

This renewal application is an update to the full application for Retirement Living 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						
<b>Risk location address</b>						
Address						
City		Province		Postal code		
<b>Mailing address (if different from above)</b>						
Address						
City		Province		Postal code		
Contact Name		Title				
Telephone		Email address				
Website address						
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

### PROPERTY

Please note any changes to the following in regards to update/replacement, etc.:	Roof:	
	Electrical:	
	Plumbing:	
	Heating:	

### LIABILITY

Occupation/Nature of Work	# Permanent	# Contracted
Registered nurses		
Licensed/registered practical nurses		
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 (i.e. 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"/>

Number of suites/living units		
Are there any nursing home beds?		Y <input type="checkbox"/> N <input type="checkbox"/>
If yes please provides details:	Long term care beds:	
	Respite care beds:	
	Convalescent care beds:	
	Palliative care beds:	

**FINANCIAL**

Total annual gross revenue	Previous fiscal year (12 months)	\$
	Current fiscal year (12 months)	\$

**LIMITS REQUESTED**

**PROPERTY**

**Location 1**

Building replacement cost (Including Tenant's Improvements)	\$
Contents replacement cost	\$
Business interruption	\$

*For multiple locations or structures, please complete the Additional Structures Addendum*

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			\$	\$