

Canadian Association Plan (CAP)

Insurance Program for Non-Profit Organizations

RENEWAL APPLICATION FOR PROPERTY, CRIME & CASUALTY COVERAGE

Please complete all sections – if no answer available, write 'not applicable' in space provided.
Where space provided is insufficient to fully answer, please attach additional sheet(s).

General Inquiries

1. Name of Applicant: _____ Policy No. _____ Expiry Date ____/____/____

2. Address of Main Office: _____
(street line 1)
_____ (street line 2)
_____ (city) _____ (province)
_____ (postal code)

3. Purpose of organization and nature of operations / services provided:

4. Does the organization occupy any locations or have any activities outside of Canada?
Yes No If yes, provide full details:

5. Has the organization moved to, or acquired, any location not previously reported?
Yes No If yes, provide full details:

Commercial Property

6. Has the organization purchased or acquired property or otherwise increased its physical assets such that changes to insured limits are required?
Yes No If yes, provide full details and provide total limit required below:

Buildings: \$ _____ Contents: \$ _____ Portable Computers: \$ _____

Crime & Fidelity

7. Has the organization increased or decreased its number of part-time or full-time employees?

Yes No If yes, provide full details and provide total limit required below:

8. Are all incoming cheques immediately endorsed for deposit? Yes No

9. Are bank accounts reconciled by someone other than whom does deposits? Yes No

10. Is a counter-signature required on all cheques? Yes No

11. How many employees gave access to or handle money & securities? _____

12. Has the organization changed its operations in any manner that affects monetary levels or otherwise increased its risk exposure such that changes to insured limits are required?

Yes No If yes, provide full details and provide total limit required below:

Inside/Outside: \$ _____ Employee Dishonesty: \$ _____

General Liability

13. Does the organization employ or operate aircraft or watercraft?

Yes No If yes, provide full details:

14. Does the organization operate a retail outlet, restaurant or similar premise?

Yes No If yes, provide full details:

15. Does the organization promote, organize or sponsor events or functions where alcohol is served other than that which would be incidental such as a meeting at a licensed restaurant?

Yes No If yes, provide full details:

16. Does the organization promote, organize or sponsor any sporting, recreational or entertainment event or own, control or provide facilities for such?

Yes No If yes, provide full details:

17. Does the organization promote, organize or sponsor any function or event that would involve the use of fireworks or any other inherently dangerous or hazardous material?

Yes No If yes, provide full details:

18. Does the organizations activities involve any work or services (eg. Snow shoveling, maintenance or repairs, etc.) for others, whether paid or not?

Yes No If yes, provide full details:

19. Does the organization sell or otherwise distribute any goods (including foods – eg. cookies , etc.) whether such goods are produced by others or not?

Yes No If yes, provide full details:

20. Has the organization changed its operations in any manner, engaged in contracts or otherwise affected its risk exposure for which changes to insured limits are required?

Yes No If yes, provide full details and provide total limits required below:

Commercial General: \$_____ Tenant’s Legal: \$_____

Non-Owned Automobile: \$_____ Employee Benefits: \$_____

DECLARATION

The undersigned declares that all statements made in this application and the information contained in documents submitted with it are true. Signing of this document does not bind the applicant or the insurance company to engage in an insurance contract, but it is agreed that this application shall be the basis of the contract should an insurance policy be subsequently issued.

Signature

Title or Position

Date

**MUST BE SIGNED BY THE
PRESIDENT OR CHAIRMAN OF THE
BOARD OR EXECUTIVE DIRECTOR**