



595 Bay Street • Suite 900
Toronto, ON M5G 2E3
P: 416.597.3400 TFP: 888.550.5458
F: 647.435.5228 TFF: 866.421.1962

ucc@hubinternational.com
hubinternational.ca

Renewal Application

The General Insurance Plan for The United Church of Canada

Name of Camp

Mailing address, City, Province, Postal Code, Location address if different than mailing address, Contact Name, Email Address, Telephone #, Fax #

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:

1) Distance to closest Medical Facility:

2) Is the Ontario Camp Association accredited? Yes No

If yes, please indicate when the last verification visit was

If no, please answer the following questions:

- Is an emergency/crisis response plan covering fire, medical emergencies, severe weather, dangerous animals, or other emergencies? Are drills held with each group of campers?
Has the camp safety plan been created and submitted to the local public health unit within 14 days of opening?
Have food safety policies and procedures been created related to hygiene, food handling, refrigeration, cleaning, sanitation etc.?
Are camp operating policies and procedures been written and compiled in a manual for all staff and volunteers?
Is transportation for campers, staff provided? What type/class of vehicles? Do drivers submit motor vehicle records annually?
Are standard Informed Consent/Release of Liability forms used and signed by guardians?
Is the ratio of campers-to-staff 8:1 or better?
Has a risk assessment been completed for all sports and recreational activities?
Has the required notice of operations been submitted to the local Medical Officer of Health and approved?
Are daily/weekly documented inspections completed for all facilities and recreational equipment and documented?
Are all sleeping and assembly area provided with smoke alarms? Are they tested after each camper group?
Have animal interaction and control procedures been developed?
Are first aid facilities provided? Do staff and volunteers have valid first aid certificates?
Are full medical histories of children attending camps provided and any medications required listed, allergies etc.?
Are off camp trips and/or excursions conducted? Are means of communication provided as well as filing a trip plan, emergency plan, and minimum camper-to-staff ratios maintained?
Do play equipment and amusement devices comply with applicable CSA and/or provincial regulations? Are they inspected annually by qualified individuals?
Are swimming areas supervised by qualified lifeguards? Are waterfront swimming areas equipped with the required rescue/first aid equipment? Is the water tested for bacteria as required by public health guidelines?
With respect to water safety: what protocols are put in place with respect to life safety ie: life jackets, life preserves, lifeguards etc. accompaniment by adult etc.



3) Season Start Date: _____ Season End Date: _____

4) Average number of campers _____ Peak _____ Age Range of Campers: From _____ to _____ years of age

5) Does the camp cater to children or adults with disabilities? Yes No

a. If so, what qualifications do the counselors have to care for these individuals?

b. Have the buildings been retrofitted to accommodate disabled individuals? Yes No

6) Does the camp run programs throughout the year? Yes No

Please provide additional details if the answer is yes.

7) Does the camp rent out the facility during the off season? Yes No

Please provide additional details if the answer is yes.

SECTION II & III — PROPERTY - Yes No
SECTION IV - BOILER & MACHINERY - Yes No

Please complete for the main structure or building (i.e. recreation facility, dining hall, etc.)

1) Building Construction: Wood frame
 Fire resistant standard (reinforced concrete floor, roof, walls and structure) Masonry Veneer (wood frame with brick facing)
 Fire resistant non-standard (masonry / concrete walls / steel deck roof) Other (specify): _____
 Solid Brick, concrete block, stone

2) Roof Cover: Asphalt Shingle Slate Other (specify): _____

3) Number of stories excluding basement: _____

4) Year Built (approx.): _____ 5) Total Square Footage of entire building including basement: _____

6) Heating Type: (Note: Domestic hot water tanks, eg. Cascade 40's are not considered "BOILERS") Fuel used: Gas Oil Other (specify): _____
 Hot Water Boiler or Steam Boiler Forced Air Furnace Electrical Other (specify): _____

7) Air Conditioner Type: Central Roof Top Mounted Window Other (specify): _____

8) Please indicate the year the following were last updated and whether it was full (F) or partial (P)

Roof:	Electrical:	Plumbing:	Heating:
Year: <input type="checkbox"/> F <input type="checkbox"/> P	Year: <input type="checkbox"/> F <input type="checkbox"/> P	Year: <input type="checkbox"/> F <input type="checkbox"/> P	Year: <input type="checkbox"/> F <input type="checkbox"/> P

9) Is there a fire hydrant within 500 feet (152m) Yes No Distance from Fire Hall: _____ Miles or _____ Km

Fire Hall Type: Paid Voluntary

10) Will the property be vacant at any time during the year? Yes No

If yes, notification to the insurance company is mandatory: permission for vacancy under policy conditions is limited to 60 consecutive days during the policy term. Regular inspection, maintenance and protection of vacant properties is required (turning off running water during the heating season is strongly advised).

11) Property Sublimits – APPLICABLE TO ALL LOCATIONS – If higher limits are required, please specify:

Coverage	<input type="checkbox"/> STANDARD LIMITS	<input type="checkbox"/> Please indicate if higher limits are 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 <input type="checkbox"/> Yes <input type="checkbox"/> No

12) Property deductibles – Applicable to all Locations – please select one:

<input type="checkbox"/> \$5000	<input type="checkbox"/> \$2500	<input type="checkbox"/> \$1000	<input type="checkbox"/> \$500 minimum	<input type="checkbox"/> Other specify
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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):

SECTION V – 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 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 the Premises	\$ 25,000.
Outside the Premises	\$ 25,000.
Money Orders & Counterfeit Currency	\$ 25,000.
Depositors Forgery	\$ 25,000.
Employee Dishonesty Coverage	\$ 25,000.
Professional Fees	\$ 25,000.

1) Do you have a safe? Yes No If yes, does it have a combination lock? Yes No

2) Do you conduct audit procedures? Yes No 3) Are cheques signed by more than one person? Yes No

SECTION VI – COMMERCIAL GENERAL LIABILITY

LIMIT - \$2,000,000

1) If the premises is occupied by others, please give details of operations and indicate whether each has liability insurance:
(Please use separate sheet if required.)

Occupant	Use	Has Liability Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate of Insurance <input type="checkbox"/> Attached
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2) Does camp operate any of the following: (as an additional premium may apply):

<input type="checkbox"/> Rafts and Floats	<input type="checkbox"/> Water Skiing	<input type="checkbox"/> SwimmingPool – if yes – depth ____
<input type="checkbox"/> Saddle Horses – if yes, number of horses: ____	<input type="checkbox"/> Zip Line – specify number ____	<input type="checkbox"/> Trampolines – specify number ____
<input type="checkbox"/> Archery or Rifle Range – specify type _____	<input type="checkbox"/> Snowmobiles	<input type="checkbox"/> Climbing Wall

3) (a) Does the camp operate Owned or Non-Owned Watercraft? Yes No (Attach list, if more than one)

b) If yes, length in feet:

c) Horsepower:

Liability arising from operation of watercraft applies to watercraft not exceeding 8 meters in length. Loss or damage to watercraft is only covered for watercraft while on shore, unless scheduled under the Property section.

4) List all other camp activities:

5) Describe the camp's medical facilities:

6) Are there qualified medical personnel on staff? Yes No If yes please attach certificate of insurance Copy attached
Describe their qualifications:

7) Number of camp Counsellors

8) Number of Chaperones

9) (a) Number of lifeguards

(b) Qualifications

10) Average number of campers Peak Age Range of Campers: From _____ to _____ years of age



11) Do you have a Wheel Chair lift? Yes No If yes, is it permanently fixed on the property? Yes No

If no, please describe: _____

12) Sexual Misconduct (Abuse) Risk Management (applicable to all Camp operations)

Background Check details:

Are all volunteers/applicants required to complete a written application form? Yes No

Are reference checks always conducted and documented? Yes No

Do you have a documented internal protocol on the supervision of children/youth? Yes No

Are all your personnel aware of the necessity for prompt reporting of incidents? Yes No

Any claims or incidents of Abuse?: Yes No (If yes, attach full details to this application)

Police department security clearance details:

Are all current employees and volunteers who work with children/youth required to produce physical evidence of a clean police background check? Yes No

Are all prospective employees and volunteers who work with children/youth required to produce physical evidence of a clean police background check? Yes No

SECTION VII – UMBRELLA LIABILITY INSURANCE

Yes

No

Excess of \$2,000,000:

\$3,000,000 (Total \$5,000,000.)

\$8,000,000 (Total \$10,000,000.)

CLAIMS HISTORY ON ALL INSURANCE COVERAGES (Applicable only to New Business Applicants)

If your congregation or your insurer paid for any losses in the past 5 years, please provide details.

(Attach separate sheet if there is insufficient space below)

Date (mm/dd/yyyy)	Amount	Type (eg. Fire, Theft , Windstorm, Vandalism, Boiler, Bodily Injury)
	\$	
	\$	
	\$	

If no claims, please check here

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): _____



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 AVIVA Insurance Company 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. 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 AVIVA-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 Current Insurance Company (new applicants only: must be completed for eligibility under the Plan):		
Expiry Date of Current Insurance Policy:	Expiry/Current Insurance Premium:	Renewal Premium:

Name of Sub-Broker, if applicable:

Mailing Address of Sub-Broker:	City:	Province:	Postal Code:
Telephone: ()	Fax: ()	Email:	



For Additional Locations copy this form, complete and return

STATEMENT OF VALUES – MUST BE COMPLETED IN ORDER TO MAINTAIN STATED AMOUNT CO-INSURANCE CLAUSE

Name of Insured:	Cover note#
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The values stated below should be based on the following criteria:

- a) 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.
- b) 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”)
- c) 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	Original or Appraised Cost	Date (mm/dd/yy)	Replacement Cost Today
	\$		\$	Contents: \$		Contents: \$
	\$		\$	Contents: \$		Contents: \$
	\$		\$	Contents: \$		Contents: \$
	\$		\$	Contents: \$		Contents: \$
	\$		\$	Contents: \$		Contents: \$

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)
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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 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):	



Additional Camp Locations Application

The General Insurance Plan for The United Church of Canada

Please copy and complete this form for each additional location

Name of Insured:

LOCATION ADDRESS

Location address		City	Province	Postal Code
Contact Name:	Email Address:	Telephone #:	Fax #:	

SECTION II & III — PROPERTY - Yes No
SECTION IV - BOILER & MACHINERY - Yes No

To be completed for each location owned, leased or used by the insured.

1) Building Construction:

<input type="checkbox"/> Fire resistive standard (reinforced concrete floor, roof, walls and structure)	<input type="checkbox"/> Wood frame
<input type="checkbox"/> Fire resistive non-standard (masonry / concrete walls / steel deck roof)	<input type="checkbox"/> Masonry Veneer (wood frame with brick facing)
<input type="checkbox"/> Solid Brick, concrete block, stone	<input type="checkbox"/> Other (specify):

2) Roof Cover: Asphalt Shingle Slate Other (specify):

3) Number of stories excluding basement:

4) Year Built (approx.): **5) Total Square Footage of entire building including basement**

6) Heating Type: (Note: Domestic hot water tanks, eg. Cascade 40's are not considered "BOILERS") Fuel used: Gas Oil Other (specify):
 Hot Water Boiler or Steam Boiler Forced Air Furnace Electrical Other (specify):

7) Air Conditioner Type: Central Roof Top Mounted Window Other (specify):

8) Please indicate the year the following were last updated and whether it was full (F) or partial (P)

Roof: Year: <input type="checkbox"/> F <input type="checkbox"/> P	Electrical: Year: <input type="checkbox"/> F <input type="checkbox"/> P	Plumbing: Year: <input type="checkbox"/> F <input type="checkbox"/> P	Heating: Year: <input type="checkbox"/> F <input type="checkbox"/> P
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9) Is there a fire hydrant within 500 feet (152m) Yes No Distance from Fire Hall: Miles or Km
 Fire Hall Type: Paid Voluntary

10) Will the property be vacant at any time during the year? Yes No If yes, notification to the insurance company is mandatory

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:	Street Address:	Street Address:	Street Address:
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Financial Interest (i.e.: Mortgagee, Lessor):

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 Camp Application Form.

First Name (please print):	Last Name (please print):	Position:
Authorized Signature:		Date (mm/dd/yyyy):
Telephone: ()	Fax: ()	Email: