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|  **HUB_UCC_100**  |
|  **New Application Form** 595 Bay Street, Ste. 900  |
| Toronto, Ontario M5G 2E3  |
| **The General Insurance Plan for The United Church of Canada**  |
| If you have any questions or require assistance completing this application, please phone or fax us as follows:**Phone: Toll Free**: 1-888-550-5458; Fax1-866-421-1962 | **Phone:** **local**: (Toronto) 416-597-3400; Fax (Toronto) 647-435-5228**Email**: ucc@hubinternational.com |
| **Name of Church** |
|  |
| **Mailing address**  | City | Province | Postal Code |
| Location address if different than mailing address | City | Province | Postal Code |
| Contact Name | Email Address: | Telephone Church: | Telephone Home:  |
| Website: | Telephone Business: | Fax #: |
| **SECTION II — PROPERTY - Yes No SECTION III - BOILER & MACHINERY - Yes No** |
| **Please refer to SUPPLEMENTARY APPLICATION for each additional location to be insured.** |
| **Type of building:**[ ] Church Building [ ]  Manse[ ] C.E. Building [ ]  Manse rented to others [ ] Church attached to C.E. Building [ ]  Other[ ] Cemetery If other, please describe, include address and occupancy |
| **Building Construction:**[ ] Solid brick, concrete block, stone, wood joist roof [ ]  Masonry non combustible (masonry / concrete walls / steel deck roof)[ ]  Brick veneer (wood frame with brick facing) [ ]  Other, specify:[ ]  Wood frame |
| **Roof Cover:** [ ]  Asphalt [ ]  Shingle [ ]  Slate [ ]  Other, specify:  |  |
| Heating: [ ]  Hot Water Boiler or Steam Boiler [ ]  Forced Air Furnace [ ]  Electrical [ ]  Other, specify: | Fuel used: [ ]  Gas [ ]  Oil [ ]  Other, specify: |
|  Air conditioner type: [ ]  Central [ ]  Roof Top mounted [ ]  Window [ ]  Other, specify:  |
| Year built: | Total square footage of building including basement: |
| **Indicate the year the following were last updated and whether it was a full (F) or partial (P)** |
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| **Roof: Year:** [ ]  F [ ]  P  | **Electrical: Year:** [ ]  F [ ]  P  | **Plumbing: Year:** [ ]  F [ ]  P  | **Heating: Year:** [ ]  F [ ]  P  |

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| **Is there a fire hydrant within 500 ft (152m):** [ ]  Yes [ ]  No Distance from firehall: miles or km **Fire Hall types:** [ ]  Paid [ ]  Voluntary  |
| **Will the property be vacant at any time during the year?** [ ]  Yes [ ]  No If yes, mandatory notification to insurance company  |
| **Has your Church been classified as a Heritage Building?** [ ]  Yes [ ]  No **If yes, please include costs of skilled labour and authentic materials to replace Heritage Buildings and contents: $** |
| Prior Insurance: [ ]  Yes [ ]  NoName of Insurer: Expiry date: **Policy Number:** |
| **Claims/Losses (in last 5 years):** [ ]  Yes [ ]  No If yes, please describe: |
| **Property deductibles** – Applicable to all Locations – please select one, **only if you wish to change your deductible:**

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| [ ] $10,000 | [ ] $5,000 | [ ] $2,500 | [ ] $1,000 | [ ] $500 minimum |

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| **Property Sublimits – APPLICABLE TO ALL LOCATIONS – If higher limits are required, please specify:** |
| **Coverage (Business Interruption)** | **STANDARD LIMITS** | [ ]  **Please indicate if higher limits required** |
| Rental Income/Business Income/Extra Expense | $500,000 | $  |
| Ordinary Payroll - 90 Days (wages of staff other than those whose services would not be dispensed with in event of a loss) | Not Covered | $ (not insured unless an amount is specified)**If an amount is selected, please indicate whether the Ordinary Payroll limit is to be in excess of the combined $500,000 limit****[ ]  Yes [ ]  No**  |
| **Any other operations of the Church? Including any separate legal entities owned and/or operated by the Church. If yes, please describe:** |
| **DO YOU QUALIFY FOR THESE DISCOUNTS ?** (Applied to property rates only) |
| Is there a burglar alarm? [ ]  Yes [ ]  No If yes, please specify type: [ ]  Local [ ]  Central (if centrally monitored, the discount will only be applied with a copy of the alarm certificate) | Is there a fire alarm? [ ]  Yes [ ]  No If yes, please specify type [ ] Local [ ]  Central (if centrally monitored, the discount will only only be applied with a copy of the alarm certificate)  |
| Is the building sprinklered? [ ]  Yes [ ]  No If yes, please indicate percentage of area sprinklered: % |
| Has the property been appraised? [ ]  Yes [ ]  No If yes, please provide a copy of the appraisal, if not already provided. |
| **Manse is to be insured:** |
| Manse address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **SECTION II — PROPERTY Yes No SECTION III - BOILER & MACHINERY - Yes No** |
| **\*Rental income will be included under Rental Income/Business Income/Extra Expense section referred to in above Property Sublimits section of the application** |
| [ ] Occupied by Minister  | [ ] Rented to others\* |
| Has the property been appraised? [ ]  Yes [ ]  No If yes, please provide a copy of the appraisal, if not already provided. |
| **Building Construction:**[ ]  Fire resistive standard (reinforced concrete floor, roof, walls and srructure) [ ] Solid brick, concrete block, stone[ ]  Fire resistive non-standard (masonry / concrete walls / steel deck roof) [ ]  Wood frame[ ]  Masonry veneer (wood frame with brick facing) [ ]  Other, specify:  |
| **Roof Cover:** [ ]  Asphalt [ ]  Shingle [ ]  Slate [ ]  Other, specify:  |
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| Heating: [ ]  Hot Water Boiler or Steam Boiler [ ]  Forced Air Furnace [ ]  Electrical [ ]  Other, specify: | Fuel used: [ ]  Gas [ ]  Oil [ ]  Other, specify: |

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|  Air conditioner type: [ ]  Central [ ]  Roof Top mounted [ ]  Window [ ]  Other, specify:  |
| Year built: | Total square footage of building including basement: |
| **Indicate the year the following were last updated and whether it was a full (F) or partial (P)** |
| **Roof: Year:** [ ]  F [ ]  P  | **Electrical: Year:** [ ]  F [ ]  P  | **Plumbing: Year:** [ ]  F [ ]  P  | **Heating: Year:** [ ]  F [ ]  P  |
| **Is there a fire hydrant within 500 ft (152m):** [ ]  Yes [ ]  No Distance from firehall: miles or km **Fire Hall type:** [ ]  Paid [ ]  Voluntary  |
| **Will the property be vacant at any time during the year?** [ ]  Yes [ ]  No If yes, mandatory notification to insurance company  |
| **SECTION IV – CRIME INSURANCE- Yes No** |
| Please review your current insurance for adequacy of limits - If you wish to increase your coverage, please contact HKMB HUB United Church Service Team for an application.Do you have a safe? [ ]  Yes [ ]  No If yes, does it have a combination lock? [ ]  Yes [ ]  No Do you conduct audit procedures? [ ]  Yes [ ]  No Are cheques signed by more than one person? [ ]  Yes [ ]  No **Coverage Policy Limits**Employee Dishonesty $ 100,000. Loss of Money & Securities: Inside and Outside the Premises$ 25,000.Money Orders & Counterfeit Currency $ 25,000.Depositors Forgery $ 25,000.Employee Dishonesty Coverage $ 25,000.Professional Fees $ 25,000. |

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| **STATEMENT OF VALUES – MUST BE COMPLETED IN ORDER TO MAINTAIN STATED AMOUNT CO-INSURANCE CLAUSE** |
| Name of Church: |
| The values stated below should be based on the following criteria:1. Column 2 values, “Buildings including fixtures and fittings pertaining thereto” are based on the cost of entirely rebuilding with new materials of similar kind and quality at today’s prices, on REPLACEMENT COST basis – without deduction for depreciation. **Note**: If any buildings have been designated as **Heritage buildings**, this may increase re-construction costs to include costs of skilled labour and authentic materials
2. Foundations: The values of “Buildings” – separately list the value of the foundations below the level of the lowest floor. (Please indicate whether – “Include” or “Exclude”)
3. Column 3 Value, utensils, furnishings and all contents except stock, customers’ goods and property owned by others including employees’ “Effects and Tools”, are based on the cost of replacing all the property with similar kind and quality at today’s prices, on REPLACEMENT COST basis – without deduction for depreciation.
 |
| **Column 1** | **Column 2 (a) & (b) above** | **Column 3 (c) above** |
| **Location address & occupancy** | **Original or Appraised Cost** | **Date****(mm/dd/yy)** | **Replacement Cost today (indicate if Heritage Designated)** | **Original or Appraised Cost** | **Date****(mm/dd/yy)** | **Replacement Cost Today** |
|  | $ |  | $ | Stained Glass: $Contents: $Pipe Organ: $ |  | Stained Glass: $Contents: $Pipe Organ: $ |
|  | $ |  | $ | Stained Glass: $Contents: $Pipe Organ $ |  | Stained Glass: $Contents: $Pipe Organ $ |
|  | $ |  | $ | Stained Glass: $Contents: $Pipe Organ $ |  | Stained Glass: $Contents: $Pipe Organ $ |
|  | $ |  | $ | Stained Glass: $Contents: $Pipe Organ $ |  | Stained Glass: $Contents: $Pipe Organ $ |
|  | $ |  | $ | Stained Glass: $Contents: $Pipe Organ $ |  | Stained Glass: $Contents: $Pipe Organ $ |
|  **TOTAL PROPERTY OF EVERY DESCRIPTION (POED) LIMIT: (This is the total of all property at every insured location) $** |
| d) **STATE METHOD USED TO OBTAIN VALUES:** | **Appraisal Date (mm/dd/yy)** |
| e) Do you plan on starting any renovations or additions during the next 12 months? [ ]  YES [ ] NO  If yes, please give an estimate of values being added and location of such expenditures |
|  | Value | Location | Approximate date of (mm/dd/yy) | Estimated Increase In Values |
| Commencement | Completion |
| Building | $ |  |  |  | $ |
| Equipment | $ |  |  |  | $ |
| **SIGNATURE NOTE:** |
| First Name (please print) Last Name (please print) | Position (Title) | Should coverage be bound, we draw special attention of the signatory of Statutory Condition #1 of the policy which refers to Misrepresentation: If a person applying for insurance falsely describes the property to the prejudice of the insurer, or misrepresents or fraudulently omits to communicate any circumstance that is material to be made known to the Insurer in order to enable it to judge of the risk being undertaken, the contract is void as to any property in relation to which the misrepresentation or omission is material. |
| Authorized Signature | Date (mm/dd/yyyy): |
| **HUB_UCC_100** |
| 595 Bay Street Ste. 900, Toronto, Ontario M5G 2E3 |

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| **SECTION V – COMMERCIAL GENERAL LIABILITY**  |
| **LIMIT - $2,000,000****1)** Is there a Day Care Centre/Pre-School (excluding Sunday School) operating on the premises? [ ]  Yes [ ]  No  If yes, please complete and sign section A on the attached Supplemental Church Liability Application Form  |
| **2)** Does the congregation operate a summer camp? [ ]  Yes [ ]  No  If yes, please complete and sign section B on the attached Supplemental Church Liability Application Form  |
| **3)** Please indicate number of full-time ministers: | **4)** Are there any cemeteries? [ ]  Yes [ ]  No If yes, give the exact location: |
| **5)** Youth Activities: [ ]  Canoe Trip: indicate number children & number of days: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Ski Trip: indicate number children & number of days: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Vacation Bible School: indicate number of children, number of days, and type of activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** [ ]  Other: please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **6)** If the premises is occupied by others, provide details of operations and indicate if each has liability insurance (use separate sheet if required.) |
|  **Occupant** | **Use** | **Has Liability Insurance?**[ ]  Yes [ ]  No | **Certificate of Insurance**[ ]  Attached |
| 7) Do you ever serve alcohol on the premises? [ ]  Yes [ ]  No If yes, is a liquor license obtained? [ ]  Yes [ ]  No 8) Is your expiring policy a claims-made policy? [ ]  Yes [ ]  No Has Prior Acts coverage been explained to you? [ ]  Yes [ ]  No  **If yes, plese specify the date when first effected (mm/dd?yyyy):**9) Do you have a Wheel Chair lift?[ ]  Yes [ ]  No If yes, is it permanently fixed on the property? [ ]  Yes [ ]  No  If no, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 10) a) Do you have an underground tank? [ ]  Yes [ ]  No  If yes, indicate age of tank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1. How often is the tank serviced: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Type of Fuel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Construction of tank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| **11)** Are you following the guidelines to the Manual and Faithful Footsteps Screening Procedures for Positions of Trust and Authority in the United  Church of Canada? [ ]  Yes [ ]  No **12)** Sexual Misconduct (Abuse) Risk Management **(applicable to all Church operations including Daycare, Preschool and Camps)****Background Check details and Police department security clearance details:** Are all current employees and volunteers who work with vulnerable individuals required to produce physical evidence of a clean police  background check? [ ]  Yes [ ]  No Are all prospective employees and volunteers who work with vulnerable individuals required to produce physical evidence of a clean police  background check? [ ]  Yes [ ]  No |
|  **SECTION VI – UMBRELLA LIABILITY INSURANCE Yes No** |
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| **Excess of $2,000,000:** [ ] $3,000,000 (Total $5,000,000.) [ ] $8,000,000 (Total $10,000,000.)  |

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| **DECLARATIONS** |
| The Applicant represents that the statements and facts contained within this application are true, complete and accurate, and no material facts have been omitted or misstated, and further represents that he/she is authorized to sign this application on behalf of the Church.Completion of this form does not bind coverage, nor does applicant’s acceptance of an insurer’s quotation. Acceptance of the application and the risk by the insurer or its underwriter is required prior to binding coverage and policy issuance. It is agreed that this form shall form be the basis of the contract should a policy be issued.The signature on this application must be that of the congregation’s authorized representative. Broker’s signature on the application is not authorized.The purchase of insurance for your commercial needs is through The United Church of Canada endorsed program.  We advise that currently only Royal & Sun Alliance Insurance Company of Canada is the insurer used in relation to this endorsed program.  However, where we consider that your insurance needs may be better served through the use of other insurers, we will advise you of alternative coverage options.OUR CLIENT BILL OF RIGHTS...HKMB HUB is guided by our Client Bill of Rights, which is available on [www.hkmb.com](http://www.hkmb.com). It espouses the fundamental principle of describing the service and value we provide and how we are compensated for it.  Upon becoming your Insurance Broker, HKMB HUB will purchase insurance products and services on your behalf that are available, affordable, and understandable.  In doing so, we will receive a commission that may vary depending on the nature of insurance (Automobile, Residential or Group Commercial) or the carrier from which we have purchased the coverage.  Although occasionally, certain factors may affect the amount, the commission percentage collected from Royal & Sun Alliance Insurance Company of Canada-placed renewal policies is currently 20% (25% for new business), which we will share equally with a sub-broker, if you retained one. Commission is paid annually for both new business and renewals.  Should there be a change to the current commission percentage structure, we will notify you.Privacy Consent – As part of my application for insurance, I hereby consent to HKMB HUB International (the “Broker”) collecting, using and disclosing personal information (as that term is defined in applicable privacy laws) relating to me and other Insureds required for purposes of considering my application for new or renewal insurance coverage. The Broker is authorized to collect, use, and disclose such personal information and provide such personal information to third parties, as required, including insurance companies. The Broker may also be required or permitted to disclose such personal information pursuant to applicable privacy laws or other laws.If I wish to review personal information pertaining to my application or policy maintained by the Broker, obtain copies of the Broker's privacy policies or standards, or make other enquiries or express concerns, I understand that I may do so by contacting the Broker's Privacy Officer at HKMB HUB International, 595 Bay Street, Ste. 900, Toronto, Ontario, M5G 2E3 or e-mail: HKMB HUB International Privacy Policy is available at www.hkmb.com.If coverage is bound, the “Requirements After Loss” contained in the policy, must be complied with, and all claims must be reported to HKMB HUB International as soon as practicable.All Cover Note/Policy documentation provided by HKMB HUB International must be retained by the named insured indefinitely.By signing this form you are consenting to the statements above. |
| **SIGNATURE** |
| First Name (please print): Last Name (please print): | Position: |
| Authorized Signature: | Date (mm/dd/yyyy): |
| Telephone: **( )** | Fax:  **( )** | Email: |
|  |
| Name of Sub-Broker, if applicable:  |
| Mailing Address of Sub-Broker: City: Province: Postal Code:  |
| Telephone: **( )** | Fax: **( )** | Email: |
| IDENTIFICATION OF LOSS PAYEES AND ADDRESSES |
| (Attach separate sheet if insufficient space below) |
| Type: [ ]  Loss Payee [ ]  Additional Insured [ ]  Additional Named Insured |
| \*Loss Payee: i.e. financial institutions, leasing companies which have a financial interest in buildings or property you own or lease |
| Name: |
| Street Address: |
| Financial Interest (i.e.: Mortgagee, Lessor): |

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| **Supplementary Application/Additional Locations**  |
| **The General Insurance Plan for The United Church of Canada**  |
| **Please copy and complete this form for each additional location**  |
| If you have any questions or require assistance completing this application, please phone or fax us as follows:**Phone: Toll Free**: 1-888-550-5458; Fax 1-866-421-1962 | **Phone:Local** (Toronto) 416-597-3400; Fax (Toronto) 647-435-5228**Email**: ucc@hubinternational.com |
| **Name of Church:**  |
|  |   |
|  **LOCATION ADDRESS**  |
| **Location address**   | City | Province | Postal Code |
| **Location occupancy**  |
| Contact Name: | Email Address: | Telephone #: | Fax #: |
| **SECTION II — PROPERTY - Yes No SECTION III - BOILER & MACHINERY - Yes No** |
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| **Type:**[ ] Church Building [ ]  Manse[ ] C.E. Building [ ]  Manse rented to others [ ] Church attached to C.E. Building [ ]  Other[ ] Cemetery If other, please describe, include address and occupancy |
| **Building Construction:**[ ]  Fire resistive standard (reinforced concrete floor, roof, walls and srructure) [ ] Solid brick, concrete block, stone[ ]  Fire resistive non-standard (masonry / concrete walls / steel deck roof) [ ]  Wood frame[ ]  Masonry veneer (wood frame with brick facing) [ ]  Other, specify:  |
| **Roof Cover:** [ ]  Asphalt [ ]  Shingle [ ]  Slate [ ]  Other, specify:  |  |
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| Heating: [ ]  Hot Water Boiler or Steam Boiler [ ]  Forced Air Furnace [ ]  Electrical [ ]  Other, specify: | Fuel used: [ ]  Gas [ ]  Oil [ ]  Other, specify: |

 |
|  Air conditioner type: [ ]  Central [ ]  Roof Top mounted [ ]  Window [ ]  Other, specify:  |
| Year built: | Total square footage of building including basement: |
| **Indicate the year the following were last updated and whether it was a full (F) or partial (P)** |
| **Roof: Year:** [ ]  F [ ]  P  | **Electrical: Year:** [ ]  F [ ]  P  | **Plumbing: Year:** [ ]  F [ ]  P  | **Heating: Year:** [ ]  F [ ]  P  |
| **Is there a fire hydrant within 500 ft (152m):** [ ]  Yes [ ]  No Distance from firehall: miles or km **Fire Hall type:** [ ]  Paid [ ]  Voluntary  |
| **Will the property be vacant at any time during the year?** [ ]  Yes [ ]  No **If yes, mandatory notification to insurance company**  |
| **Has your Church been classified as a Heritage Building?** [ ]  Yes [ ]  No **If yes, please include costs of skilled labour and authentic materials to replace Heritage Buildings and contents: $** |
| Prior Insurance: [ ]  Yes [ ]  NoName of Insurer: Expiry date: **Policy Number:** |
| **Claims/Losses (in last 5 years):** [ ]  Yes [ ]  No If yes, please describe: |
| **Property Sublimits – APPLICABLE TO ALL LOCATIONS – If higher limits are required, please specify** |
| **Coverage (Business Interruption)** | **STANDARD LIMITS** | [ ]  **Please indicate if higher limits required** |
| Rental Income/Business Income/Extra Expense | $500,000 | $  |
| Ordinary Payroll - 90 Days (wages of staff other than those whose services would not be dispensed with in event of a loss) | Not Covered | $ (not insured unless an amount is specified)**If an amount is selected, please indicate whether the Ordinary Payroll limit is to be in excess of the combined $500,000 limit****[ ]  Yes [ ]  No**  |
| **Any changes to occupancy or upgrades to the risk? If yes, please describe:** |
| **DO YOU QUALIFY FOR THESE DISCOUNTS ?** (Applied to property rates only) |
| Is there a burglar alarm? [ ]  Yes [ ]  No If yes, please specify type: [ ]  Local [ ]  Central (if centrally monitored, the discount will only be applied with a copy of the alarm certificate) | Is there a fire alarm? [ ]  Yes [ ]  No If yes, please specify type [ ] Local [ ]  Central (if centrally monitored, the discount will only only be applied with a copy of the alarm certificate)  |
| Is the building sprinklered? [ ]  Yes [ ]  No If yes, please indicate percentage of area sprinklered: % |
| Has the property been appraised? [ ]  Yes [ ]  No If yes, please provide a copy of the appraisal, if not already provided. |

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| **SIGNATURE** |
| The Applicant represents that the statements and facts contained within the application are true and that no material facts have been suppressed or misstated, and asserts that (s)he is authorized to sign this application on behalf of the Applicant.Completion of this form does not bind coverage. Applicant’s acceptance of an insurer’s quotation is required prior to binding coverage and policy issuance. It is agreed that this form shall be the basis of the contract should a policy be issued.By signing this form you are consenting to the statements listed in the Declarations under the Renewal or New Business Application form. |
| First Name (please print): Last Name (please print): | Position: |
| Authorized Signature: | Date (mm/dd/yyyy): |
| Telephone: **( )** | Fax: **( )** | Email: |

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| **Supplemental Church Liability Application** |
| **SECTION A: DAY CARE CENTRE/PRE-SCHOOL OPERATIONS**  |
| **DAY CARE / PRE-SCHOOL INFORMATION** |
| Name of Day Care/Pre School:Street Address: | City:Province Postal Code |
| Telephone: ( ) | Fax: ( ) | E-Mail address: |
| **1)**  a) Does the Church lease its premises to others for the purpose of operating a Day Care Centre/Pre-School?b) If yes, do they carry their own Commercial General Liability coverage?  c) If yes, indicate number of: i) Children \_\_\_\_\_\_\_\_ ii) Staff \_\_\_\_\_\_\_\_ iii) Licensed Day Care Providers \_\_\_\_\_\_\_\_ d)If yes, please attach a copy of their current policy  | [ ] YES [ ] NO[ ] YES [ ] NO[ ]  Copy attached |
| **2)** a) Is there a Church–run Day Care/Pre School operating on the premises (excluding Sunday School)  b) If yes, what is the legal entity name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ c) If yes, indicate number of: i) Children \_\_\_\_\_\_\_\_ ii) Staff \_\_\_\_\_\_\_\_ iii) Licensed Day Care Providers \_\_\_\_\_\_\_\_ d) Are you responsible to provide the insurance?  e) If no, please provide copy of their current insurance policy  | [ ] YES [ ] NO[ ] YES [ ] NO[ ]  Copy attached |
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| **SECTION B: CAMP ( Should the Church operate a Camp )** |
| **TYPE OF CAMP** |
| [ ]  Day Camp with water activities[ ]  Day Camp with no water activities[ ]  Resident /Overnight camp with water activities | [ ]  Resident/Overnight camp with no water Activities[ ]  Other – Please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of CampStreet Address | City Province Postal Code |
| **1)**  a) Does the Camp carry their own Commercial General Liability policy? b) If yes, please attach a copy of their current policy (or Certificate of Insurance) | [ ] YES [ ] NO[ ]  Copy attached |
| **2)** Distance to closest Medical Facility: |
| **3)** Is the camp provincially accredited? [ ] Yes [ ] No If yes, please indicate  | **4)** Dates: From: To: |
| **5)** Does camp operate any of the following: (as an additional charge will apply for these types of activities) |
|  [ ]  Rafts and Floats | [ ]  Water Skiing  | [ ]  Swimming Pool – if yes – depth\_\_\_\_\_\_\_ |
|  [ ]  Saddle Horses – if yes number of horses\_\_\_\_\_\_ | [ ]  Zip Line | [ ]  Trampolines – specify number\_\_\_\_\_\_\_\_ |
|  [ ]  Watercraft – if so, please specify number and type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Archery or Rifle Range – specify type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Snowmobiles – specify number\_\_\_\_\_\_\_ |
| Liability arising from operation of watercraft applies to watercraft not exceding 8 meters in length. Loss or damage to watercraft is only covered for watercraft while on shore. |
|  [ ]  Climbing Wall – Please note that the insurance provided by this policy does not cover liability arising out of the use of a climbing wall |
| **6)** List all other camp activities: |
| **7)** Describe the camp’s medical facilities:  |
| **8)** Are there qualified medical personnel on staff? [ ]  Yes [ ]  No If yes, do they have their own liability insurance? [ ]  Yes [ ]  No  If yes please attach certificate of insurance [ ]  Copy attached Describe their qualifications: |
| **9)**  Number of camp Counsellors: | **10)** Number of Chaperones: |
| **11)** a)Number of lifeguards: | **11)** b)Qualifications: |
| **12)** Average number of campers: Peak: Age Range of Campers: From to years of age |
| **13)** Provide details of any previous claims: |
|  **SIGNATURE** |
| The Applicant represents that the statements and facts contained within the application are true and that no material facts have been suppressed or misstated, and asserts that (s)he is authorized to sign this application on behalf of the Applicant.Completion of this form does not bind coverage. Applicant’s acceptance of an insurer’s quotation is required prior to binding coverage and policy issuance. It is agreed that this form shall be the basis of the contract should a policy be issued.  |
| Authorized Signature | Date |
| Name (Please Print) | Position |