

### SECTION 1: APPLICANT INFORMATION

1. Official / Legal Name of Organization: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_
4. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
5. Website Address: \_\_\_\_\_
6. Will you require an Additional Insured to be added to the policy? ☐ Yes ☐ No  
If "Yes", please provide name, mailing address and reason to be added: \_\_\_\_\_

### SECTION 2: INSURANCE INFORMATION

1. Policy period From: \_\_\_\_\_ To: \_\_\_\_\_
2. Are you aware of any incident which may result in a claim against you? ☐ Yes ☐ No  
If "Yes", please provide details: \_\_\_\_\_
3. 5 Year Loss History, please provide details below (attach additional page(s) if necessary): \_\_\_\_\_
4. Previous Carrier: \_\_\_\_\_ Renewal Offered? ☐ Yes ☐ No  
If "No", please explain in detail the reason for non-renewal: \_\_\_\_\_

### SECTION 3: UNDERWRITING INFORMATION

1. Please describe your complete description of operations: \_\_\_\_\_
2. Type of Camp: ☐ Band ☐ Art/Drama ☐ Sports ☐ Other \_\_\_\_\_  
If "Sports", please describe what type of sporting activities: \_\_\_\_\_
3. Years the organization has been operating: \_\_\_\_\_
4. Number of locations, complete address of and complete details of all activities:  
Camp: \_\_\_\_\_  
Concerts/Special Events: \_\_\_\_\_
5. Hours of operations: \_\_\_\_\_
6. Days of operations: \_\_\_\_\_

7. Do you have After School Programs? ☐ Yes ☐ No
8. Please describe supervision:
9. Are all special events supervised by the organization? ☐ Yes ☐ No
10. Are there police background checks done on all staff members?  
If "No", please explain. ☐ Yes ☐ No
11. Number of participants: Under 13 years: \_\_\_\_\_  
From 14 to 18 years: \_\_\_\_\_  
Over 19 years: \_\_\_\_\_  
Total Number of Participants: \_\_\_\_\_
12. Total number of: Volunteers \_\_\_\_\_  
Directors \_\_\_\_\_  
Teachers \_\_\_\_\_
13. Will there be any traveling or off site trips?  
If "Yes", please advise who will provide the transportation. ☐ Yes ☐ No
14. Will there be any travel outside of Canada? ☐ Yes ☐ No
15. Who is certified for first aid training?
16. Who will be administering first aid and/or medication?
17. Who will be providing food?
18. Will you be providing travel arrangements for the participants? ☐ Yes ☐ No
19. Will there be supervised/non supervised swimming? ☐ Yes ☐ No
20. Will participants be attending day camp or overnight camps?  
Please describe: ☐ Yes ☐ No

#### SECTION 4: ABUSE DEFENCE COST QUESTIONNAIRE

1. Please provide details in any previous abuse claims, including settlement amounts or reserves.
2. Are you aware, or been made aware, of any possible abuse claims that may arise over the next 12 months?
- Any pending abuse claims or possible pending claims known to the insured prior to the effective date of this policy are excluded

#### SECTION 5: PROPERTY UNDERWRITING INFORMATION

1. Building occupation: By Insured: \_\_\_\_\_ Others: \_\_\_\_\_
2. No. of years of ownership? \_\_\_\_\_
3. Wall Construction:
- |  |   |
|--|---|
| <input type="checkbox"/> Reinforced Concrete         | <input type="checkbox"/> Hollow Concrete Block  |
| <input type="checkbox"/> Solid Brick Masonry         | <input type="checkbox"/> Brick Veneer           |
| <input type="checkbox"/> Glass Panel – Metal Frame   | <input type="checkbox"/> Metal Clad-Steel Frame |
| <input type="checkbox"/> Metal/Vinyl/Clad Wood Frame | <input type="checkbox"/> Frame/Stucco           |

- ☐ Log, Rustic
4. Roof Construction: ☐ Concrete Joist ☐ Steel Deck  
☐ Wood Joist ☐ Heavy Timbers  
☐ Open Steel System, Corrugated metal, Steel Trusses  
☐ Open Wood, Corrugated Metal
5. Floor Construction: ☐ Reinforced Concrete (Fire Resistant) ☐ Wood (Combustible)  
☐ Concrete Pad (Non-Combustible)
6. Total Area of Building (including Basement): \_\_\_\_\_
7. Total Area Occupied by Insured: \_\_\_\_\_
8. No. of stories (excluding basement): \_\_\_\_\_
9. Basement? ☐ Yes ☐ No
10. Type of Heating: \_\_\_\_\_ Secondary Heating: \_\_\_\_\_
11. Year Built: \_\_\_\_\_
12. Type of Electrical System: ☐ Circuit Breakers ☐ Fuses
13. Updates of building (if over 35 years old) : ☐ Heating ☐ Wiring ☐ Roof ☐ Plumbing
14. Distance to Hydrant: \_\_\_\_\_ ☐ metres ☐ feet
15. Distance to Firehall: \_\_\_\_\_ ☐ kms ☐ miles
16. Sprinklered? ☐ Yes ☐ No
17. Fire Alarm: ☐ None ☐ Local ☐ Monitoring ☐ ULC Certified (attach certificate)
18. Burglar Alarm: ☐ None ☐ Local ☐ Monitoring ☐ ULC Certified (attach certificate)
19. Extent of Protection: ☐ Perimeter ☐ Area
20. Details of physical protection (locks on doors, bars or windows):
21. Safe? ☐ Yes ☐ No  
If "Yes", please describe:
22. Number of Employees Handling Money: \_\_\_\_\_
23. Maximum cash on premises: \$ \_\_\_\_\_

#### SECTION 6: COVERAGE REQUIRED

Coverage	Coverage Required?	Limit
Building	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Contents	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Property Frills Package	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Crime	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Employee Dishonesty	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Boiler & Machinery (Equipment Breakdown)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Commercial General Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> \$1,000,000

Coverage	Coverage Required?	Limit
		<input type="checkbox"/> \$2,000,000 <input type="checkbox"/> Other \$

#### SECTION 7: OTHER INFORMATION

1. Please provide any other information you feel would assist in the evaluation of your application:
2. Please forward a copy of waiver, registration form and injury report.

#### SECTION 8: DECLARATION

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to Cambrian Special Risks Insurance Limited until accepted by Cambrian Special Risks Insurance Limited but that the information contained herein shall be the basis of the contract should a policy be issued.

I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. I/We understand and agree that this application shall form part of any policy issued.

Applicant Name:

Applicant Signature:

Date:

BROKER CONTACT INFORMATION			
Agent Name:		Address:	
Broker Name:			
E-Mail:		City:	
Phone:		Province:	
Fax:		Postal Code:	