



**THE NON PROFIT ASSOCIATIONS OFFICE PROGRAM  
APPLICATION FOR COMMERCIAL INSURANCE**



Full Name of Association \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

Risk Location, if different from above \_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

Contact Person \_\_\_\_\_ Tel # \_\_\_\_\_ Fax # \_\_\_\_\_

Effective Date \_\_\_\_\_ Email \_\_\_\_\_

Please provide a complete description of your Association's operations:

\_\_\_\_\_  
\_\_\_\_\_

Only the Association named above will be covered by the insurance.  
Please complete the following for each chapter.

Interest of Property, *please circle* Owner/Occupant or Tenant

**BUILDING DETAILS-If other updates or renovations have been done, please provide full details on another sheet.**

Year Built \_\_\_\_\_

If building is over 30 years, has it been fully gutted or renovated in the last 10 years? Y / N

If 'Yes', please provide the date of the updates for the following:

Plumbing \_\_\_\_\_ Wiring \_\_\_\_\_ Roofing \_\_\_\_\_ Heating \_\_\_\_\_

	Y	N	Details
Is the building in a strip mall?			
Is this an enclosed Mall?			
Is this a Stand Alone Building?			
Are you the sole occupant ?			
Square Ft you occupy?			
No. of stories?			
No. of units?			
Years in present Location?			
Years in business?			
Is the building sprinklered?			
Hydrant Protected?			
Distance to Hydrant?			
Distance to nearest Fire Hall?			
Smoke Detectors?			
Heat Detectors?			



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Do you have an Approved ULC Central Station Fire Alarm System? Y / N

If 'Yes', please provide name of monitoring company \_\_\_\_\_

Do you have an Approved ULC Central Station Burglar Alarm System? Y / N

If 'Yes', please provide name of monitoring company \_\_\_\_\_

Describe any Physical Barriers to Entry, ie Doors, Locks, Bars, etc.

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Name and address of Mortgagees/Lienholders:

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Construction details, *please check one of the following:*

<b>Fire Resistive</b> <i>Reinforced Concrete with Concrete Roof</i>
<b>Non Combustible</b> <i>Masonry Walls with Steel Deck Roof</i>
<b>Masonry</b> <i>Solid Brick or Concrete Block with wood joist roof or floor</i>
<b>Wood Frame, Brick Veneer, Aluminum Siding over frame with wood joist roof or floor</b>

**COVERAGE**

**Property**

	As per Program	Limit Required
<b>Building</b>		
<b>EDP - Equipment, Data and Media</b>	\$25,000	
<b>Office Contents</b>		
<b>Laptop(s)</b> <i>Please provide Make, Model and Serial # on a separate sheet</i>		

**Business Interruption**

	As per Program	or Higher Limit Required
<b>Extra Expense</b>	\$50,000	



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**Commercial General Liability**

A \$2,000,000 Limit is included in this program  
Please circle/note if a higher limit is required:

\$3,000,000    \$4,000,000    \$5,000,000    Other \_\_\_\_\_

Does the association hold general meetings (not fundraising related meetings) where the number of attendees will exceed 100? Y / N    If 'Yes', how many meetings over the next 12 months? \_\_\_\_\_

Please indicate the how many of the following events the association will hold/sponsor in the next 12 months:

	# Annually	Details
Golf tournaments		
Banquet / Dinners, <i>not including Golf tournaments</i>		
Conferences <i>with up to 300 participants</i>		
Other events, <i>where the number of participants will not exceed 250</i> Please provide type of event and frequency		
Are any of the fundraising events held outside of Canada? Y / N • If 'Yes', name the event and list the location		

Does the association expect to hold/sponsor any major fundraising events/conferences where the number of attendees present will exceed 300? Y / N    If 'Yes', please provide the following details:

Type of event	
Duration	
Location	
Expected number of attendees	
Will Liquor be served?	
Who is serving the Liquor?	
Estimated gross revenues for the event	

**Comprehensive Crime**

Employee Dishonesty, Form A - \$10,000	or Higher Limit Required
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**LOSS HISTORY**

Existing Insurance Company, if any \_\_\_\_\_

Existing Policy # \_\_\_\_\_ Expiry Date \_\_\_\_\_ Expiring Premium \_\_\_\_\_

Have you ever had Insurance cancelled or declined? Y / N

If 'Yes', please advise by which Insurance company, when and for what reason?

\_\_\_\_\_  
\_\_\_\_\_

**FIVE YEAR LOSS HISTORY**

DATE(DD/MM/YY)	TYPE	AMOUNT PAID	AMOUNT O/S	DETAILS

**SIGNING THIS APPLICATION FORM DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE APPLIED FOR HEREIN, THE INFORMATION PROVIDED ON THIS APPLICATION IS THE BASIS ON WHICH THE QUOTATION WILL BE CALCULATED.**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**