

# EDUCATION PROTECT INSURANCE PACKAGE APPLICATION

**This application is for the following lines of cover:** Property, Machinery & Equipment Breakdown, Crime, Commercial General Liability and Errors & Omissions insurance.

- Please answer the following questions on behalf of the organization.
- The application must be signed and dated by an authorized officer of the organization.
- If the space to answer any questions fully is insufficient, please attach a separate document.  
Please check box if separate document has been attached

## GENERAL INFORMATION

Name of broker/producer					
Full legal name of the applicant					
<b>Risk location address (attach schedule if multiple locations)</b>					
Address					
City		Province		Postal code	
<b>Mailing address (if different from above)</b>					
Address					
City		Province		Postal code	
Website					
Contact Name					
Title					
Telephone					
Email address					
<b>Name &amp; mailing address of mortgagee/loss payee</b>					
Name					
Address					
City		Province		Postal code	
Name of regulatory body which has regulatory authority over the applicant					
The applicant is classified as				Profit <input type="checkbox"/>	Non-profit <input type="checkbox"/>
Is the applicant a member of any trade association(s)?				Y <input type="checkbox"/>	N <input type="checkbox"/>
If yes, please specify					

## PREVIOUS INSURANCE AND CLAIMS INFORMATION

Current property insurer				Expiry date of policy	
Current liability insurer				Expiry date of policy	
Current professional liability insurer				Expiry date of policy	
Has any insurer cancelled or declined to renew an insurance policy for applicant in the past five (5) years?				Y <input type="checkbox"/>	N <input type="checkbox"/>
If yes, please provide details					
Please provide information for all claims in the last five (5) years, by coverage				If no claims, please check <input type="checkbox"/>	
Date of claim	Description				Amount Paid or Reserved
					\$
					\$
					\$
					\$
If available please provide current claims experience from existing insurer by line of coverage					

## RISK INFORMATION: PROPERTY (LOCATION 1)

For multiple locations or structures, please complete the Additional Structures Excel spreadsheet.  
Alternatively, please fill out the Additional Structures Addendum.  
Please provide a picture of each building.

Building construction (if mixed construction, please indicate percentage applicable to each type)									
Fire resistive (concrete wall, roof, floors)								%	
Masonry non-combustible (masonry walls, steel deck roof, concrete floors)								%	
Masonry (masonry walls, wood floors and roof)								%	
Steel on steel (non-combustible walls, roof and floors with non-combustible supports)								%	
Brick veneer (frame walls with brick veneer, wood floors/roof)								%	
Frame (walls, floors/ roof all of combustible materials)								%	
Year built									
Number of buildings (if more than one building, please provide diagram showing separation distances, in metres)									
Number of storeys									
Total area of building (all floors, including basement)								m <sup>2</sup>	
If the building was constructed over 25 years ago, have the following been upgraded or replaced?									
Roof	Y <input type="checkbox"/>	N <input type="checkbox"/>	If yes, year						
Electrical	Y <input type="checkbox"/>	N <input type="checkbox"/>	If yes, year						
Plumbing	Y <input type="checkbox"/>	N <input type="checkbox"/>	If yes, year						
Heating	Y <input type="checkbox"/>	N <input type="checkbox"/>	If yes, year						
Type of heating system					Steam <input type="checkbox"/>	Hot Water <input type="checkbox"/>	Forced Air <input type="checkbox"/>		
Fuel	Gas <input type="checkbox"/>	Electric <input type="checkbox"/>	Oil <input type="checkbox"/>	Wood <input type="checkbox"/>	Other <input type="checkbox"/> Please describe:				
Type of secondary heating, if any									
Municipal water supply?								Y <input type="checkbox"/>	N <input type="checkbox"/>
Number of fire hydrants within 150 metres									
Distance to fire hall								km	
Is the building protected by an automatic sprinkler system?								Y <input type="checkbox"/>	N <input type="checkbox"/>
If yes, extent of protection					100% <input type="checkbox"/>	Partial <input type="checkbox"/>			
If <i>partial</i> , please describe (e.g. common areas only)									
Does sprinkler system have monitored alarm protection?								Y <input type="checkbox"/>	N <input type="checkbox"/>
Is there a fire alarm system?								Y <input type="checkbox"/>	N <input type="checkbox"/>
If yes, is fire alarm monitored?								Y <input type="checkbox"/>	N <input type="checkbox"/>
Does facility have carbon monoxide detectors?								Y <input type="checkbox"/>	N <input type="checkbox"/>
Is the building protected by an intrusion alarm?								Y <input type="checkbox"/>	N <input type="checkbox"/>
If yes is the intrusion alarm monitored?								Y <input type="checkbox"/>	N <input type="checkbox"/>
Is there camera surveillance of the premises?								Y <input type="checkbox"/>	N <input type="checkbox"/>
Do you have a working sump pump in your building?								Y <input type="checkbox"/>	N <input type="checkbox"/>
If yes, does it have a backup battery / generator / other power source?								Y <input type="checkbox"/>	N <input type="checkbox"/>
Is it alarmed?								Y <input type="checkbox"/>	N <input type="checkbox"/>
Does your building have a backflow valve installed on the sanitary sewer line?								Y <input type="checkbox"/>	N <input type="checkbox"/>
Do you have water sensors installed in your building?								Y <input type="checkbox"/>	N <input type="checkbox"/>

If yes, how many? _____ Are the water sensors monitored?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Do the sensors automatically shut off the main water line when activated?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Do the premises have full kitchen/cafeteria facilities?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Is there an automatic extinguishing system with a valid semi-annual maintenance contract in place?	Y <input type="checkbox"/>	N <input type="checkbox"/>

### RISK INFORMATION: MACHINERY & EQUIPMENT BREAKDOWN

If coverage is required, please complete the following section

Does the facility have a boiler(s)?	Y <input type="checkbox"/>	N <input type="checkbox"/>
If yes, please provide a <i>contact name</i> and <i>phone number</i> for inspection purposes		
Name		Phone
Any pressure vessels over 24 inches in diameter (expansion tank, hot water tank, etc.)?	Y <input type="checkbox"/>	N <input type="checkbox"/>
If yes, please provide details		
Any pressure vessels(s) equipped with a quick opening door (autoclave)?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Any pressure vessels used in ammonia service?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Is food spoilage coverage required?	Y <input type="checkbox"/>	N <input type="checkbox"/>
If yes, what is maximum value of contents	\$	

### RISK INFORMATION: CRIME

Are cheques countersigned?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Are bank accounts reconciled by someone not authorized to withdraw or deposit?	Y <input type="checkbox"/>	N <input type="checkbox"/>
If yes, how often?		
Maximum amount of cash kept on premises at any one time	\$	
Are cash and other securities kept in a money-safe with a combination lock?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Is there an audit by an independent CA, CMA, CGA, public accountant or equivalent?	Y <input type="checkbox"/>	N <input type="checkbox"/>
If yes, how often?		
If no, is there an internal audit?	Y <input type="checkbox"/>	N <input type="checkbox"/>

### RISK INFORMATION: LIABILITY

#### CURRENT EMPLOYEE INFORMATION

Occupation/Nature of Work	# of Employees
Teaching staff (e.g., teachers, assistants, head & vice principals)	
Licensed/registered practical nurses	
Do licensed/registered practical nurses have their own professional liability insurance?	Y <input type="checkbox"/> N <input type="checkbox"/>
Other (please describe)	
Total payroll (including benefits)	\$
Are all employees enrolled in a provincial workers' compensation program?	Y <input type="checkbox"/> N <input type="checkbox"/>
If no, please itemize class and number of employees not enrolled	

#### ENROLLMENT & REVENUE INFORMATION

Maximum student enrollment		
Current number of students		
When does the applicant's fiscal year end?		
Total annual gross revenue	Previous fiscal year (12 months)	\$
	Current fiscal year (12 months)	\$

Please attach a current school calendar/course outline listing the programs of study			
<b>SCHOOL FACILITIES</b>			
Are any of the school facilities rented to third parties (e.g., weddings, parties, movie shoots, other schools, youth groups)?		Y <input type="checkbox"/>	N <input type="checkbox"/>
If yes, does the applicant request hold-harmless agreements?		Y <input type="checkbox"/>	N <input type="checkbox"/>
Are there any sporting facilities on site (e.g., pool, tennis court, baseball/football field, hockey rink, basketball court, gymnasium)		Y <input type="checkbox"/>	N <input type="checkbox"/>
If yes, please list			
<b>SCHOOL FACILITIES</b>			
Please list all sports & activities			
Is someone trained in first aid always present during games and/or group events?		Y <input type="checkbox"/>	N <input type="checkbox"/>
Do the students participate in any form of "extreme" sports? (e.g., white water rafting, skiing, mountain climbing)		Y <input type="checkbox"/>	N <input type="checkbox"/>
If yes, please provide details			
Are there written guidelines for safety and training requirements, rules of play and use of proper equipment?		Y <input type="checkbox"/>	N <input type="checkbox"/>
<b>SCHOOL TRIPS/STUDENT TRAVEL</b>			
Typical number of school trips each year			
Specify trip(s) and purpose			
Number of out-of-country trips and destinations			
Number of students involved			
Are hold-harmless agreements in place?		Y <input type="checkbox"/>	N <input type="checkbox"/>
<b>DAYCARE FACILITIES</b>			
Does the applicant run a day care?		Y <input type="checkbox"/>	N <input type="checkbox"/>
If yes, provide the following	Number of children	Full Time	
		Part Time	
	Number of daycare workers		
Are the daycare workers certified in first aid, CPR?		Y <input type="checkbox"/>	N <input type="checkbox"/>
<b>Attach blank copy of daycare questionnaire completed by parents at enrollment.</b>			
<b>EDUCATORS' ERRORS &amp; OMISSIONS</b>			
Has any similar insurance for the applicant, present officers or employees ever been cancelled?		Y <input type="checkbox"/>	N <input type="checkbox"/>
If yes, please explain			
Is the applicant aware of any circumstances which may result in any claim being made or of any claims or suits which have been made during the past five (5) years, against the applicant or any of the past or present officers or employees?		Y <input type="checkbox"/>	N <input type="checkbox"/>
If yes, please explain			
Is the applicant compliant with all applicable provincial standards?		Y <input type="checkbox"/>	N <input type="checkbox"/>
Do all students receive a "student handbook"? * If yes, please provide a copy of the current student handbook.		Y <input type="checkbox"/>	N <input type="checkbox"/>
On what basis is the applicant's current educators' E&O policy written?		Claims made <input type="checkbox"/>	Occurrence <input type="checkbox"/>
If claims made, please specify current retroactive date			

**NON-OWNED AUTOMOBILE**

**Personal Vehicles**

Number of employees who regularly use their personal vehicles for business	
Number of volunteers who regularly use their personal vehicles for business	
For all such employees, does the applicant confirm that a minimum \$1,000,000 third-party liability policy is in force?	Y <input type="checkbox"/> N <input type="checkbox"/>
For all such volunteers, does the applicant confirm that a minimum \$1,000,000 third-party liability policy is in force?	Y <input type="checkbox"/> N <input type="checkbox"/>

**Passenger Vans**

Are vans rented, borrowed or chartered?	Y <input type="checkbox"/> N <input type="checkbox"/>
If yes, please provide details including any trips to the USA	
If yes, does the applicant confirm that a minimum \$2,000,000 third-party liability policy is in force?	Y <input type="checkbox"/> N <input type="checkbox"/>

**Buses**

Are buses rented, borrowed or chartered?	Y <input type="checkbox"/> N <input type="checkbox"/>
If yes, please provide details including any trips to the USA	
If yes, does the applicant confirm that a minimum \$5,000,000 third-party liability policy is in force?	Y <input type="checkbox"/> N <input type="checkbox"/>

**WATERCRAFT AND/OR AIRCRAFT**

Are watercraft and/or aircraft owned, leased, or chartered?	Y <input type="checkbox"/> N <input type="checkbox"/>
If yes, please provide details	

**COVERAGES/LIMITS REQUESTED**

**PROPERTY & BUSINESS INTERRUPTION**

**Location 1**

Building replacement cost (including tenant's improvements)	\$
Contents replacement cost (equipment and stock)	\$
Business Interruption – \$250,000 automatically included	\$
Property deductible	\$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/>
Earthquake coverage	Y <input type="checkbox"/> N <input type="checkbox"/>
Flood coverage	Y <input type="checkbox"/> N <input type="checkbox"/>

**CRIME**

Coverage	Standard Limits Incl for Minimum Premium	Limit Requested
Employee Dishonesty – Commercial Blanket (Form A)	\$100,000	\$ *
Broad Form Money & Securities (Inside)	\$10,000	\$ **
Broad Form Money & Securities (Outside)	\$10,000	\$ **
Depositors' Forgery	\$50,000	\$
Money Orders & Counterfeit Currency	\$25,000	\$
Credit Card Forgery	\$25,000	\$

\*For limits > \$200,000 completed separate crime application required    \*\*For limits > \$25,000, completed separate crime application required

**LIABILITY**

Coverage	Limit
Commercial General Liability (each occurrence/general aggregate)	\$
Tenant's Legal Liability Broad Form (any one premises)	\$
Employers' Liability Extension	\$
Educators' E&O Extension (each occurrence/annual aggregate)	\$

*Separate applications required to quote Abuse, D&O, and Umbrella Insurance*

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 – EDUCATION PROTECT**

#	Building Name, Occupancy Description	Address (If different than risk address)	Building Construction (See codes below, indicate main %)	Year Built	Storeys	Upgraded (If over 25 years old)	% Spr.	Fire/Intrusion Alarms	Municipal Water Supply	Distance to Fire Hall	# of fire hydrants within 150m	Building, Replacement Cost Value	Contents, Replacement Cost Value
1						Y <input type="checkbox"/> N <input type="checkbox"/>	%	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>			\$	\$
2						Y <input type="checkbox"/> N <input type="checkbox"/>	%	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>			\$	\$
3						Y <input type="checkbox"/> N <input type="checkbox"/>	%	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>			\$	\$
4						Y <input type="checkbox"/> N <input type="checkbox"/>	%	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>			\$	\$
5						Y <input type="checkbox"/> N <input type="checkbox"/>	%	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>			\$	\$
6						Y <input type="checkbox"/> N <input type="checkbox"/>	%	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>			\$	\$
7						Y <input type="checkbox"/> N <input type="checkbox"/>	%	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>			\$	\$
8						Y <input type="checkbox"/> N <input type="checkbox"/>	%	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>			\$	\$
9						Y <input type="checkbox"/> N <input type="checkbox"/>	%	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>			\$	\$
10						Y <input type="checkbox"/> N <input type="checkbox"/>	%	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>			\$	\$

**CONSTRUCTION CODES**

Class 1	Fire resistive (concrete walls, roof, floors)
Class 2	Masonry non-combustible (masonry walls, steel deck roof, concrete floors)
Class 3	Steel on steel
Class 4	Masonry (masonry walls, wood floors and roof). Includes mill construction
Class 5	Brick veneer (frame walls with brick veneer, wood floors / roof)
Class 6	Frame (walls, floors / roof all of combustible materials)

Please provide a picture of each additional structure