

Family Resource Centre Application

THIS APPLICATION SHALL FORM PART OF ANY POLICY WHICH MAY BE ISSUED BY ROYAL & SUNALLIANCE INSURANCE COMPANY OF CANADA TO THE PROPOSED APPLICANT.

1. GENERAL INFORMATION

| | | | |
|--|--|--|----------|
| Name of Insured Organization: | | Date & Jurisdiction of Incorporation | |
| Street Address of main office: | | City | Province |
| Postal Code | | | |
| Locations of Branch Offices | | | |
| Does the proposed Insured Organization have a Website? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If "Yes", please provide the Web address | |

2. OPERATIONS

A. Please indicate the services offered by your centre (attach brochures and promotional literature):

| | | | |
|---|--|--|--|
| <input type="checkbox"/> support group for parents | <input type="checkbox"/> prenatal programs | <input type="checkbox"/> well baby program | <input type="checkbox"/> playgroups |
| <input type="checkbox"/> drop-in programs | <input type="checkbox"/> toy lending | <input type="checkbox"/> literacy program | <input type="checkbox"/> life skill courses |
| <input type="checkbox"/> non-crisis telephone support | <input type="checkbox"/> crisis intervention | <input type="checkbox"/> professional & peer counseling | <input type="checkbox"/> health-related information |
| <input type="checkbox"/> community kitchen programs | <input type="checkbox"/> support group for family violence victims | <input type="checkbox"/> abuse, drug or alcohol counseling | <input type="checkbox"/> employment counseling or training courses |

baby equipment lending - if baby equipment is lent out, please include an inventory list

daycare - if daycare services are offered, please complete SEPARATE day care centres questionnaire

Please indicate all other services provided that are not listed above including all camps (i.e. Summer, Christmas, March Break):

B. Please list all activities over the course of the year that are held away from your premises (include type of activity, trips planned and whether a full or half day activity):

C. Please indicate your gross annual fees, income or funding:
 For the past year: \$ _____ And anticipated for next year: \$ _____

D. Do you require countersignatures on cheques? Yes No If "no", please explain.

3. REQUESTED COVERAGE

| Please indicate what insurance products are requested: | Requested Limit of Liability | Requested Deductible |
|---|------------------------------|----------------------|
| <input type="checkbox"/> Commercial General Liability | _____ | _____ |
| <input type="checkbox"/> Directors and Officers Liability Insurance | _____ | _____ |
| <input type="checkbox"/> Professional Liability Insurance (E&O) | _____ | _____ |
| <input type="checkbox"/> Crime – Form A bond | _____ | _____ |
| <input type="checkbox"/> Non-Owned Automobile Insurance | _____ | _____ |

If you have more than one location please attach an addendum for each of the following requested coverages per location:

| | | |
|---|-------|-------|
| <input type="checkbox"/> Property – Building | _____ | _____ |
| <input type="checkbox"/> Property - Contents | _____ | _____ |
| <input type="checkbox"/> Property – Laptop Computers and Portable Equipment** | _____ | _____ |

** on a separate sheet please provide the following information: make; year; model; serial # and value for each

4. LOCATION DETAILS

(if you have more than one location, please attach an addendum including all of the following requested information for each location)

A. Age of Building: _____; if over 20 years, please advise of any upgrades to the following:
 Electrical: _____ Heating: _____ Plumbing: _____ Roof: _____

B. Square footage of Location: _____

C. Construction Details: Walls: frame or brick veneer or steel or concrete **Roof:** wood or concrete or steel

D. Alarm Details: Fire Alarm: Yes No Burglary Alarm Yes No Dedicated Line Yes No
 Complete or Perimeter Who monitors the Alarm? _____

- E. Are the premises within 1000 feet of a fire hydrant? Yes No
- F. Are the premises fire hall protected? Yes No If "Yes", within how many kilometers to the fire hall? _____
Please indicate: municipal or volunteer
- G. Hours of operation: _____
- H. Provide name and full mailing address for all outreach / satellite locations (indicate whether a full time or part time location):

5. NON-OWNED AUTOMOBILE INSURANCE

- A. Do any of your officers, employees or directors regularly use their own automobiles in the course of employment Yes No
If "Yes", describe the type(s) of vehicles, the number of each type and the nature of their business use

- B. State the number of all partners, officers and employees not described above _____
- C. Do you rent, lease or hire any automobiles from others? Yes No
If "Yes" with drivers or without drivers
- D. Are any automobiles hired or leased long term (periods exceeding 30 days) Yes No
Any Policy issued by Royal & SunAlliance will not provide coverage for long term leased vehicles. If necessary you should arrange appropriate insurance under and Owner's Policy Form SPF No.1.

Please complete the following information for Short Term Rentals (30 days or less)

| Type of Vehicle | Estimated Cost of Hire | Use of Vehicle |
|---|------------------------|----------------|
| Private Passenger | \$ | |
| Commercial up to 4.5 Tonnes GVW | \$ | |
| Commercial over 4.5 Tonnes GVW _____ radius of operation _____ body style | \$ | |
| Other: (Describe): _____ | \$ | |

- E. Are Non-Owned Commercial Autos operated beyond 100 miles/160 km radius Yes No
- F. Do Non-Owned automobiles operate into the USA? Yes No
If "Yes" for D or E above, please provide details (example, destinations, maximum distance & frequency)

- G. **If SEF 94 Legal Liability for Damage to Non-Owned Automobiles** is required, indicate coverages required. The Deductible will be \$500. Show type and maximum value of automobiles rented.

- H. **SEF 96 Contractual Liability (if required)** Please attach copies of contracts to be included
- I. Does the applicant require employees, agents and contractors etc. to carry a specific minimum limit of insurance? Yes No
If "Yes", what is the limit? \$ _____

6. PROFESSIONAL LIABILITY & ASSOCIATION LIABILITY

- A. Please provide the following information for any person performing the professional services mentioned in question 2A, including contract employees:

| Full Name | Duties/Titles | Education | Years exp. |
|-----------|---------------|-----------|------------|
| | | | |
| | | | |
| | | | |
| | | | |

Please provide a copy of each professional's résumé (if this is a renewal, only provide résumés for new staff)

- B. Has the applicant or any of its employees ever been investigated by, or suspended from practice by, any body governing the practice of this profession or any other body e.g. a court? If "Yes", please provide details: Yes No
- C. Does the proposed Insured Organization control any for-profit entity? Yes No
- D. Does another entity own or control the proposed Insured Organization? Yes No
- E. Does the proposed Insured Organization have any operations outside Canada? Yes No
- If yes to B, C, D or E above, please attach details including the structure outline, description of the operations, ownership and tax status of each entity.

F. EMPLOYMENT INFORMATION

| Employment Breakdown | This Year | Previous Year |
|----------------------|-----------|---------------|
| Full-time | | |
| Part-time | | |
| Volunteers | | |

- a) Has the proposed Insured Organization had a reduction in workforce in the last 12 months or is one planned for the next 12 months? Yes No
- If yes, please attach details including the number of individuals involved and position (management or staff), amount of notice given and whether any express written contracts were in effect for any of the individuals involved.
- b) Does the proposed Insured Organization have a separate Human Resources Department? Yes No
- c) Does the proposed Insured Organization have written policies and procedures in place regarding:
- 1) hiring and firing employees? Yes No
 - 2) sexual harassment? Yes No
 - 3) internal grievance procedures for (1) and (2)? Yes No
 - 4) Equal Opportunity Employment? Yes No
- d) Does the proposed Insured Organization conduct annual performance evaluations for all employees in writing? Yes No
- e) Does the Human Resources Department or legal counsel conduct a pre-termination review of the personnel file? Yes No

G. INSURANCE COVERAGE:

- a) Have you ever previously purchased directors and officers liability, errors and omissions or professional liability insurance? Yes No
- b) If "Yes", please provide the following details for the last 2 years:

| Insurer | Period | Coverage | Limit | Deductible | Premium |
|---------|--------|----------|-------|------------|---------|
| | | | | | |
| | | | | | |
| | | | | | |

- c) Please indicate the type of errors and omissions or professional liability insurance carried: Claims made Occurrence
- d) If "Claims made", what was the retroactive date of the expiring policy?
- e) Has there been any interruption in this coverage? Yes No
- f) If "Yes", please explain: _____
- g) Has insurance coverage ever been declined, cancelled or refused during the past five years? Yes No
- If "Yes", please provide details: _____

G. WARRANTY INFORMATION

- a) No person proposed for coverage is aware of any facts or circumstances 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 as follows: **(If you are renewing your policy with Royal & SunAlliance, do not complete this section.)**
- _____
- _____

If they have no such knowledge or information, check here:

IT IS AGREED THAT IF SUCH FACTS OR CIRCUMSTANCES EXIST, WHETHER OR NOT DISCLOSED, ANY CLAIM ARISING FROM OR RELATED TO SUCH FACTS OR CIRCUMSTANCES IS EXCLUDED FROM THIS PROPOSED COVERAGE.

7. LOSS HISTORY

In the past five (5) years, in respect of any insurance coverage being offered pursuant to this application, has the Applicant or any of its partners, principals or employees had any claim made against them or are they aware of any facts, circumstances or allegations which may give rise to a claim, in either case regardless of whether an insurance policy covered such claim? Yes No

If yes, please provide details:

It is agreed that if such facts or circumstances exist, whether or not disclosed, any claim arising from or related to such facts or circumstances is excluded from this proposed coverage.

8. ADDITIONAL INFORMATION

Please attach to the application:

- Promotional literature / Brochures / Monthly Activity Calanders`
- The most recently completed financial statements
- Detailed résumés for all Principals, Partners and professionals who perform the professional services. This should include educational qualifications and professional experience.
- Auto information as required

9. DECLARATIONS AND SIGNATURE

The undersigned declares that he/she is duly authorized by the proposed Insureds to complete and sign this application on their behalf and that the statements set forth herein are true and complete.

The undersigned agrees that:

- the signing of this application does not bind the undersigned, the proposed Insureds or Royal & Sun Alliance Insurance Company of Canada to effect insurance;
- this application and all additional information provided herewith shall be the basis of the contract, should a policy be issued, and shall be deemed to be attached to and shall form part of the policy;
- if there is any change to the information supplied on this application between the date of this application and the effective date of the policy, notification will be sent in writing to Royal & Sun Alliance Insurance Company of Canada, and any outstanding quotation may be modified or withdrawn; and
- Royal & Sun Alliance Insurance Company of Canada is hereby authorized to make any investigation and inquiry in connection with this application that it deems necessary.

ANY PERSON, WHO KNOWINGLY OR WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING THE INSURER, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUD, WHICH IS A CRIME.

Date: _____

* Signed: _____

Corporation: _____

Name & Title (please print): _____

***Please Note: The application must be signed by a Principal, Partner or Executive Officer**

A POLICY CANNOT BE ISSUED UNLESS THIS APPLICATION IS PROPERLY SIGNED AND DATED

Please complete and return to: Lorraine Dinelle

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