

RENEWAL APPLICATION FOR CHARITY PROTECT

This renewal application is an update to the full application for Charity Protect submitted previously to the insurer. Please provide the following information, and in addition itemize any changes to the full application. In the event of any new locations, or any amended coverages, please complete the relevant section of the full application.

- Please answer the following questions on behalf of your organization.
- The application must be signed and dated by an authorized officer of the organization.

GENERAL INFORMATION

Name of broker/producer						
Full legal name of the applicant						
Risk location address						
Address						
City		Province		Postal code		
Mailing address (if different from above)						
Address						
City		Province		Postal code		
Contact Name		Title				
Telephone		Email address				
Website address						
Has the organization's charitable status been revoked, suspended or annulled?					Y <input type="checkbox"/>	N <input type="checkbox"/>
If yes, please provide details						
During the past year has the applicant firm's name been changed or has any other business(es) been merged into or consolidated with the applicant firm?					Y <input type="checkbox"/>	N <input type="checkbox"/>
If yes, please provide details						

RISK INFORMATION

<i>PROPERTY</i>						
Please note any changes to the following in regards to update/replacement, etc.:	Roof:					
	Electrical:					
	Plumbing:					
	Heating:					
<i>LIABILITY</i>						
Have there been any changes in the applicant's operations?					Y <input type="checkbox"/>	N <input type="checkbox"/>
If yes, please provide details						
Are any of the facilities rented to third parties (e.g., weddings, parties, meetings)					Y <input type="checkbox"/>	N <input type="checkbox"/>
If yes, certificate (s) of liability insurance obtained?					Y <input type="checkbox"/>	N <input type="checkbox"/>

<i>FINANCIAL</i>		
Annual payroll (including benefits)		
Annual operating budget	Previous fiscal year (12 months)	\$
	Current fiscal year (12 months)	\$
LIMITS REQUESTED		
<i>PROPERTY</i>		
Location 1		
Building replacement cost (Including Tenant's Improvements)		\$
Contents replacement cost (equipment and stock)		\$
Business interruption		\$
<i>For multiple locations or structures, please complete the Additional Structures Addendum</i>		

The undersigned authorized officer of the organization declares that, to the best of his/her knowledge, the statements set forth herein are true. Signing of this application does not bind the insurer to offer, nor the applicant to accept insurance, but, it is agreed that this form shall be the basis of the contract should a policy be issued.

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this form) has been collected in accordance with applicable privacy legislation and this information shall only be used or shared by the insurer to assess, underwrite and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with regulatory or legal requirements.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Ecclesiastical Insurance Office plc's insurance business in Canada.

Signature of authorized officer	
Print name and title of officer signing application	
Date	

ADDITIONAL STRUCTURES ADDENDUM

#	Building Name, Occupancy Description	Address (if different than risk address)	Building, Replacement Cost Value	Contents, Replacement Cost Value
1			\$	\$
2			\$	\$
3			\$	\$
4			\$	\$
5			\$	\$
6			\$	\$
7			\$	\$
8			\$	\$
9			\$	\$
10			\$	\$