



# 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 or (Toronto) 416-597-3400 | **Fax Toll Free:** 1-866-421-1962 or (Toronto) 647-435-5228

**Email:** ucc@hubinternational.com

<b>Name of Church</b>				
<b>Mailing address</b>		City	Province	Postal Code
Location address if different than mailing address		City	Province	Postal Code
Contact Name	Email Address: Website:	Telephone #'s Home:	Church: Business:	Fax #:

<b>SECTION II &amp; III — PROPERTY -</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>SECTION IV - BOILER &amp; MACHINERY -</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Please complete for each Church, Cemetery, Vacant Building or any other Locations to be insured ( refer to Supplementary Application)  
The complete addresses and occupancies of all locations are required.**

**Type:**

- |                                                           |                                                          |
|-----------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Church Building                  | <input type="checkbox"/> Manse                           |
| <input type="checkbox"/> C.E. Building                    | <input type="checkbox"/> Manse rented to others          |
| <input type="checkbox"/> Church attached to C.E. Building | <input type="checkbox"/> Other                           |
| <input type="checkbox"/> Cemetery                         | If other, please describe, include address and occupancy |

**Building Construction:**

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

**Roof Cover:**  Asphalt     Shingle     Slate     Other, specify:

Heating:                      Fuel used:  Gas     Oil     Other, specify:  
 Hot Water Boiler or Steam Boiler     Forced Air Furnace     Electrical     Other, specify:

Air conditioner type:  Central     Roof Top mounted     Window     Other, specify:

**Year built:** \_\_\_\_\_ **Total square footage of building including basement:** \_\_\_\_\_

Number of stories excluding basement: \_\_\_\_\_ **Sprinklered:**  Yes  No

**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 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?**                      **If yes, please include costs of skilled labour and authentic materials to replace Heritage Buildings and contents: \$**  
 Yes  No

Current Replacement Value (report values reflect the limit of liability) – Statement of Values attached must be completed

Building:	Stained Glass:	Contents:	Organ:	Other*:	Total:
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\*If other, please describe:

Prior Insurance:

Name 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	<input type="checkbox"/> 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

**Property deductibles – Applicable to all Locations – please select one, only if you wish to change your deductible:**

<input type="checkbox"/> \$10000	<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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**Any changes to occupancy or upgrades to the risk? If yes, please describe:**

**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)**

a) Is there a burglar alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify type: <input type="checkbox"/> Local <input type="checkbox"/> Central (if centrally monitored, the discount will only be applied with a copy of the alarm certificate)	b) Is there a fire alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify type <input type="checkbox"/> Local <input type="checkbox"/> Central (if centrally monitored, the discount will only be applied with a copy of the alarm certificate)
c) Is the building sprinklered? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate percentage of area sprinklered: _____ %	
d) Has the property been appraised? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a copy of the appraisal, if not already provided.	

**Complete questions a) & b) only if MANSE is to be insured:**

Manse address: \_\_\_\_\_

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

a) <input type="checkbox"/> Occupied by Minister	<input type="checkbox"/> Rented to others*
--------------------------------------------------	--------------------------------------------

\*Rental income should be included under Rental Income./Business Income/Extra Expense section referred to in above Property Sublimits section of the application

b) Has the property been appraised?  Yes  No If yes, please provide a copy of the appraisal, if not already provided.

**Building Construction:**

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

**Roof Cover:**  Asphalt  Shingle  Slate  Other, specify: \_\_\_\_\_ Number of stories excluding basement: \_\_\_\_\_

Heating: Fuel used:  Gas  Oil  Other, specify: \_\_\_\_\_  
 Hot Water Boiler or Steam Boiler  Forced Air Furnace  Electrical  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

Current Replacement Value (report values reflect the limit of liability) – Statement of Values attached must be completed

Building:	Contents:	Other*:	Total:
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\*If other, please describe:

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

**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 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

<b>Coverage</b>	<b>Policy Limits</b>
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.

**SECTION VI – 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 for each camp

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: \_\_\_\_\_

6) If the premises is occupied by others, provide details of operations and indicate if each has liability insurance (use separate sheet if required.)

<b>Occupant</b>	<b>Use</b>	<b>Has Liability Insurance?</b>	<b>Certificate of Insurance</b>
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Attached

7) Are there any owned or non-owned watercraft?  Yes  No If yes, length in feet \_\_\_\_\_ Horsepower \_\_\_\_\_

8) Do you ever serve alcohol on the premises?  Yes  No If yes, is a liquor license obtained?  Yes  No

9) Is your expiring policy a claims-made policy?  Yes  No Has Prior Acts coverage been explained to you?  Yes  No

**If yes, specify the date when first effected (mm/dd/yyyy):** \_\_\_\_\_

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

If no, please describe: \_\_\_\_\_

11) a) Do you have an underground tank?  Yes  No If yes, indicate age of tank: \_\_\_\_\_  
b) How often is the tank serviced: \_\_\_\_\_  
c) Type of Fuel: \_\_\_\_\_  
d) Construction of tank: \_\_\_\_\_

**12) Sexual Misconduct (Abuse) Risk Management (applicable to all Church operations including Daycare, Preschool and Camps)**

**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.)

**SECTION VIII - DIRECTORS & OFFICERS LIABILITY**

Yes  No

**Limits offered:**  \$2,000,000  \$5,000,000

1. What is the organization's legal structure?
- Corporation  Foundation
- Association  Trust
- Other, please specify:

2. Size of Operating Budget (Revenue and Cash Assets):

3. Number of Advisory Committees or No. on Advisory Committees:

4. a) Has any claim been made or is a claim now pending against the organization or any person proposed for Directors & Officers insurance?
- Yes  No If yes, please provide full details:

5. Has any Director, Officer or any person proposed for insurance any knowledge or information of any Wrongful Act" which he/she should expect could give rise to a claim against them? Wrongful Act shall mean any actual or alleged error or misstatement or misleading statement or act or omission or neglect or breach of duty by any "Insured" or any other matter claimed against any "Insured" arising out of the administration of the organization insured hereunder. Please make the necessary inquiries of all those persons proposed for this insurance in order to be able to answer this question.  Yes  No If yes, provide details:

6. Has any similar insurance on behalf of the Organization been declined, cancelled or renewal thereof refused?

Yes  No If yes, provide details:

7. Do you maintain a copy of the Employment Standards Act or consult Legal Counsel prior to dismissing an employee?

Yes  No If yes, provide details:

8. Has any Director, Officer, Trustee or employee been:

a) Accused, found guilty, sued, or held liable for a breach of trust or breach of fiduciary duty?  Yes  No If yes, please specify:

b) Convicted of criminal conduct?  Yes  No If yes, please specify:

9. **Fiduciary Liability** – In order for fiduciary liability coverage to apply, please provide names of all plans including medical, dental, group life, accident, sickness, disability and pension plans (If more space required, please use a separate page):

10. **Prior knowledge** — Please read the following paragraph:

No person proposed for coverage is aware of any fact or circumstance or any actual or alleged act, error or omission 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 not exceptions, please state):

Please make the necessary inquiries of all those persons proposed for this insurance in order to be able to answer this question. It is agreed that if such fact or circumstance or actual or alleged act, error or omission exists, whether or not disclosed, any claim arising there from is excluded from this proposed coverage.

## 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](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 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](http://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):

**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. **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

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 (indicate if Heritage Designated)	Original or Appraised Cost	Date (mm/dd/yy)	Replacement Cost Today
	\$		\$	Stained Glass: \$ Contents: \$ Organ: \$		Stained Glass: \$ Contents: \$ Organ: \$
	\$		\$	Stained Glass: \$ Contents: \$		Stained Glass: \$ Contents: \$
	\$		\$	Stained Glass: \$ Contents: \$		Stained Glass: \$ Contents: \$
	\$		\$	Stained Glass: \$ Contents: \$		Stained Glass: \$ Contents: \$
	\$		\$	Stained Glass: \$ Contents: \$		Stained Glass: \$ 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)

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):	



# 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 or (Toronto) 416-597-3400 | Fax Toll Free: 1-866-421-1962 or (Toronto) 647-435-5228

Email: ucc@hubinternational.com

Name of Church:

## LOCATION ADDRESS

Location address	City	Province	Postal Code
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Location occupancy

Contact Name:	Email Address:	Telephone #:	Fax #:
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SECTION II & III — PROPERTY -  Yes  No  
SECTION IV - BOILER & MACHINERY -  Yes  No

Please complete for each Church, Cemetery, Vacant Building or any other Locations to be insured. The complete addresses and occupancies of all locations are required.

Type:

- |                                                           |                                                          |
|-----------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Church Building                  | <input type="checkbox"/> Manse                           |
| <input type="checkbox"/> C.E. Building                    | <input type="checkbox"/> Manse rented to others          |
| <input type="checkbox"/> Church attached to C.E. Building | <input type="checkbox"/> Other                           |
| <input type="checkbox"/> Cemetery                         | If other, please describe, include address and occupancy |

Building Construction:

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

Roof Cover:  Asphalt  Shingle  Slate  Other, specify:

Heating: Fuel used:  Gas  Oil  Other, specify:

Hot Water Boiler or Steam Boiler  Forced Air Furnace  Electrical  Other, specify:

Air conditioner type:  Central  Roof Top mounted  Window  Other, specify:

Year built:

Total square footage of building including basement:

Number of stories excluding basement:

Sprinklered:  Yes  No

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 the Building 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: \$

Current Replacement Value (report values reflect the limit of liability) – Statement of Values attached must be completed

Building:	Contents:	Other*:	Total:
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\*If other, please describe:

Prior Insurance:

Name 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	<input type="checkbox"/> 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

**Property deductibles – Applicable to all Locations – please select one, only if you wish to change your deductible:**

\$10000   
 \$5000   
 \$2500   
 \$1000   
 \$500 minimum   
 Other specify

**Any changes to occupancy or upgrades to the risk? If yes, please describe:**

**DO YOU QUALIFY FOR THESE DISCOUNTS ? (Applied to property rates only)**

- |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>a) Is there a burglar alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>                 If yes, please specify type: <input type="checkbox"/> Local <input type="checkbox"/> Central (if centrally monitored, the discount will only be applied with a copy of the alarm certificate)</p> | <p>b) Is there a fire alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>                 If yes, please specify type <input type="checkbox"/> Local <input type="checkbox"/> Central (if centrally monitored, the discount will only be applied with a copy of the alarm certificate)</p> |
| <p>c) Is the building sprinklered? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please indicate percentage of area sprinklered: _____ %</p>                                                                                                                                              |                                                                                                                                                                                                                                                                                                             |
| <p>d) Has the property been appraised? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please provide a copy of the appraisal, if not already provided.</p>                                                                                                                                 |                                                                                                                                                                                                                                                                                                             |

**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:

## Supplemental Church Liability Application

### SECTION A: DAY CARE CENTRE/PRE-SCHOOL OPERATIONS

#### DAY CARE / PRE-SCHOOL INFORMATION

Name of Day Care/Pre School:		City:	
Street Address:		Province	Postal Code
Telephone: (    )	Fax: (    )	E-Mail address:	
<b>1) a)</b> 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			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Copy attached
<b>2) a)</b> 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			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Copy attached

### SECTION B: CAMP ( Should the Church operate a Camp )

#### TYPE OF CAMP

<input type="checkbox"/> Day Camp with water activities <input type="checkbox"/> Day Camp with no water activities <input type="checkbox"/> Resident /Overnight camp with water activities		<input type="checkbox"/> Resident/Overnight camp with no water Activities <input type="checkbox"/> Other – Please describe: _____ _____	
Name of Camp		City	
Street Address		Province	Postal Code
<b>1) a)</b> 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)			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Copy attached
<b>2) Distance to closest Medical Facility:</b>			
<b>3) Is the camp provincially accredited?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, please indicate		<b>4) Dates:</b> From: _____   To: _____	
<b>5) Does camp operate any of the following:</b> (as an additional charge will apply for these types of activities)			
<input type="checkbox"/> Rafts and Floats <input type="checkbox"/> Saddle Horses – if yes number of horses _____ <input type="checkbox"/> Watercraft – if so, please specify number and type: _____		<input type="checkbox"/> Water Skiing <input type="checkbox"/> Zip Line <input type="checkbox"/> Archery or Rifle Range – specify type _____	
		<input type="checkbox"/> Swimming Pool – if yes – depth _____ <input type="checkbox"/> Trampolines – specify number _____ <input type="checkbox"/> Snowmobiles – specify number _____	
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 Property section.			
<input type="checkbox"/> Climbing Wall – Please note that the insurance provided by this policy does not cover liability arising out of the use of a climbing wall			
<b>6) List all other camp activities:</b>			
<b>7) Describe the camp's medical facilities:</b>			
<b>8) Are there qualified medical personnel on staff?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, do they have their own liability insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please attach certificate of insurance <input type="checkbox"/> Copy attached Describe their qualifications:			
<b>9) Number of camp Counsellors:</b>		<b>10) Number of Chaperones:</b>	
<b>11) a) Number of lifeguards:</b>		<b>11) b) Qualifications:</b>	
<b>12) Average number of campers:</b> _____		Peak: _____   Age Range of Campers: From _____ to _____ years of age	
<b>13) Provide details of any previous claims:</b>			

#### 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