

Please complete this application in its entirety, as the responses given are material to the provision of terms. There is space for more details in the Additional Information Section at the end of the application. Coverage(s) may be provided on a claims-made basis.

Named Insured: _____
 Street Address: _____
 Website: _____
 City: _____ Province: _____ Postal Code: _____
 Contact: _____ Email: _____ Phone: _____

Section 1: About Your Organization

1. What year was your organization established? _____
 2. Please describe the nature of your business: _____
 3. Does the organization provide any professional services? If yes, please provide details. * Yes No
 4. Do you have non for-profit subsidiaries? If yes, please provide details. * Yes No
 5. Do you have any US entities or US based fundraising? If yes, please provide details. * Yes No
 6. Please indicate which one of the following best describes your operations:

<input type="radio"/> Animal Related Organization	<input type="radio"/> Arts & Culture	<input type="radio"/> Business Associations
<input type="radio"/> Cemeteries	<input type="radio"/> Charitable/Fund Raising Organization	<input type="radio"/> Community Associations & Housing
<input type="radio"/> Crown Corporation	<input type="radio"/> Environmental Organisations (not activist groups)	<input type="radio"/> Government & Education
<input type="radio"/> Healthcare	<input type="radio"/> Job Training or Placement	<input type="radio"/> Religious, Political & Groups
<input type="radio"/> Research / Development Institute	<input type="radio"/> Professional Associations	<input type="radio"/> Sports & Activities
<input type="radio"/> Other, please specify: _____		

Section 2: Financial Information

1. Please provide the following financial details or provide your latest consolidated audited annual financial statements:

	Current Year	Prior Year
Current Assets	\$ _____	\$ _____
Inventory	\$ _____	\$ _____
Current Liabilities	\$ _____	\$ _____
Long-Term Debt	\$ _____	\$ _____
Equity	\$ _____	\$ _____
Revenues	\$ _____	\$ _____
Net Income (Net Loss)	\$ _____	\$ _____

2. Are you currently, or have you at any time during the past 3 years been in arrears in your payments to the Canadian Revenue Agency, or the provincial, or territorial ministries of revenue (including source deductions, G.S.T., H.S.T., and P.S.T.)? Yes No
 3. Are you currently, or have you at any time during the past 3 years been in breach of any of your debt covenants or loan agreements, or do you anticipate any such breach occurring within the next 12 months? Yes No
 4. Have you changed your outside auditors in the last 3 years? *If yes, please provide details. Yes No
 5. Has an auditor issued a 'going concern' opinion for you or your subsidiaries' financial reports over the past 3 years? *If yes, please provide details. Yes No
 6. If you hold a charitable status, has the status ever been revoked or been subject to review? If yes, please provide details. * Yes No
 7. Have you within the last 3 years been the subject of any inquiries, complaints, notices, or hearings by any federal, provincial, or territorial regulatory authority? Yes No

Section 3: Abuse Prevention and Protocols

1. Do you work with minors or the developmentally delayed? Yes No
 2. Do you have overnight or one-on-one exposure with minors or the developmentally delayed? Yes No

*Please provide further details in the space provided under the Additional Information Section.

- 3. Do you have a formal written policy that prohibits abuse and sexual misconduct? Yes No
- 4. Do you have a formal complaints procedure for clients and employees to report abuse? Yes No
- 5. Do you conduct abuse prevention and awareness training for children and/or at-risk persons? Yes No
- 6. Have clients or employees made any allegations against any person associated with your organization in the past 5 years? If yes, please provide additional details. * Yes No

Section 4: Commercial General Liability

- 1. Please provide the number of employees:
- 2. Are all your employees covered by Provincial Workers' Compensation Plans? Yes No
- 3. Do your employees and/or volunteers drive their own vehicles on your business? Yes No
- 4. If yes to 3., do they report this activity to their automobile insurer? Yes No
- 5. If yes to 3., are they required to carry a minimum of \$1m Automobile Third Party Liability on their policy? Yes No
- 6. If yes to 3., do you require them to provide proof of their automobile insurance? Yes No
- 7. Do you conduct employment reference checks on all employees and independent contractors? Yes No
- 8. Do you conduct criminal background checks on all employees and volunteers? Yes No
- 9. Do you provide written warnings to employees to create a record of performance issues? Yes No
- 10. Do you consult a lawyer prior to dismissing any employee? Yes No
- 11. Do you have a current copy of the Employment Standards Act accessible for staff? Yes No

Section 5: Errors and Omissions

- 1. Do you assume liability for the independent contractors and/or sub-contractors through their contracts? Yes No
- 2. Do you require all independent contractors and/or sub-contractors to carry their own professional liability? Yes No
- 3. Is the organization a licensing body for its members? Yes No
- 4. Does the organization take any disciplinary action or recommend disciplinary action as a result of peer review or standard-setting activities? Yes No
- 5. Do you promote, sponsor or provide any form of insurance to members or non-members? Yes No

Section 6: Claims History and Past Activities

- 1. Have you ever had a claim or notice of claim against your organisation's insurance policies? If yes, please provide details including date of loss, amount paid or held in reserve, and description of allegation. * Yes No
- 2. Have there been any civil, criminal, administrative, or arbitration proceedings initiated within the last five years, or are there presently pending proceedings? This encompasses any actions brought before provincial or federal human rights commissions or tribunals, including the Equal Employment Opportunity Commission, against the organization, its Subsidiaries, or any individual proposed for insurance, acting in capacities such as Director, Officer, Trustee, employee, volunteer, or staff member of the organization or its Subsidiaries. If yes, please provide details. * Yes No

Section 7: Prior Knowledge

Are you aware of any incidents or circumstances that could potentially give rise to a claim? *If yes, please provide details. Yes No

Without limitation or any other remedy available to the insurers, the applied for insurance will not afford coverage to any claims which any insured has knowledge nor any claims resulting from any facts or circumstances of which any insured has knowledge.

Section 8: Prior Insurance

Have you ever been declined coverage, cancelled or non-renewed for insurance requested in this application? Yes No

Please provide details of your expiring insurance policy:

Coverage	Insurer	Limit	Aggregate	Deductible	Retroactive Date	Premium
General Liability						
Directors' & Officers'						
Employment Practices						
Errors & Omissions						

*Please provide further details in the space provided under the Additional Information Section.

Section 9: Requested Insurance Coverage

Coverage	Limit	Aggregate	Deductible	Retroactive Date
General Liability				
Directors' & Officers'				
Employment Practices				
Errors & Omissions				

Confirm coverage has been in place continuously from Retroactive Dates requested? Yes No

Privacy Policy

By signing this form, you are consenting to the collection, use, disclosure, and retention of your personal information for the purposes of underwriting and rating, policy issuance, processing and remitting premium, reporting claims, complying with applicable laws and governing bodies, reporting and monitoring results and fraud and criminal prevention. Please see www.signalunderwriting.com/privacy-statement for our External Privacy Policy.

Declarations

I/We, the undersigned, do declare and warrant that all statements and responses provided in this application and the attached addenda are to the best of my/our knowledge are true. Further, I/we warrant that no information has been withheld, suppressed or misstated any material facts that the underwriters may come to rely upon. I/We will notify the underwriters as soon as practicable if anything material is to change. I/We hereby agree and accept that this Declaration shall be the basis of such contract and will form part of the policy. Signing this application does not bind the underwriters or insurers to complete the insurance, nor does it bind the me/us to purchase the quoted coverage.

For British Columbia residents: SIGNAL Underwriting Inc. operates as SIGNAL Underwriting Services in British Columbia.

For Quebec and New Brunswick residents: Signing this Declaration confirms your request that all documentation and correspondence pertaining to the insurance coverage be in the English language.

Name (please print)	Title	Date

Signature

Additional Information Section

Please use this space to provide any additional information from the questions above, from the addenda or anything you feel is material to your operations:

*Please provide further details in the space provided under the Additional Information Section.

Special Events and Fundraising Activities Addendum

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

1. Please indicate your fundraising methods:

<input type="radio"/> Advertisements	<input type="radio"/> Print	<input type="radio"/> Radio	<input type="radio"/> TV Commercials
<input type="radio"/> Auctions	<input type="radio"/> Collection Plate	<input type="radio"/> Boxes	<input type="radio"/> Door-to-Door Solicitation
<input type="radio"/> Draws/ Lotteries	<input type="radio"/> Cause-related marketing	<input type="radio"/> Fundraising Dinners	<input type="radio"/> Galas
<input type="radio"/> Concerts	<input type="radio"/> Sales	<input type="radio"/> Internet	<input type="radio"/> Sponsorships
<input type="radio"/> Mail Campaigns	<input type="radio"/> Planned Giving Programs	<input type="radio"/> Targeted Corporate Donations	<input type="radio"/> Targeted Contacts
<input type="radio"/> Telephone	<input type="radio"/> TV Solicitations	<input type="radio"/> Tournament	<input type="radio"/> Sporting Events
<input type="radio"/> Other, please describe:			

2. How many events do you have per year? _____

3. Do you serve food at any of these events? Yes No

4. Will any alcohol be served/consumed at the event? Yes No

5. If yes to 4, who takes out the liquor licence? _____

6. Please provide the maximum number of attendees/guests per day at any one event: _____

7. Please indicate your estimated gross revenues (per event): _____

8. Do you pay external fundraisers? Yes No

9. If yes to 10., what percentage do you pay them? _____ %

10. Who provides event security? Insured venue hired security, on/off duty officers, or others – please specify. _____

11. Will any of the following be present/involved in your event:

<input type="radio"/> Fireworks	<input type="radio"/> Special Effects	<input type="radio"/> Petting Zoo	<input type="radio"/> Animals
<input type="radio"/> Inflatable Bouncy Jumping Castle	<input type="radio"/> Contact Sports	<input type="radio"/> Parades	<input type="radio"/> Rodeos
<input type="radio"/> Overnight Camping Or Accommodation	<input type="radio"/> Temporary Structures (E.G., Grandstands, Bleachers, Stages)	<input type="radio"/> Boating	<input type="radio"/> Recreational Vehicles
<input type="radio"/> Other, please describe:			

*Please provide further details in the space provided under the Additional Information Section.

Section 1: Location Details

1. Please provide the following information for all of your locations:

#	Address	City	Prov.	PO Code	Building Value	Tenant Improvements	Contents	Equipment	Business Interruption	Rental Income
1										
2										
3										
4										
5										

#	Exterior Walls	Roof	Floor	Year Built	Sq Ft	# of Stories	% Sprinklered	Monitored Alarm	Fire Hydrant within 500ft	Fire Hall within 5kms	Fire Hall FT/ Volunteer?	Pressure Vessel >24in diameter
1												
2												
3												
4												
5												
*	Please specify if others have been selected	Please specify if others have been selected	Please specify if others have been selected									

#	If older than 25 years, please provide year and type of upgrade	Wiring		Plumbing		Heating		Roof	
		Year	Type	Year	Type	Year	Type	Year	Type
1									
2									
3									
4									
5									

* Please provide further details in the space provided under the Additional Information Section.

Section 2: Crime Coverage

1. Please provide the number of employees that have access to cash, cheques, and/or securities as part of their employment:
2. Do you require countersignatures on all cheques? Yes No
3. Are all cheques pre-numbered, accounted for and kept locked up? Yes No
4. Are all bank accounts reconciled by someone who is not authorized to deposit or withdraw funds? Yes No
5. Do you have an outside agent conduct an annual audit? Yes No
6. What is the maximum amount of cash on the premises?
7. Do you have a safe? Yes No
8. If Yes to 7., is it a Class 1 safe (which is made of iron/steel and has a combination lock)? Yes No
9. If Yes to 7., is it a Class 2 safe (TL-15 UL label on the frame or door of the safe)? Yes No
10. If Yes to 7., is the safe bolted to the ground? Yes No

Section 3: Claims History

1. Have you ever had a claim against your organisation’s insurance policies? If Yes, please provide details including date of loss, amount paid or held in reserve, and description of the loss.* Yes No
2. Are you aware of any incidents or circumstances that could potentially give rise to a claim? If Yes, please provide details.* Yes No

Section 4: Prior Insurance

1. Have you ever been declined coverage, cancelled or non-renewed for insurance requested in this application? Yes No
2. Please provide details of your expiring insurance policy: Yes No

Coverage	Insurer	Limit	Deductible	Premium
Property				
Equipment Breakdown				
Crime				

Section 5: Requested Insurance Coverage

1. Please indicated what coverage limit and deductible are requested:

Coverage	Limit	Deductible
Property		
Equipment Breakdown		
Crime		

Privacy Policy

By signing this form, you are consenting to the collection, use, disclosure, and retention of your personal information for the purposes of underwriting and rating, policy issuance, processing and remitting premium, reporting claims, complying with applicable laws and governing bodies, reporting and monitoring results and fraud and criminal prevention. Please see www.signalunderwriting.com/privacy-statement for our External Privacy Policy.

* Please provide further details in the space provided under the Additional Information Section.