



**THE NON PROFIT ASSOCIATION PROGRAM
NEW BUSINESS APPLICATION FOR PROPERTY & COMMERCIAL GENERAL LIABILITY**

Full Name of Association _____

Mailing Address _____

_____ Postal Code _____

Risk Location, if different from above _____

_____ Postal Code _____

Contact Person _____ Tel # _____ Fax # _____

Email _____ Website _____

EFFECTIVE DATE: _____ to _____

Does your organization have any involvement with children or elderly people? Yes / No

Have allegations of abuse been made against you, your employees, volunteers or any other person associated with your organization during the past 10 years. Yes / No
If 'yes', please provide full details under the *Loss History* section on page 2.

PROPERTY: ****Note: Only the Association named above will be covered by the insurance.
Please also complete the following for each chapter.**

Interest of Property: Owner/Occupant _____ Tenant _____ Sole occupant: Yes ___ No ___

Building Details: Year Built _____, If building is over 30 years, has it been fully gutted or renovated in the last 10 years: Yes ___ No __, If yes, please provide dates of updates for the following:

Plumbing: _____ Wiring: _____ Roofing: _____ Furnace: _____ Heating: _____

If other updates or renovations have been done, please provide full details: _____

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

Do you have an **Approved ULC Central Station Fire &/or Burglar Alarm System?** Y N, if yes please provide name of monitoring company: _____

Name and address of Mortgagees/Leinholders: _____

Construction details, please check one of the following:

- Fire Resistive (Reinforced Concrete with Concrete Roof) or
- Non-Combustible (Masonry Walls with Steel Deck Roof)
- Masonry (Solid Brick or Concrete Block) with wood joist roof or floor
- Wood Frame, Brick Veneer, Aluminum Siding over frame with wood joist roof or floor



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LAND: Yes / No If yes, Number of Acres: _____ **TRAILS:** Yes / No If yes, Number of Kms: _____

EQUIPMENT: Yes / No If yes, ITEM(s) & VALUE: _____

(Attach a complete list to application if required)

REQUIRED LIMITS:

Property: Building Value (if Applicable): _____	Contents Limits: _____
EDP Equipment, Data and Media: _____	Lap Top: _____
Business Interruption: Extra Expense: _____	Valuable Papers: _____
(*If applicable)	
Commercial General Liability: \$2,000,000. Limit included in Program	
If you require higher limits, please specify:	
___ \$3,000,000. Limit	___ \$4,000,000. Limit
___ \$5,000,000. Limit	___ Other: _____
Comprehensive Crime: Employee Dishonesty – Form A - \$10,000. _____	
Directors & Officers' Liability Required: ___ Yes ___ NO	
If D&O Liability is required, please complete the Directors' & Officers' Liability application.	

LIABILITY: Events / Meetings / Conferences

- Does the association hold general meetings (not fundraising related meetings) where the number of attendees will exceed 100? Yes / No If yes, how many meetings over the next 12 months?
- Please indicate how many of the following fundraising events the association will hold/sponsor in the next 12 months?
 - Golf tournaments _____
 - Banquets/Dinners, not including golf tournaments _____
 - Conferences, with up to 300 participants _____
 - Will there be any overnight camping? Yes / No
 - Other events where the number of participants will not exceed 300.
Please provide type of event and frequency. _____
 - Are any of the fundraising events held outside of Canada?
If 'yes', please 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? Yes / No If yes, please provide the following details:
 - Type of event _____
 - Length of event _____
 - Location(s) of event _____
 - Expected number of attendees _____
 - Will Liquor be served? Yes / No
 - Estimated gross revenues for the event _____



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LOSS HISTORY:

Existing Insurer, if any	Existing Policy #	Expiry Date	Expiring Premium

Have you ever had Insurance cancelled or declined? Yes / No
 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

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

SIGNATURE

DATE