

NON PROFIT APPLICATION

INSURED DETAILS:

Named Insured: _____

Mailing Address: _____

Risk Address: _____

Description of Operations: _____

Are you a registered charity? YES NO CRA Registration #: _____ Operating since: _____

Income Tax Designation Type: Charitable Organization Public Foundation Private Foundation

Has your charitable status ever been revoked, suspended or annulled by the Canada Revenue Agency? YES NO

If yes, please provide full details: _____

Is the applicant a member of any associations? YES NO

If yes, please specify: _____

Describe your organization's purpose: _____

Please state your mission statement: _____

Required Inception Date: _____ Website: _____ Email: _____

GENERAL LIABILITY:

Annual Revenue / Funding: _____ Annual Payroll: _____

Annual Operating Budget: _____ Number of Employees: _____ Number of Volunteers: _____

EMPLOYEE INFORMATION:

Nature of Work:	# of Volunteers	# of Employees	# of Contract Workers
Management			
Clerical / Admin			
Housekeeping / Maintenance			
Nurses			
Social Workers / Counsellors			
Other (please describe): _____			

Are all employees enrolled in provincial Workers' Compensation programs? YES NO

If no, please itemize class and # of employees not enrolled: _____

NON OWNED AUTOMOBILE LIABILITY:

Number of employees and volunteers who use their personal vehicles for the organization: _____

Please confirm that the applicant requires a minimum of \$1,000,000 third party liability in force for all non-owned autos used: YES NO

Please advise if any vehicles (passenger vans, busses or otherwise) are rented, borrowed or chartered for organization's use:

If yes, please confirm that a minimum \$2,000,000 third party liability is in force: YES NO

If yes, please advise if there is travel to the US: YES NO

SPECIAL EVENTS AND FUNDRAISING ACTIVITIES:

Please indicate your fundraising methods (check all that apply):

<input type="checkbox"/> Advertisements / print / radio / TV commercials	<input type="checkbox"/> Auctions	<input type="checkbox"/> Collection plate / boxes	<input type="checkbox"/> Door-to-door solicitation
<input type="checkbox"/> Draws / lotteries	<input type="checkbox"/> Fundraising dinners / galas / concerts	<input type="checkbox"/> Sales	<input type="checkbox"/> Internet
<input type="checkbox"/> Mail campaigns	<input type="checkbox"/> Planned giving programs	<input type="checkbox"/> Targeted corporate donations / sponsorships	<input type="checkbox"/> Targeted contacts
<input type="checkbox"/> Telephone / TV solicitations	<input type="checkbox"/> Tournament / sporting events	<input type="checkbox"/> Cause-related marketing	
<input type="checkbox"/> Other, Please describe: _____			

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How many events do you have per year? _____

For each major event, please supply all information in an addendum.

Do you serve food at any of these events? YES NO

Will any alcohol be served / consumed at the event? YES NO If yes, do you require liquor liability? YES NO

Where required by law, have you obtained the necessary liquor permit? YES NO

Who is in charge of the service of alcohol? Insured with Serving it Right / Proserve BYOB Hired Professional Venue
 Other – please describe: _____

Max # of attendees / guests per day at any one event: _____ Estimated gross revenues (per event): _____

Do you pay external fundraisers: YES NO If yes, what percentage do you pay them? _____ %

Who provides event security? Insured Venue Hired Security On / Off Duty Officers Other: _____

Distance to spectators (if applicable): _____

Will any of the following be present / involved in your event?

Fireworks Special Effects Petting zoo / animals Inflatable / bouncy / jumping castle Contact sports Parades Rodeos
 Overnight camping or accommodation Temporary structures e.g. grandstands, bleachers, stage(s) Boating Recreational Vehicles
 Any other – please describe: _____

Duration of Event: Less than 24 hours 24-48 hours Over 48 hours – please describe: _____

OPTIONAL - ABUSE LIABILITY:

Please confirm you review abuse and neglect laws with all new employees and volunteers? YES NO

Please confirm you obtain written applications from all employees and volunteers? YES NO

Are reference checks obtained from prior employers? YES NO Are all employee checks documented in writing? YES NO

Please confirm criminal record checks are completed for all employees and volunteers at least every 3 years? YES NO

Do employees and volunteers receive on-the-job training prior to starting job duties? YES NO

Is there a probationary period during which new employees are not permitted to be alone with children or vulnerable adults? YES NO

Is there a written policy in place with regard to abuse and abuse prevention? YES NO

Does this policy include the requirement of immediate reporting of any potential incidents to the authorities? YES NO

Are employees and volunteers trained to recognize possible abuse? YES NO

Please describe any additional procedures which have been implemented that reduce potential incidents of abuse:

IF YOU HAVE ANSWERED NO TO ANY OF THE ABOVE QUESTIONS, PLEASE PROVIDE ADDITIONAL INFORMATION:

Does the applicant conduct any activities away from the premises such as camps, day trips or overnight trips? YES NO

If yes, please provide details: _____

Are any services ever subcontracted out to others? YES NO

If yes, please describe: _____

PLEASE PROVIDE COPIES OF ALL PROTOCOLS INCLUDING HIRING, BACKGROUND CHECKS AND REPORTING PROCEDURES.

OPTIONAL - ERRORS AND OMISSIONS:

Have you ever been subject to investigation or suspended from practice by the CRA or any other governing body? YES NO

If yes, please provide detailed explanation: _____

List the professional services you perform and % of revenues for each: (revenues include donations, sales and government grants)

Professional Services Performed	Percentage of Revenues
	%
	%

Describe in detail the activities that you are requesting coverage for: _____

Are you associated with any other company, firm or corporation? YES NO If yes, please explain: _____

Do you require a license to practice? YES NO Has your license ever been suspended? YES NO

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If your license has been suspended, provide details of circumstances: _____

List professional associations to which you belong: _____

IF YOU PROVIDE SERVICES UNDER CONTRACT TO THIRD PARTIES, PLEASE ATTACH A COPY OF YOUR CONTRACT.

PLEASE ATTACH SAMPLES OF ANY MATERIALS WHICH YOU PUBLISH. (BROCHURES, NEWSLETTERS ETC.)

COVERAGE REQUESTED:

COVERAGE	Limit Required
COMMERCIAL GENERAL LIABILITY: <i>occurrence form</i>	<input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$5,000,000
NON OWNED AUTOMOBILE LIABILITY:	<input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$5,000,000
ABUSE LIABILITY: <i>occurrence form, costs inclusive (optional)</i>	<input type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000
ERRORS & OMISSIONS: <i>claims made, costs inclusive (optional)</i>	<input type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000

CLAIMS HISTORY:

Details – DOL: _____ Open / closed: _____

Circumstances: _____

Amount paid (including legal expenses and reserves): \$ _____

Are you aware of any facts, incidents or circumstances which may result in a claim being brought against you? YES NO

If yes, please provide a full explanation on a separate page.

Have you ever had insurance that's been cancelled / declined or non-renewed? _____

If yes, please explain: _____

PREVIOUS INSURANCE:

Current Carrier: _____ CGL Limit: \$ _____ CGL Premium: \$ _____

Occurrence Claims Made Retrodate: _____ Abuse Limit: \$ _____ Abuse Premium: \$ _____

Occurrence Claims Made Retrodate: _____ E&O Limit: \$ _____ E&O Premium: \$ _____

OPTIONAL - PROPERTY:

Location to be insured: _____

Distance to hydrant: _____ metres Distance to responding fire department: _____ kms

Year Built: _____ # of Stories: _____ Building Construction Type: _____

Heating: Gas Electric Oil Other: _____ Electrical: 100 amp Breakers Fuses

Updates to above (include date of updates to each): _____

Occupancy: 1st Floor: _____ 2nd Floor: _____ Basement: _____

Burglary Alarm: YES NO Monitored: YES NO Sprinklered: YES NO Smoke Alarms: YES NO CO₂ Alarm: YES NO

Are all exits properly marked as such? YES NO Are all exits accessible at all times? YES NO

For locations with multiple buildings, please include a site plan noting distances between structures.

COVERAGE SUMMARY:

Coverage	Limit	Deductible
Building – All Risk – 90% co-insurance	\$ _____	\$ _____
Contents – All Risk – 90% co-insurance	\$ _____	\$ _____
Equipment – All Risk – 90% co-insurance	\$ _____	\$ _____
Miscellaneous Property - Computer Equipment, including laptops	\$ _____	\$ _____
Rental Income	\$ _____	\$ _____
Earthquake Flood Sewer Back Up		Earthquake - 10% Flood - \$10,000 Sewer Back Up - \$2,500

DECLARATION / CONSENT:

PLEASE READ BEFORE SIGNING: A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim.

The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.

Applicant's Name:**Position Held:**

Applicant's Signature:**Date:**

Brokerage:**Broker Name:**

Broker Email:**Broker phone:**

Premier Canada Assurance Managers Ltd. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).

**** Email application and attachments to - newbizcommercial@premiergroup.ca ****

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