

# Canadian Association Program

## Insurance Program for Non-Profit Organizations

### NEW BUSINESS 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 Information

1. Name of Applicant: \_\_\_\_\_ Incorporation Number \_\_\_\_\_ Date Established \_\_\_\_/\_\_\_\_/\_\_\_\_

2. Contact Name: \_\_\_\_\_ E-Mail \_\_\_\_\_ Web Site \_\_\_\_\_

3. Address of Main Office: \_\_\_\_\_  
(street line 1)  
\_\_\_\_\_ (city) \_\_\_\_\_ (province)  
\_\_\_\_\_ (postal code)

4. Purpose of organization and nature of operations / services provided:  
\_\_\_\_\_

5. Does the organization own or occupy any locations or have any activities outside of Canada?

Yes  No If yes, provide full details:

\_\_\_\_\_

6. Has any similar insurance on behalf of the organization been declined, cancelled or non-renewed?

Yes  No If yes, provide full details:

\_\_\_\_\_

#### Insurance History

Current P&C Insurer: \_\_\_\_\_ Policy #: \_\_\_\_\_ Expiry: \_\_\_\_/\_\_\_\_/\_\_\_\_

Claims Details: \_\_\_\_\_  
 none \_\_\_\_\_



## Property Supplements

1. Any additions or increases to the extensions as follows required?  Yes  No

If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Limits shown as "\*" share an per claim aggregate of \$100,000

Accounts Receivable		*
Arson Reward		*
Building Bylaws (increase in construction costs)		*
Debris Removal		*
Expediting Expense		*
Exterior Signs (includes street clocks, communication systems)		*
Extra Expense		\$10,000
Fine Arts		\$10,000
Fire Department Service Charges		*
Fire Extinguishing Systems Recharge		*
Glass		*
Inflation Protection		*
Land & Water Pollution Clean Up		\$10,000
Master Key		*
Newly Acquired Location (building & contents – 30 day reporting)		*
Off Premises (including transit subject to locked vehicle warranty)		\$10,000
Personal Property of Officers & Employees	Aggregate	\$25,000
	Each	\$1,000
Professional Fees		*
Valuable Papers		*

## Crime & Fidelity

1. Are all incoming cheques immediately endorsed for deposit?  Yes  No
2. Are bank accounts reconciled by someone other than whom does deposits?  Yes  No
3. Is a counter-signature required on all cheques?  Yes  No
4. How many employees have access to or handle money & securities? \_\_\_\_\_
5. Are references checked for all employees? \_\_\_\_\_
6. What is the maximum amount of cash left on the premises overnight? \$\_\_\_\_\_
- If greater than \$250 is a minimum Class II – ULC certified safe used?  Yes  No
7. What coverage limits are required?

Employee Dishonesty: \$\_\_\_\_\_ Loss Inside/Outside: \$\_\_\_\_\_

## General Liability

1. Does the organization own any properties?

Yes       No      If yes, provide full details:

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

Yes       No      If yes, provide full details:

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

Yes       No      If yes, provide full details:

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4. 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:

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

Yes       No      If yes, provide full details:

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6. 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:

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7. 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:

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8. 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:

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9. Will volunteers use their personal vehicles for purposes on behalf of the organization?

Yes             No            If yes, provide full details:

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10. Does property of others enter into the care, custody or control of the organization, even if only temporarily?

Yes             No            If yes, provide full details:

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11. What coverage items and limits are required?

Commercial General:    \$\_\_\_\_\_

Non-Owned Automobile: \$\_\_\_\_\_

Tenant's Legal:            \$\_\_\_\_\_

Employee Benefits:        \$\_\_\_\_\_

Other:                        \$\_\_\_\_\_            Describe: \_\_\_\_\_

**DECLARATION**

**The undersigned declares that all statements made in this application and the information contained in documents submitted within 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**