do you deliver, install, and service our products outside of Canada? | [ ]  Yes [ ]  No  |
|  |  |
| If yes, provide details : |       |

**Section 5 – Products sold outside of Canada**

Give sales amount for each class of products sold outside the country:

|  |  |  |
| --- | --- | --- |
| **Class** | **Destination** | **Sales Amount** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Section 6 – Employers Liability**

|  |  |
| --- | --- |
| Are all employees covered by Workers Compensation Insurance in all Provinceswhich you operate? | [ ]  Yes [ ]  No  |

If NO, state class of Uninsured Employees by Province, and their annual remuneration

|  |
| --- |
|       |

|  |  |  |  |
| --- | --- | --- | --- |
| Workers compensation rate assessment : |       | Industry Norm : |       |

 **Section 7 – Staff Architects or Engineers**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Professional** | **Number** | **E&O Coverage for these employees?** | **Policy Limit** |
|  |  | [ ]  Yes [ ]  No  |  |
|  |  | [ ]  Yes [ ]  No  |  |
|  |  | [ ]  Yes [ ]  No  |  |
|  |  | [ ]  Yes [ ]  No  |  |
|  |  | [ ]  Yes [ ]  No  |  |

**Section 8 – Watercraft Liability**

Give details on watercraft owned, chartered, or operated by you :

|  |
| --- |
|       |

Describe any other liability insurance covering these watercraft :

|  |
| --- |
|       |

General Comments

|  |
| --- |
|       |

Describe any work conducted away from the premises in connection with repairs, service, maintenance, or installation of a product:

|  |
| --- |
|       |

Provide details of any contractual obligations including such items as railway sidetrack agreement, lease agreements, etc. Particular attention should be paid to contracts involving the provision of guard service, and wherever possible, copies of (or extracts from) all contracts should be obtained:

|  |
| --- |
|       |

Provide details of any owned, leased, or chartered watercraft or aircraft. Where such exposure exists, please obtain details of any primary coverage available:

|  |
| --- |
|       |

Describe use of radioactive isotopes or material. When possible, secure copies of Atomic Energy Control Board License(s):

|  |
| --- |
|       |

Describe any hospital, clinic or first aid facilities. Determine how many doctors or nurses are employed either on a full time or part time basis:

|  |
| --- |
|       |

Describe any work or service performed by individual contractors and supply estimates of the annual cost of such work. Wherever possible, determine what evidence of insurance has been requested from such contractors:

List any property of others in your "Care, Custody or Control" where the value exceeds $25,000.00 at any location. (This question does not apply to leased premises themselves):

|  |
| --- |
|       |

Describe methods of Advertising and show amount of budgeted expenditure. If any advertising agency is used are you added as additional insured under agency's policies:

|  |
| --- |
|       |

|  |
| --- |
| **Number of employees using their own personal autos on company business?** |
| frequently: |  | occasionally: |  |
| **Short Term Rentals (less than 30 days duration)** |
| # of times Annually |  | Approximate Annual Cost: |  |
| **Common Carrier – Hired Trucks** |
| Approximate Annual Cost |  | Insurance Certificates Requested? | [ ]  Yes [ ]  No |
| Approximate percentage of sales shipped by common carrier arranged by applicant: |  |

Liability Loss History

|  |
| --- |
| **Summary by Policy Year: From ( ) to ( )** |
| **Policy Year** | **Net Amount Paid (# Claims)** | **Adj. Expenses** | **Outstanding** | **Total** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

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** | **Coverage Provided** |
| Each “Wrongful Act” limit | 5,000,000 | [ ]  Yes [ ]  No |
| Each “Wrongful Act” by a Midwife Limit | 1,000,000 | [ ]  Yes [ ]  No |
| Each “Abuse” Limit | 3,000,000 | [ ]  Yes [ ]  No |
| **Deductable** | **Limit of Coverage** | **Coverage Provided** |
| Wrongful Act | 2,500 | [ ]  Yes [ ]  No |
| Wrongful Act by a Midwife | 2,500 | [ ]  Yes [ ]  No |
| Abuse | 2,500 | [ ]  Yes [ ]  No |

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

|  |  |
| --- | --- |
| Do you have any of the following employees/volunteers responsible for activities below? | [ ]  Yes [ ]  No  |
| If YES, complete the chart below: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Job Title** | **# of Employees** | **# of Volunteers** | **Job Title** | **# of Employees** | **# of Volunteers** |
| **FT** | **PT** | **FT** | **PT** |
| Senior Care |  |  |  | Religious Services |  |  |  |
| Health Care |  |  |  | Teachers |  |  |  |
| Sport Coaches |  |  |  | Counselors |  |  |  |
| Child Care |  |  |  | Other |  |  |  |

Describe Other:

|  |
| --- |
|       |
|  |  |
| Do you provide housing or overnight accommodation? | [ ]  Yes [ ]  No  |
|  |  |
| If YES, what type of accommodation?: |       |
| Complete the chart below: |
|  |
| **Patron Type** | **# daily average** | **# of Beds** | **Age Range** |
| Children  | [ ]  Yes [ ]  No  |  |  |  |
| Seniors | [ ]  Yes [ ]  No  |  |  |  |
| Disabled | [ ]  Yes [ ]  No  |  |  |  |

When hiring employees, is the following applicable?

|  |  |
| --- | --- |
|  Criminal Background Check ? | [ ]  Yes [ ]  No  |
|  Contacting References ? | [ ]  Yes [ ]  No  |
|  Training ? | [ ]  Yes [ ]  No  |
|  At least two (2) interviews ? | [ ]  Yes [ ]  No  |

|  |  |
| --- | --- |
| Does your organization have a written policy on abuse? | [ ]  Yes [ ]  No  |
| If YES, provide a copy. |

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  |
| Do you have an abuse/molestation reporting procedure? | [ ]  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, orclients/patients? | [ ]  Yes [ ]  No  |
| Do you provide any screening or referral service? | [ ]  Yes [ ]  No  |
|  |  |
| If YES, Explain: |       |
| Have there been any claims or lawsuits arising from abuse or molestation made? | [ ]  Yes [ ]  No  |
|  |  |
| If YES, Explain: |       |
| Are you aware of any facts, circumstances, claims, allegations, or incidents that may give rise to a claim or lawsuit? | [ ]  Yes [ ]  No  |
|  |  |
| If YES, Explain: |       |
| Has any insurance company cancelled or non-renewed your abuse coverage? | [ ]  Yes [ ]  No  |
|  |  |
| If YES, Explain: |       |

|  |  |
| --- | --- |
| Limit of Abuse Liability required: [ ]  $1,000 [ ]  $2,500 [ ]  $5,000 [ ]  $10,000 [ ]  Other : |       |

**Abuse Liability Loss History**

|  |
| --- |
| **Summary by Policy Year: From ( ) to ( )** |
| **Policy Year** | **Net Amount Paid (# Claims)** | **Adj. Expenses** | **Outstanding** | **Total** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

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** | **Coverage Provided** |
| Errors and Omissions liability | 5,000,000 | [ ]  Yes [ ]  No  |
| Each “Wrongful Act” by a Midwife Limit | 1,000,000 | [ ]  Yes [ ]  No  |
| **Deductable** | **Limit of Coverage** | **Coverage Provided** |
| Per Loss | 1,000 | [ ]  Yes [ ]  No  |

Umbrella Liability Section

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

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

**Limits of Liability**

|  |  |  |
| --- | --- | --- |
| **Coverage** | **Limit of Coverage** | **Coverage Provided** |
| Pre Occurrence | 200,000 | [ ]  Yes [ ]  No  |
| Aggregate Excess of Underlying Coverages & Limits Retentions | 200,000 | [ ]  Yes [ ]  No  |

|  |
| --- |
| **Underlying Policies** |
| **Coverage** | **Limit of Coverage** | **Coverage Provided** |
| General Liability |       | [ ]  Yes [ ]  No |
| Automobile |       | [ ]  Yes [ ]  No |
| Garage automobile |       | [ ]  Yes [ ]  No |
| Non-Owned Aircraft |       | [ ]  Yes [ ]  No |
| **Insurers Wording Including** |
| Pay on Behalf Insuring Agreement |       | [ ]  Yes [ ]  No |
| Follow Form |       | [ ]  Yes [ ]  No |
| Broad Form PD |       | [ ]  Yes [ ]  No |
| Blanket Contractual |       | [ ]  Yes [ ]  No |
| Employers’ Liability |       | [ ]  Yes [ ]  No |
| Employee Benefits |       | [ ]  Yes [ ]  No |
| Incidental Medical Malpractice |       | [ ]  Yes [ ]  No |
| Fire Fighting Expense |       | [ ]  Yes [ ]  No |
| Personal Injury |       | [ ]  Yes [ ]  No |
| Real Property CCC |       | [ ]  Yes [ ]  No |

|  |  |  |
| --- | --- | --- |
| **Coverage** | **Limit of Coverage** | **Coverage Provided** |
| Named Insured |       | [ ]  Yes [ ]  No |
| No Exclusion for Punitive Damages |       | [ ]  Yes [ ]  No |
| Excess Automobile |       | [ ]  Yes [ ]  No |
| Pollution (IBC 2313) |       | [ ]  Yes [ ]  No |
| Worldwide Territory |       | [ ]  Yes [ ]  No |
| Cancellation – 90 Days Notice |       | [ ]  Yes [ ]  No |

**Underlying 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 – ownedBi $Pd $Passenger $ |  |  |  |  |
| Aircraft – non-ownedBi $Pd $Passenger $ |  |  |  |  |
| Charters liability$ |  |  |  |  |
| Malpractice liability$1,000,000 | Incidental Malpractice included in CGL |

**Underwriting – see following umbrella questionnaire and refer to CGL/Auto information.**

List main locations of operations:

|  |
| --- |
|       |

List Canadian and US Companies and Subsidiaries to be covered. Describe activities of each

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name and Address** | **Annual Gross Payroll** | **Annual Revenue** | **Number of Employees** | **Activities** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

List any companies or operations for which coverage is not desired:

|  |
| --- |
|       |

Period of time applicant has been in business:

|  |
| --- |
|       |

If foreign operations are to be covered, give the following specific details:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Company** | **Country** | **Description of Operations** | **Annual Payroll** | **Annual Revenue** | **# of Employees** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Underlying 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 – ownedBi $Pd $Passenger $ |  |  |  |  |
| Aircraft – non-ownedBi $Pd $Passenger $ |  |  |  |  |
| Charters liability$ |  |  |  |  |
| Malpractice liability$1,000,000 | Incidental Malpractice included in CGL |

**Does General Liability Include:**

|  |  |  |
| --- | --- | --- |
| **Coverage** | **Limit of Coverage** | **Coverage Provided** |
| Occurrence P.D. |       | [ ]  Yes [ ]  No |
| Personal Injury |       | [ ]  Yes [ ]  No |
| Broad Form P.D. |       | [ ]  Yes [ ]  No |
| Blanket Contractual |       | [ ]  Yes [ ]  No |
| Tenants Legal Liability |       | [ ]  Yes [ ]  No |
| Property in Applicant`s Care, Custody, or Control |       | [ ]  Yes [ ]  No |
| Liquor Law Liability |       | [ ]  Yes [ ]  No |
| Employees as Additional Insured |       | [ ]  Yes [ ]  No |

|  |
| --- |
| **Special Hazards of** |
| Collapse |       | [ ]  Yes [ ]  No |
| Demolition |       | [ ]  Yes [ ]  No |
| Blasting |       | [ ]  Yes [ ]  No |
| Explosion |       | [ ]  Yes [ ]  No |
| Excavation |       | [ ]  Yes [ ]  No |
| Underground |       | [ ]  Yes [ ]  No |
| Worldwide (Limited Basis) |       | [ ]  Yes [ ]  No |
| **Insurers Wording Including** |
| Pay on Behalf Insuring Agreement |       | [ ]  Yes [ ]  No |
| Follow Form |       | [ ]  Yes [ ]  No |
| Broad Form PD |       | [ ]  Yes [ ]  No |
| Blanket Contractual |       | [ ]  Yes [ ]  No |
| Employers’ Liability |       | [ ]  Yes [ ]  No |
| Employee Benefits |       | [ ]  Yes [ ]  No |
| Incidental Medical Malpractice |       | [ ]  Yes [ ]  No |
| Fire Fighting Expense |       | [ ]  Yes [ ]  No |
| Personal Injury |       | [ ]  Yes [ ]  No |
| Real Property CCC |       | [ ]  Yes [ ]  No |
| Named Insured |       | [ ]  Yes [ ]  No |
| No Exclusion for Punitive Damages |       | [ ]  Yes [ ]  No |

|  |  |  |
| --- | --- | --- |
| **Coverage** | **Limit of Coverage** | **Coverage Provided** |
| Excess Automobile |       | [ ]  Yes [ ]  No |
| Pollution (IBC 2313) |       | [ ]  Yes [ ]  No |
| Worldwide Territory |       | [ ]  Yes [ ]  No |
| Cancellation – 90 Days Notice |       | [ ]  Yes [ ]  No |

**Contractual Liability**

Describe any contractual liability exposure including sole negligence agreements insured or not insured under underlying policies which are other than the following types of written agreements: lease of premises, easement agreement, agreement required by municipal ordinance, sidetrack agreement, or elevator and escalator, maintenance agreement.

|  |
| --- |
|       |

If Applicant is involved in any Joint Ventures, supply brief details and confirmation under primary:

|  |
| --- |
|       |

**Owners or Contractors Protective Liability**

If Independent contractors are employed, give details:

|  |
| --- |
|       |

If the applicant’s employees are engaged in new construction or demolition work, describe locations / operations:

|  |
| --- |
|       |

Do underlying policies listed cover these exposures without exception? Details:

|  |
| --- |
|       |

|  |  |
| --- | --- |
| **Products** | **Annual Sales** |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |

What portion of sales is derived from repair, installation, servicing, or other operations away from the premises of the Insured? Give a brief description of such operations, if any:

|  |
| --- |
|       |
| Are these exposures covered by underlying policies? | [ ]  Yes [ ]  No  |
|  |  |
| If NO, specify: |       |

**Automobile Liability**

Number and type of owned and/or leased automobiles (long term):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type** | **Number** | **Type** | **Number** | **Type** | **Number** |
| [ ]  Private Passenger |  | [ ]  Trucks |  | [ ]  Trailers |  |
| [ ]  Commercial |  | [ ]  Tractors |  | [ ]  Tankers |  |
| [ ]  Vans |  | [ ]  Pickups |  | [ ]  Other |  |

Give details of any automobiles engaged in the transportation of volatile, caustic, or explosive substance:

|  |
| --- |
|       |
| Are these exposures covered by underlying policies? | [ ]  Yes [ ]  No  |
|  |  |
| If NO, specify: |       |

**Watercraft Liability**

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

 If YES, complete the following:

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

|  |  |
| --- | --- |
| Does the applicant maintain a crew, or waterfront facility? | [ ]  Yes [ ]  No  |
|  |  |
| Are of Operation / Purpose Used: |       |
| Do underlying policies listed cover these exposures? | [ ]  Yes [ ]  No  |
|  |  |
| If NO, Specify: |       |

**Aircraft Liability**

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

 If YES, complete the following:

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

|  |  |
| --- | --- |
| Number of known pilots among officers and employees who fly on company business:  |  |

Extent aircraft may be used (annual hourly exposure) and whether a specific policy is in force with regard to use of aircraft by employees:

|  |
| --- |
|       |

**Railroad Liability**

|  |  |
| --- | --- |
| Do you own, lease, or charter any aircraft? | [ ]  Yes [ ]  No  |
|  |  |
| If YES, give details: |       |

**Advertising Liability**

Methods of advertising and proportion of expenditure:

|  |
| --- |
|       |
| Is an advertising agency used? | [ ]  Yes [ ]  No  |
| Is the applicant added to agency’s advertising liability policy as an additional insured? | [ ]  Yes [ ]  No  |

**Employers Liability**

Number and classification of employees not under Provincial Workman’s Compensation Acts?

|  |
| --- |
|       |

**Malpractice Liability**

|  |  |
| --- | --- |
| Does the applicant operate a railroad? | [ ]  Yes [ ]  No  |
|  |  |
| If YES, give details: |       |
| Does the applicant operate a hospital or first aid facility? | [ ]  Yes [ ]  No  |
|  |  |
| If YES, describe: |       |

|  |  |  |
| --- | --- | --- |
| Number of doctors employed | Full Time : |       |
|  |  |  |
|  | Part Time : |       |
|  |  |  |
| Number of Nurses Employed | Full Time : |       |
|  |  |  |
|  | Part Time : |       |

|  |  |
| --- | --- |
| Are these exposures covered by underlying policies? | [ ]  Yes [ ]  No  |
|  |  |
| If YES, give details: |       |

**Care, Custody, and Control**

List all leased premises in applicants care, custody, or control, with values over $25,000

|  |  |  |  |
| --- | --- | --- | --- |
| **Location** | **Occupancy** | **Estimated Values** | **Is Liability Assumed?** |
|  |  |  | [ ]  Yes [ ]  No |
|  |  |  | [ ]  Yes [ ]  No |
|  |  |  | [ ]  Yes [ ]  No |
|  |  |  | [ ]  Yes [ ]  No |

List any other properties in applicants care, custody, or control, with values over $25,000:

|  |  |  |  |
| --- | --- | --- | --- |
| **Location** | **Occupancy** | **Estimated Values** | **Is Liability Assumed?** |
|  |  |  | [ ]  Yes [ ]  No |
|  |  |  | [ ]  Yes [ ]  No |
|  |  |  | [ ]  Yes [ ]  No |
|  |  |  | [ ]  Yes [ ]  No |

**Loss Experience**

Give details of all losses, insured, or not exceeding $25,000 incurred in the past 5 years:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description of Accident** | **date** | **Amount Paid** | **Amount Outstanding** | **Number of Claimants** |
| **B.I.** | **P.D.** | **B.I.** | **P.D.** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Describe activities involving operations requiring licensing by the atomic energy control board, or any other nuclear energy facility:

|  |
| --- |
|       |

Additional Information (if any):

|  |
| --- |
|       |

Directors and Officers

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

**Defence Cost Provision**

Please note that the Defence Cost provision of this policy stipulates that the Limits of Liability may be completely exhausted by the cost of legal defence. Any deductable may be similarly reduced or exhausted by Defence Costs.

 **1. General Information**

|  |  |
| --- | --- |
| Address : |       |
|  |  |
| Province of Incorporation : |       |
|  |  |
| Date Established : |       |
|  |  |
| Nature of Business : |       |
|  |  |

 **2. Material Change**

Signing of this application does not bind the Parent Organization or the Company. If there is any material change in the answers to the questions prior to the policy Inception Date, the Parent Organization will notify the Company in writing and any outstanding quotation(s) may be modified or withdrawn.

 **3. Underwriting Information**

Please attach the following documents to become part of this application:

* Latest audited Annual Report
* Latest interim Financial Statement
* Latest form 10-K, 10-Q, 8-K, and 13D reports filed with the S.E.C.
* A copy of the indemnification provisions of the by-laws, charters, or articles of incorporation
* Latest proxy statement

 **4. Coverage Requested**

|  |  |
| --- | --- |
| Insured Persons/Entities | * Past, Present, and Future Directors and Officers / Foreign Equivalents
* Spousal Liability Coverage
* Definition of Director to include Deemed Directors, Appointed Directors and de facto Directors’ and Officers’
* Priorities of Payment endorsement
* Employees added as Insured when named as Co-defendants
 |
|  |  |
| **Insured Persons/Entities** |
| **Coverage** | **Limit of Coverage** | **Coverage Provided** |
| Automatic Advancement of Defense Costs |       | [ ]  Yes [ ]  No |
| Bilateral Discovery Period –       % for 365 days |       | [ ]  Yes [ ]  No |
| 45 Day Post Reporting Window |       | [ ]  Yes [ ]  No |
| Non-Cancelable by Insurer Only |       | [ ]  Yes [ ]  No |
| Full Continuity to       |       | [ ]  Yes [ ]  No |

|  |  |  |
| --- | --- | --- |
| **Coverage** | **Limit of Coverage** | **Coverage Provided** |
| Severability of Application and Exclusions |       | [ ]  Yes [ ]  No |
| Automatic Acquisition Coverage       |       | [ ]  Yes [ ]  No |
| Outside Directorship Coverage – Blanket |       | [ ]  Yes [ ]  No |
| Employment Practices Liability Coverage |       | [ ]  Yes [ ]  No |
| Options for Entity and Non-Entity |       | [ ]  Yes [ ]  No |
| Predetermined Allocation of Defense Costs – min 80% |       | [ ]  Yes [ ]  No |
| Entity and Employee Coverage for Securities Claims |       | [ ]  Yes [ ]  No |
| Securities Claim Allocation -       % |       | [ ]  Yes [ ]  No |
| Investigation Costs Coverage |       | [ ]  Yes [ ]  No |
| No Major Shareholder Exclusion |       | [ ]  Yes [ ]  No |
| No Absolute E&O Exclusions |       | [ ]  Yes [ ]  No |
| Competition Act Coverage |       | [ ]  Yes [ ]  No |
| Statutory Liability Coverage |       | [ ]  Yes [ ]  No |
| Side A Reinstatement |       | [ ]  Yes [ ]  No |
| Coverage Limit Requested |       | [ ]  Yes [ ]  No |

 **5. Policy Period Requested**

|  |  |  |
| --- | --- | --- |
| Date From : |       | Both days at 12:01 a.m. at the principal address of the Parent Organization. |
|  |  |
| To : |       |

**6. Subsidiaries**

Do you want to include all subsidiaries? [ ]  Yes [ ]  No

If Yes, attach a list of all subsidiaries to be covered, and include the following information

* Nature of Business
* Percentage Owned
* Date Acquired or Created

**7. Partnerships**

Does the Parent Organization, a subsidiary, or any director or officer presently
act in the capacity of general partner in a limited or general partnership? [ ]  Yes [ ]  No

If Yes, attach details.

 **8. Insured Persons**

The policy typically covers all duly elected or appointed directors and officers. Please list any other proposed Insured Person for which you are requesting coverage:

|  |
| --- |
|       |

**9. Ownership**

Is the stock publically traded? [ ]  Yes [ ]  No

If Yes, on what exchange:

|  |
| --- |
|       |

Price range over last 12 months :

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| High : |       | Low : |       | Current : |       |
|  |  |  |
| Distribution of Ownership | Common shares outstanding : |       |
|  |  |  |
|  | Common stock shareholders : |       |
|  |  |
| Common stock owned by officers who are not directors : |       |

|  |
| --- |
| **Name & Percentage of holdings of any shareholder who owns 5% or more of the common shares directly/beneficially:** |
| **Name** | **Percentage** | **Name** | **Percentage** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Describe fully any other securities convertible to common stock:

|  |
| --- |
|       |

**10. Announced Changes**

Has the Parent Organization publicly disclosed that it now has under consideration
any acquisition, tender offer, or merger? [ ]  Yes [ ]  No

If Yes, attach details:

|  |
| --- |
|       |

Has the Parent Organization, within the last year, publicly announced any new public
offering of securities pursuant of the *Securities Act of 1933 of the United States
of America* or exempt from registration under Regulation A, or pursuant to the
*Ontario securities Act* or any similar legislation in an Canadian province? [ ]  Yes [ ]  No

If Yes, attach full details including the prospectus.

Has the Parent Organization or a subsidiary changed auditors in the past 3 years? [ ]  Yes [ ]  No

If Yes, attach details

 **11. Past Activities**

Has the Parent Organization, subsidiary, any director, officer, or other proposed
Insured Person been involved in any of the following:

Anti-trust, copyright, or patent litigation [ ]  Yes [ ]  No

 Civil or Criminal action or Administrative Proceeding charging
violation of a Federal, Provincial, or State Security law or regulation? [ ]  Yes [ ]  No

Anti-trust, copyright, or patent litigation [ ]  Yes [ ]  No

Any other criminal actions [ ]  Yes [ ]  No

Representative actions, class actions, or derivative suits? [ ]  Yes [ ]  No

 If Yes to any of these questions, attach details.

**12. Prior Insurance**

Does the Parent Organization or a subsidiary currently have any Directors and
Officers Liability Insurance? [ ]  Yes [ ]  No

 If no, skip to the Warranty Statement ( Section 14)

 If Yes, provide the following:

|  |  |  |
| --- | --- | --- |
| **Insurer Limits** | **Deductable** | **Policy Period** |
|  |  |  |
|  |  |  |

Has the Parent Organization, a subsidiary, or any Insured Person given written notice
under the provisions of any prior or current directors and officers policy of
specific facts or circumstances which might give rise to a claim being made against
any Insured Person? [ ]  Yes [ ]  No

 If Yes, attach details

 **13. Continuity with Prior Coverage**

Note: This section applies only if you currently have coverage and request continuity of coverage.

Is Continuity of Coverage requested? [ ]  Yes [ ]  No

 If Yes, attach a copy of the prior application with which Continuity of Coverage is to be maintained.

The Company will be relying upon the declarations and statements contained in such prior application and those declarations and statements shall be considered to be incorporated in and form part of the policy of the Company.

 **14. Prior Knowledge / Warranty**

Note: This section applies if you have requested Continuity of Coverage and your request has not been accepted or granted, or if there is no prior coverage.

No person proposed for coverage is aware of any facts or circumstances which he or she has reason to suppose might give rise to a future claim that would fall within the scope of the proposed coverage except: (if no exceptions please state)

|  |
| --- |
|       |

It is agreed that if such facts or circumstances exist, whether or not disclosed, or any claim arising from them is excluded from this proposed coverage.

**15 False Information**

Any person who, knowingly and with the intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

 **16. Declaration and Signature**

The undersigned declares that, to the best of his or her knowledge and belief, the statements set forth herein are true.

Although the signing of this application does not bind the undersigned on behalf of the Parent Organization or its directors, officers, or Insured Person to effect insurance, the undersigned agrees that this application and its attachments shall be the basis of the contract should a policy be issued and shall be deemed attached to and shall form part of the policy. The Company is hereby authorized to make any investigation and inquiry in connection with this application that it deems necessary.

**Directors and Officers Liability Loss History**

|  |
| --- |
| **Summary by Policy Year: From ( ) to ( )** |
| **Policy Year** | **Net Amount Paid (# Claims)** | **Adj. Expenses** | **Outstanding** | **Total** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |

Crime Section

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

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

|  |
| --- |
| **Limits of Liability** |
| **Coverage** | **Limit of Coverage** | **Coverage Provided** |
| Employee Theft |       | [ ]  Yes [ ]  No |
| Loss Inside the Premises |       | [ ]  Yes [ ]  No |
| Loss Outside the Premises |       | [ ]  Yes [ ]  No |
| Money Orders and Counterfeit Currency |       | [ ]  Yes [ ]  No |
| Depositors’ Forgery |       | [ ]  Yes [ ]  No |
| Computer Fraud and Funds Transfer Fraud |       | [ ]  Yes [ ]  No |
| Credit Card Forgery |       | [ ]  Yes [ ]  No |
| Client Coverage |       | [ ]  Yes [ ]  No |
| Employee Benefit Coverage |       | [ ]  Yes [ ]  No |

**Retentions**

|  |  |  |
| --- | --- | --- |
| Options : |       |  \*Nil retention for Employee Benefit Plans |

 **Coverages**

|  |
| --- |
| **Limits of Liability** |
| **Coverage** | **Limit of Coverage** | **Coverage Provided** |
| 120 days Notice post Discovery of Loss |       | [ ]  Yes [ ]  No |
| Proof of Loss required within 6 months of Discovery |       | [ ]  Yes [ ]  No |
| Funds Transfer Fraud for Money, Securities, Property and Merchandise |       | [ ]  Yes [ ]  No |
| 12 months Discovery Period |       | [ ]  Yes [ ]  No |
| 120 days Notice of Cancellation |       | [ ]  Yes [ ]  No |
| 60 days Notice of Non-renewal |       | [ ]  Yes [ ]  No |
| Audit Expenses for all Insuring Clauses – $250,000 |       | [ ]  Yes [ ]  No |

|  |  |  |
| --- | --- | --- |
| **Coverage** | **Limit of Coverage** | **Coverage Provided** |
| Reproduction Costs |       | [ ]  Yes [ ]  No |
| Definition of Employee to include Non-compensated Directors, Officers and Trustees |       | [ ]  Yes [ ]  No |
| Temporary Employees excess of Agency coverage |       | [ ]  Yes [ ]  No |
| Part-time, Contract or Seasonal Employees |       | [ ]  Yes [ ]  No |
| Students |       | [ ]  Yes [ ]  No |
| Retired Employees acting as Consultants |       | [ ]  Yes [ ]  No |
| Automatic Acquisition coverage < 20% of Assets, 90 day Notice provision |       | [ ]  Yes [ ]  No |
| Prior Fraud Tolerance Level of $25,000 |       | [ ]  Yes [ ]  No |
| Unidentifiable Employee clause |       | [ ]  Yes [ ]  No |
| Ex-employees covered for 90 days post termination |       | [ ]  Yes [ ]  No |
| Employee Cross-over Rider |       | [ ]  Yes [ ]  No |
| Employee Benefit Plans included as Insureds |       | [ ]  Yes [ ]  No |
| Worldwide Territory |       | [ ]  Yes [ ]  No |
| Designated Reps under “Notice,” Prior Dishonesty,” “Discovery,” and “Cancellation” clauses |       | [ ]  Yes [ ]  No |
| Toll Fraud coverage |       | [ ]  Yes [ ]  No |
| Worldwide Currencies under Money Orders and Counterfeit Currency |       | [ ]  Yes [ ]  No |
| Include “Telefacsimile” under Funds Transfer Fraud |       | [ ]  Yes [ ]  No |
| Professional Liability Loss History |       | [ ]  Yes [ ]  No |

**Crime Losses Summary by Policy Year**

|  |
| --- |
| **Summary by Policy Year: From ( ) to ( )** |
| **Policy Year** | **Net Amount Paid (# Claims)** | **Adj. Expenses** | **Outstanding** | **Total** |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Fiduciary Liability

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

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

|  |  |  |
| --- | --- | --- |
| **Coverage** | **Limit of Coverage** | **Coverage Provided** |
| Each Loss |  | [ ]  Yes [ ]  No |
| Each Policy Period |  | [ ]  Yes [ ]  No |
| **Deductable** | **Limit of Coverage** | **Coverage Provided** |
| Non-Indemnifiable Loss | 2,500 | [ ]  Yes [ ]  No |
| Indemnifiable Loss | 2,500 | [ ]  Yes [ ]  No |

|  |  |  |
| --- | --- | --- |
| **Coverage** | **Limit of Coverage** | **Coverage Provided** |
| Bodily Injury and Property Damage | 1,000,000 | [ ]  Yes [ ]  No |
| Annual Aggregate products and completed Operations | 1,000,000 | [ ]  Yes [ ]  No |
| Tenant’s Legal Liability | 1,000,000 | [ ]  Yes [ ]  No |
| Employee Benefits Liability per Occurrence and Aggregate | 1,000,000 | [ ]  Yes [ ]  No |
| Incidental Medical Malpractice Liability | 1,000,000 | [ ]  Yes [ ]  No |
| Advertising Liability | 1,000,000 | [ ]  Yes [ ]  No |
| Non-owned Automobile | 1,000,000 | [ ]  Yes [ ]  No |

|  |  |  |
| --- | --- | --- |
| **Coverage** | **Limit of Coverage** | **Coverage Provided** |
| Automatic Advancement of Defence Costs |       | [ ]  Yes [ ]  No |
| Bilateral Discovery Period – 50% for 365 days |       | [ ]  Yes [ ]  No |
| 45 Day Post Reporting Window |       | [ ]  Yes [ ]  No |
| Non-cancelable by Insurer only |       | [ ]  Yes [ ]  No |

|  |  |  |
| --- | --- | --- |
| **Coverage** | **Limit of Coverage** | **Coverage Provided** |
| Full Continuity to (date)       |       | [ ]  Yes [ ]  No |
| Severability of Application and Exclusions |       | [ ]  Yes [ ]  No |
| Automatic Acquisition Coverage <20% of Assets |       | [ ]  Yes [ ]  No |
| Predetermined Allocation of Defense Costs – Min 80% |       | [ ]  Yes [ ]  No |
| Coverage for Emotional Distress and Mental Anguish |       | [ ]  Yes [ ]  No |
|  |  |  |
| Locations: | Canada : |       |
|  |  |  |
|  | USA : |       |
|  |  |  |
|  | Foreign: |       |
|  |  |  |
|  | Totals: |       |
|  |  |  |
| Annual Sales  | Canada : |       |
| Or Gross Revenues |  |  |
|  | USA : |       |
|  |  |  |
|  | Foreign: |       |
|  |  |  |
|  | Totals: |       |

**Audits**

Are the books audited by an independent C.A.? [ ]  Yes [ ]  No

If Yes, by Whom?

|  |
| --- |
|       |

How Often?

|  |
| --- |
|       |

If an independent C.A. is not required, who is responsible for auditing the books?

|  |
| --- |
|       |

Briefly explain the scope and limitations of such an audit:

|  |
| --- |
|       |

Are these audits completed and unqualified? [ ]  Yes [ ]  No

If No, describe the limitations:

|  |
| --- |
|       |

Are these Audits made for each entity to be covered? [ ]  Yes [ ]  No

If No, explain:

|  |
| --- |
|       |

Does the audit include all locations? [ ]  Yes [ ]  No

If No, explain:

|  |
| --- |
|       |

**Inventory Control**

Is a complete inventory made with physical check of stock and equipment? [ ]  Yes [ ]  No

If Yes, by Whom?

|  |
| --- |
|       |

How Often?

|  |
| --- |
|       |

**Bank Account Control**

Do the employees who reconcile the monthly bank statements also (either or occasionally):

[ ]  sign cheques [ ]  handle deposits [ ]  have access to check signing machines or signature plates

If Yes, explain:

|  |
| --- |
|       |

 **Computer Control**

Are programmers and operators rotated periodically to minimize the possibility

of a machine being used improperly? [ ]  Yes [ ]  No

Are computerized check writing operations segregated from departments
that authorize cheques? [ ]  Yes [ ]  No

Comments:

|  |
| --- |
|       |

 **Securities**

Value of negotiable securities owned or held:

|  |
| --- |
|       |

Are safe deposit boxes used? [ ]  Yes [ ]  No

If Yes, has the bank been instructed to require that two individuals be
present before entry into any box is permitted? [ ]  Yes [ ]  No

identify by name and position those having access:

|  |
| --- |
|       |

**Precious Metals**

Is there an exposure of precious metals or stones (gold, silver, copper, platinum,
industrial diamonds, or similar high value materials? [ ]  Yes [ ]  No

If Yes, attach a separate listing of such exposures, identifying each location, and stating a maximum value

at each location.

**Employee Benefit Plans**

total number of fiduciaries, trustees, administrators, officers, or employees who are not employees of the Insured:

|  |
| --- |
|       |

Details on Employee Benefit Plan:

|  |
| --- |
|       |
|  |  |  |
| **Protection by Location** | Type of Safe : |       |
|  |  |  |
|  | Type of Alarm System : |       |
|  |  |  |
|  | # of Clock Watchmen : |       |
|  |  |  |
|  | # of Central Station Reporting Watchmen : |       |

Loss History over Last 6 Years (Amount and Description of each loss)

|  |
| --- |
|       |

**Fiduciary Liability Loss History by Policy Year**

|  |
| --- |
| **Summary by Policy Year: From ( ) to ( )** |
| **Policy Year** | **Net Amount Paid (# Claims)** | **Adj. Expenses** | **Outstanding** | **Total** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |

Kidnap and Ransom Insurance Application

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

|  |  |
| --- | --- |
| Broker : |       |
|  |  |
| Applicant’s Name : |       |
|  |  |
| Mailing Address : |       |
|  |  |
| Term – From : |       |
|  |  |
| To : |       |
|  |  |
| Current Insurer : |       |
|  |  |
| Policy No : |       |
|  |  |
| Expiring : |       |

Does Applicant have other insurance? [ ]  Yes [ ]  No

Details:

|  |
| --- |
|       |

Any losses during the past 5 years? [ ]  Yes [ ]  No

Details:

|  |
| --- |
|       |

Has any company cancelled/refused insurance during past 3 years? [ ]  Yes [ ]  No

Details:

|  |
| --- |
|       |
|  |  |

**Description of Organization**

[ ]  Proprietorship [ ]  Partnership [ ]  Corporation [ ]  Other:

|  |  |
| --- | --- |
| Date Organization was Established : |       |
|  |  |
| # of Years under present ownership : |       |

Classify the prominent activity:

[ ]  Manufacturer [ ]  Wholesaler [ ]  Distributer

[ ]  Retailer [ ]  Servicer [ ]  Other:

Describe the products or services of your predominant business or activity :

|  |
| --- |
|       |

Has there been any change in ownership or management within the past three years? [ ]  Yes [ ]  No

If Yes, explain:

|  |
| --- |
|       |

Are your operations controlled, owned, or associated with any other firm,
corporation or company? [ ]  Yes [ ]  No

If Yes, explain:

|  |
| --- |
|       |

Does the organization have tax exempt status? [ ]  Yes [ ]  No

Does the applicant have any Subsidiaries requiring coverage? [ ]  Yes [ ]  No

Provide a full description of your operations. attach additional sheet(s) if required. If available, provide brochures/promotional literature/marketing information.

|  |
| --- |
|       |

Number of locations other than those listed above, located within the USA and Canada :

|  |
| --- |
|       |

Describe the predominant business activity :

|  |
| --- |
|       |
|  |  |
| SIC or NAICS Code : |       |

Are any operations to be insured involved in the production of foodstuffs, beverages,
or pharmaceuticals (including toothpaste, mouthwash, etc.)? [ ]  Yes [ ]  No

If Yes, describe:

|  |
| --- |
|       |

**Assets – Last Fiscal Year**

|  |  |
| --- | --- |
| Fiscal Year : |       |
|  |  |
| Total Assets : |       |
|  |  |
| Total Revenue : |       |
|  |  |
| Net Worth : |       |

Limit of Liability Required per Loss :

|  |
| --- |
|       |

Details (including date) of any known Kidnap/Extortion attempts or threats against Applicant or Applicant’s staff, directors or their immediate families :

|  |
| --- |
|       |

Is there present Kidnap and Ransom / Extortion insurance carried? [ ]  Yes [ ]  No

If Yes, please complete:

|  |  |  |  |
| --- | --- | --- | --- |
| **Insurer** | **Limit of Liability** | **Deductable Amt** | **Expiration Date** |
|  |  |  |  |

**Foreign Coverage**

Coverage is extended to include protection for persons employed by the Applicant in foreign countries on a regular basis or for domestic employees while traveling in foreign countries.

Do directors, officers, or other employees not in regular foreign service take trips
to Afghanistan, Angola, Bolivia, Burma, Chad, Chile, Columbia, Costa Rica,
El Salvador, Ecuador, Guatemala, Guyana, Honduras, Iran, Iraq, Italy, Lebanon,
Libya, Nicaragua, Northern Ireland, Peru, Philippines, Uganda or Zimbabwe? [ ]  Yes [ ]  No

If Yes, please complete the following information for the period covering the last 12 months:

|  |  |  |  |
| --- | --- | --- | --- |
| **Country** | **Average length of Trips** | **Number of Trips** | **Number of Individuals** |
|  |  |  |  |

Provide the same information for trips over 30 consecutive days to other places outside Canada and the USA:

|  |  |  |  |
| --- | --- | --- | --- |
| **Country** | **Average length of Trips** | **Number of Trips** | **Number of Individuals** |
|  |  |  |  |

Are employees in the regular foreign service of the Applicant to be covered? [ ]  Yes [ ]  No

If Yes, please complete the following:

|  |  |  |  |
| --- | --- | --- | --- |
| **Country of Employment** | **Type of Operation** | **Number of Trips** | **Number of Individuals** |
|  |  |  |  |

Does the number listed constitute your entire foreign exposure? [ ]  Yes [ ]  No

If No, explain:

|  |
| --- |
|       |

Coverage includes buildings and equipment in Canada, the USA, and elsewhere. Please complete the following for coverage outside Canada and the USA:

|  |  |
| --- | --- |
| **Country in which Value of Property is Located** | **Type of Operation to be Covered** |
|  |  |
|  |  |
|  |  |
|  |  |

**Limits of Liability**

|  |  |
| --- | --- |
| Insuring Agreements | * Extortion
* Delivery
* Expenses
* Legal Liability
* Political Threat
 |
|  |  |
| Territory : | Anywhere in the World |
| Designated Persons : | All Directors, Officers, and Employees of the Insured |
|  |  |
| Deductable : |       |

|  |  |  |
| --- | --- | --- |
| **Coverage** | **Limit of Coverage** | **Coverage Provided** |
| Accidental Death and Dismemberment |       | [ ]  Yes [ ]  No |
| Business Interruption Loss |       | [ ]  Yes [ ]  No |
| Contingent Business Interruption Loss |       | [ ]  Yes [ ]  No |
| 90-Day Notice of Cancellation |       | [ ]  Yes [ ]  No |
| Coverage for Govn’t Confiscation/Expropriation of Ransom Monies |       | [ ]  Yes [ ]  No |
|  |

**Kidnap and Ransom Loss History by Policy Year**

|  |
| --- |
| **Summary by Policy Year: From ( ) to ( )** |
| **Policy Year** | **Net Amount Paid (# Claims)** | **Adj. Expenses** | **Outstanding** | **Total** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Automobile Fleet Information

|  |  |
| --- | --- |
| [ ]  Quotation [ ]  New Business [ ]  Renewed [ ]  Replacing Policy No.  |       |
|  |  |
| Named Insured: |       |
|  |  |
| **Vehicles** All vehicles owned by, licensed and/or leased to the named insured. |
| **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** |
| **Coverage** | **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 |

|  |
| --- |
| **Others**  |
| Blanket Lessors |       | [ ]  Yes [ ]  No |
| Cross liability |       | [ ]  Yes [ ]  No |
| Cancellation – 90 Days Notice |       | [ ]  Yes [ ]  No |
| Contingent Profit Agreement |       | [ ]  Yes [ ]  No |
| **Endorsements**  |
| 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 |
| **Endorsements**  |
| 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 |

**Automobile Business Purpose**

|  |  |
| --- | --- |
| **Fleet Information** | **Comment** |
| 1. Present company and policy #
 |  |
| 1. How long present company had the risk
 |  |
| 1. Applicant’s business
 |  |
| 1. Number of vehicles in each of preceding 3 years
 |  |
| 1. Use of vehicles and types of goods hauled
 |  |
| 1. Special Endorsements Required?
 | [ ]  Yes [ ]  No | Explain:  |
| 1. Filings Required?
 | [ ]  Yes [ ]  No | Explain: |
| 1. Radius of Operations
 |  |
| 1. U.S. Exposures?
 | [ ]  Yes [ ]  No | Explain: |
| 1. Describe screen and testing procedures of new and existing drivers (especially commercial vehicles)
 |  |
| 1. Are MVR’s ordered for all new drivers?
 | [ ]  Yes [ ]  No | Explain: |
| 1. Are MVR’s Ordered on other than new drivers?
 | [ ]  Yes [ ]  No | Explain: |
| 1. Describe loss prevention and/or fleet safety programs in place (include vehicle maintenance)
 |  |

**Schedule of Vehicles**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Prov** | **Year** | **Make/Model** | **Serial Number** | **Use/Radius of Operations (KMs)** | **Cost NewIncl. Equipment** |
|  |  |  |  |  | $ |
|  |  |  |  |  | $ |
|  |  |  |  |  | $ |

**Driver Information**

|  |  |  |
| --- | --- | --- |
| **Name of Driver** | **Licence Number** | **Cell Phone** |
|  |  |  |
|  |  |  |
|  |  |  |

Automobile Loss History

**Automobile Loss History Detailed : From       To**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Cause / Description** | **Net Amt. Paid** | **Ded.****Amount** | **AdjustExpenses** | **Outstanding** | **Gross Total** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |

Garage Automobile Section

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

|  |  |
| --- | --- |
| Insured: |       |

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

**Garage Loss History Detailed : From       To**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Cause / Description** | **Net Amt. Paid** | **Ded.****Amount** | **AdjustExpenses** | **Outstanding** | **Gross Total** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Construction Insurance – Builder’s Risk Selection

SPECIAL NOTE: Each construction project presents unique exposures, Detailed information and submission of all documents/plans requested increases our efficiency and results in the most favourable terms. When available, please provide:

1. **Breakdown of Values** for the various structures and types of work
2. **Site Plan** indicating distance, construction and occupancy of exposures
3. **Schedule of Construction**
4. **Summary** and **Recommendations** from the **Geotechnical Report**
5. **Schedule** indicating **Build-up** **of Construction**

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

**General Information**

|  |  |
| --- | --- |
| Applicant’s Name : |       |
|  |  |
| Mailing Address : |       |
|  |  |
| Name of Project : |       |
|  |  |
| Location of Project : |       |
|  |  |

Description of Project:

|  |
| --- |
|       |

**Project participants**

|  |  |
| --- | --- |
| Owner : |       |
|  |  |
| General Contractor : |       |
|  |  |
| Architectural / Engineering consulting : |       |
|  |  |
| Geotechnical Engineer : |       |
|  |  |
| Construction Term : | Date from: |       | Date to: |       |
|  |  |
| Policy Term (if different from above) : | Date from: |       | Date to: |       |

**Construction Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Height of Structure: |       | # of Storey’s above grade: |       |
|  |  |  |  |
| Total Structure Area: |       | # of Storey’s below grade: |       |

**Construction Materials**

|  |  |
| --- | --- |
| **Material** | **Type / Details** |
| Framework |  |
| Exterior Walls |  |
| Roof Structure |  |
| Roof Covering |  |
| Floor Structure |  |
| Floor Covering |  |

**Adjacent Structures (attach site plan if available)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Type of Construction** | **Occupancy** | **Distance** |
| North |  |  |  |
| East |  |  |  |
| South |  |  |  |
| West |  |  |  |

**Values and Limits**

|  |  |
| --- | --- |
| Total estimated project value : |       |

  *Attach breakdown if available.*

Other property to be insured (if coverage is required to existing structure, equipment to be furnished by the owner, etc., detail age, construction, condition, occupancy of such property):

|  |
| --- |
|       |

Is business interruption coverage (delayed start-up) required? [ ]  Yes [ ]  No

|  |  |  |  |
| --- | --- | --- | --- |
| If YES, detail type of income : |       |  For $ |       |

**Required Coverage / Sub-Limits**

|  |  |
| --- | --- |
| Policy Limit : |       |
|  |  |  |  |  |
| Business interruption (delayed start-up) : |       |  per month; for |       | month(s) indemnity period |
|  |  |  |  |  |
| Transit $ |       |
|  |  |
| Testing $ |       | (electronic/mechanical breakdown during commissioning) |
|  |  |  |
| Off Site Property $ |       |

Is Off Site Locations Coverage required? [ ]  Yes [ ]  No

 If YES, complete the following chart for each location:

|  |  |
| --- | --- |
| **Location** | **Maximum Value at Location** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Is Transit Coverage required? [ ]  Yes [ ]  No

 If YES, list key items (over $50,000 value) and point of origin:

|  |  |
| --- | --- |
| **Key Item (over $50,000 value)** | **Point of Origin** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Is Testing Coverage required? [ ]  Yes [ ]  No

|  |  |
| --- | --- |
|  If YES, who will perform the testing operations? |       |
|  |  |
|  If YES, describe operations involved in testing and commissioning? |       |

 If YES, will the project involve installation of used equipment? [ ]  Yes [ ]  No

|  |  |
| --- | --- |
|  If YES, describe: |       |

**Location Information**

|  |  |
| --- | --- |
| Distance to nearest Fire Department: |       |
|  |  |
| Name of City or Town providing Protection: |       |
|  |  |
| Number of Operational Hydrants within 1,000 ft : |       |
|  |  |
| Describe private fire protection if any : |       |

Construction Information

|  |  |
| --- | --- |
| Has a geotechnical report been completed | [ ]  Yes [ ]  No  |
|   If YES, attach a copy of the Geotechnical Report and Recommendations.  If Report is not available, describe soil conditions: |  |
|       |

Type of foundation for each structure:

|  |
| --- |
|       |

Describe any special features such as stained glass, glass curtain walls, artwork to be incomplete or included:

|  |
| --- |
|       |
|  |  |  |  |
| Nearest Body of Water : |       |  Distance |       |
|  |  |
| Past flood history at site: |       |
|  |  |
| Height of project above maximum flood stage: |       |

Describe exposure from surface water during and after excavation:

|  |
| --- |
|       |

Describe precautions to be taken to prevent damage from flood:

|  |
| --- |
|       |

What is being done to prevent run-off damage:

|  |
| --- |
|       |

**Site Risks**

Describe exposures from:

|  |  |
| --- | --- |
| Winter Heating Conditions: |       |
|  |  |
| Types of Heaters: |       |

Detail any use of highly flammable or explosive materials to be present on site:

|  |
| --- |
|       |
| Is Soft Costs Is Delayed Start Up Coverage required? | [ ]  Yes [ ]  No  |
|  |  |
|  If YES, Contracted Completion Date : |       |  Anticipated completion date : |       |

Anticipated replacement times for key items if re-order necessitated (e.g. boilers, turbines, generators):

|  |  |  |
| --- | --- | --- |
| **Item** | **Delivery Period** | **Supplier Location** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Loss Control and Loss History**

Provide details of Loss Control Program to be implemented to protect insured property:

|  |
| --- |
|  |

**Claims Experience**

Detail and Builders Risk or Installation Floater claims (exceeding $10,000 per loss) incurred by any of the following during the past three (3) years. Include Owner, General Contractor, Project/Construction Manager. Indicate date, amount, nature of claim.

|  |
| --- |
|  |

Criminal Legal Defence

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

Coverage for allegations, claims or suits alleging criminal conduct for employees, board member, foster parents, teachers, volunteers, counselors with limits up to $100,000. Each insured person has access to lawyers who have expertise in the matters covered by the policy and the legal fees and disbursements are paid directly to the lawyer by the 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 |
| Deductable |
| Wrongful Act | 2,500 | [ ]  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.

Claims History

**Summary by Policy Year: From       To**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Policy Year** | **Net Amount Paid (# Claims)** | **Adj. Expenses** | **Outstanding** | **Total** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Declaration

The Proposer declares and warrants that after full and reasonable enquiry and investigation and to the best of his/her knowledge and belief all statements and particulars contained in this Proposal Form and (if applicable) any addenda hereto are true and that no information whatsoever has been withheld which might increase the risk of the Underwriters or influence the acceptance of this Proposal Form and that should the above particulars alter in any way confirms that he/she will advise the Underwriters as soon as is practicable.

The Proposer further declares and warrants that he/she has been duly authorized by the Directors and Officers and the Company to act as their agent in respect of all matters of any nature or kind relating to or affecting this Proposal Form and the Policy.

The Proposer understands that failure to disclose any material facts which would be likely to influence the acceptance and assessment of the Proposal Form may result in the Underwriters refusing to provide indemnity or voiding the Policy in every respect.

The Proposer hereby agrees and accepts that this Proposal Form and (if applicable) addenda hereto shall be the basis of the contract of insurance if entered into.

he Underwriters are hereby authorized, at their absolute discretion, to make any investigation and enquiry in connection with regard to this Proposal Form as they deem necessary.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature |  | Date |
|  |  |  |
| Name of Signatory |  | Position |
|  |  |  |
| Contact Person |  | Telephone # |

**Attached Documents**

* Exposure Data
* Schedule of Locations and Values
* Claims History
* Risk Control
* Policy Wording
* Claims Administration
* Other Supporting Documents