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| logo.jpg  Insight. Experience. Commitment. | AIS Ventures 2 Template | |
|  | | May 2013 |

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Introduction / Executive Summary

|  |
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|  |

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, etc Note: 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 Charges Addition 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** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |

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, 2012-2013  Products/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 Provinces which 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, or clients/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 liability  Bi/pd  $1,000,000 |  |  |  |  |
| Employers liability  $1,000,000  Admiralty or jones act |  | Included in CGL |  |  |
| Advertisers liability  $1,000,000 |  | Included in CGL |  |  |
| Aircraft – owned  Bi $  Pd $  Passenger $ |  |  |  |  |
| Aircraft – non-owned  Bi $  Pd $  Passenger $ |  |  |  |  |
| Charters liability  $ |  |  |  |  |
| Malpractice liability  $1,000,000 | Incidental Malpractice included in CGL | | | |

**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 liability  Bi/pd  $1,000,000 |  |  |  |  |
| Employers liability  $1,000,000  Admiralty or jones act |  | Included in CGL |  |  |
| Advertisers liability  $1,000,000 |  | Included in CGL |  |  |
| Aircraft – owned  Bi $  Pd $  Passenger $ |  |  |  |  |
| Aircraft – non-owned  Bi $  Pd $  Passenger $ |  |  |  |  |
| Charters liability  $ |  |  |  |  |
| Malpractice liability  $1,000,000 | Incidental Malpractice included in CGL | | | |

**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** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

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** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

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** |
|  |  |  |  |  |
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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 New Incl. 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** | **Adjust Expenses** | **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** | **Adjust Expenses** | **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** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |

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