Non-Profits Application

SIGNAL UNDERWRITING

Please complete this application in its entirety, as the responses given are material to the provision of terms. There is space for more details in the Additional Information Section at the end of the application. Coverage(s) may be provided on a claims-made basis.

Named Insured: _____

Street Address: _____

Website: _____

City: _____ Province: _____ Postal Code: _____

Contact: _____ Email: _____ Phone: _____

Section 1: About Your Organization

1. What year was your organization established? _____

2. Please describe the nature of your business: _____

3. Does the organization provide any professional services? If yes, please provide details. * Yes O No O

4. Do you have non for-profit subsidiaries? If yes, please provide details. * Yes O No O

5. Do you have any US entities or US based fundraising? If yes, please provide details. * Yes O No O

6. Please indicate which one of the following best describes your operations:

O	Animal Related Organization	O	Arts & Culture	O	Business Associations
O	Cemeteries	O	Charitable/Fund Raising Organization	O	Community Associations & Housing
O	Crown Corporation	O	Environmental Organisations (not activist groups)	O	Government & Education
O	Healthcare	O	Job Training or Placement	O	Religious, Political & Groups
O	Research / Development Institute	O	Professional Associations	O	Sports & Activities
O	Other, please specify:				

Section 2: Financial Information

1. Please provide the following financial details or provide your latest consolidated audited annual financial statements:

	Current Year	Prior Year
Current Assets	$	$
Inventory	$	$
Current Liabilities	$	$
Long-Term Debt	$	$
Equity	$	$
Revenues	$	$
Net Income (Net Loss)	$	$

2. Are you currently, or have you at any time during the past 3 years been in arrears in your payments to the Canadian Revenue Agency, or the provincial, or territorial ministries of revenue (including source deductions, G.S.T., H.S.T., and P.S.T.)? Yes O No O

3. Are you currently, or have you at any time during the past 3 years been in breach of any of your debt covenants or loan agreements, or do you anticipate any such breach occurring within the next 12 months? Yes O No O

4. Have you changed your outside auditors in the last 3 years? *If yes, please provide details. Yes O No O

5. Has an auditor issued a 'going concern' opinion for you or your subsidiaries' financial reports over the past 3 years? *If yes, please provide details. Yes O No O

6. If you hold a charitable status, has the status ever been revoked or been subject to review? If yes, please provide details. * Yes O No O

7. Have you within the last 3 years been the subject of any inquiries, complaints, notices, or hearings by any federal, provincial, or territorial regulatory authority? Yes O No O

Section 3: Abuse Prevention and Protocols

1. Do you work with minors or the developmentally delayed? Yes O No O

2. Do you have overnight or one-on-one exposure with minors or the developmentally delayed? Yes O No O

*Please provide further details in the space provided under the Additional Information Section.

3. Do you have a formal written policy that prohibits abuse and sexual misconduct?	Yes	O	No	O
4. Do you have a formal complaints procedure for clients and employees to report abuse?	Yes	O	No	O
5. Do you conduct abuse prevention and awareness training for children and/or at-risk persons?	Yes	O	No	O
6. Have clients or employees made any allegations against any person associated with your organization in the past 5 years? If yes, please provide additional details. *	Yes	O	No	O

Section 4: Commercial General Liability

1. Please provide the number of employees and/or volunteers: _____

2. Are all your employees covered by Provincial Workers' Compensation Plans?	Yes	O	No	O
3. Do your employees and/or volunteers drive their own vehicles on your business?	Yes	O	No	O
4. If yes to 3., do they report this activity to their automobile insurer?	Yes	O	No	O
5. If yes to 3., are they required to carry a minimum of $1m Automobile Third Party Liability on their policy?	Yes	O	No	O
6. If yes to 3., do you require them to provide proof of their automobile insurance?	Yes	O	No	O
7. Do you conduct employment reference checks on all employees and independent contractors?	Yes	O	No	O
8. Do you conduct criminal background checks on all employees and volunteers?	Yes	O	No	O
9. Do you provide written warnings to employees to create a record of performance issues?	Yes	O	No	O
10. Do you consult a lawyer prior to dismissing any employee?	Yes	O	No	O
11. Do you have a current copy of the Employment Standards Act accessible for staff?	Yes	O	No	O

Section 5: Errors and Omissions

1. Do you assume liability for the independent contractors and/or sub-contractors through their contracts?	Yes	O	No	O
2. Do you require all independent contractors and/or sub-contractors to carry their own professional liability?	Yes	O	No	O
3. Is the organization a licensing body for its members?	Yes	O	No	O
4. Does the organization take any disciplinary action or recommend disciplinary action as a result of peer review or standard-setting activities?	Yes	O	No	O
5. Do you promote, sponsor or provide any form of insurance to members or non-members?	Yes	O	No	O

Section 6: Claims History and Past Activities

1. Have you ever had a claim or notice of claim against your organisation's insurance policies? If yes, please provide details including date of loss, amount paid or held in reserve, and description of allegation. *	Yes	O	No	O
2. Have there been any civil, criminal, administrative, or arbitration proceedings initiated within the last five years, or are there presently pending proceedings? This encompasses any actions brought before provincial or federal human rights commissions or tribunals, including the Equal Employment Opportunity Commission, against the organization, its Subsidiaries, or any individual proposed for insurance, acting in capacities such as Director, Officer, Trustee, employee, volunteer, or staff member of the organization or its Subsidiaries. If yes, please provide details. *	Yes	O	No	O

Section 7: Prior Knowledge

Are you aware of any incidents or circumstances that could potentially give rise to a claim? *If yes, please provide details.	Yes	O	No	O

Without limitation or any other remedy available to the insurers, the applied for insurance will not afford coverage to any claims which any insured has knowledge nor any claims resulting from any facts or circumstances of which any insured has knowledge.

Section 8: Prior Insurance

Have you ever been declined coverage, cancelled or non-renewed for insurance requested in this application?	Yes	O	No	O

Please provide details of your expiring insurance policy:

Coverage	Insurer	Limit	Aggregate	Deductible	Retroactive Date	Premium
General Liability						
Directors' & Officers'						
Employment Practices						
Errors & Omissions						

*Please provide further details in the space provided under the Additional Information Section.

Section 9: Requested Insurance Coverage

Coverage	Limit	Aggregate	Deductible	Retroactive Date
General Liability				
Directors' & Officers'				
Employment Practices				
Errors & Omissions				

Confirm coverage has been in place continuously from Retroactive Dates requested? Yes ☐ No ☐

Privacy Policy

By signing this form, you are consenting to the collection, use, disclosure, and retention of your personal information for the purposes of underwriting and rating, policy issuance, processing and remitting premium, reporting claims, complying with applicable laws and governing bodies, reporting and monitoring results and fraud and criminal prevention. Please see www.signalunderwriting.com/privacy-statement for our External Privacy Policy.

Declarations

I/We, the undersigned, do declare and warrant that all statements and responses provided in this application and the attached addenda are to the best of my/our knowledge are true. Further, I/we warrant that no information has been withheld, suppressed or misstated any material facts that the underwriters may come to rely upon. I/We will notify the underwriters as soon as practicable if anything material is to change. I/We hereby agree and accept that this Declaration shall be the basis of such contract and will form part of the policy. Signing this application does not bind the underwriters or insurers to complete the insurance, nor does it bind the me/us to purchase the quoted coverage.

For British Columbia residents: SIGNAL Underwriting Inc. operates as SIGNAL Underwriting Services in British Columbia.

For Quebec and New Brunswick residents: Signing this Declaration confirms your request that all documentation and correspondence pertaining to the insurance coverage be in the English language.

Name (please print)	Title	Date

Signature

Additional Information Section

Please use this space to provide any additional information from the questions above, from the addenda or anything you feel is material to your operations:

*Please provide further details in the space provided under the Additional Information Section.

Special Events and Fundraising Activities Addendum

For each major event, please supply all information in an addendum:

1. Please indicate your fundraising methods:

O	Advertisements	O	Print	O	Radio	O	TV Commercials
O	Auctions	O	Collection Plate	O	Boxes	O	Door-to-Door Solicitation
O	Draws/ Lotteries	O	Cause-related marketing	O	Fundraising Dinners	O	Galas
O	Concerts	O	Sales	O	Internet	O	Sponsorships
O	Mail Campaigns	O	Planned Giving Programs	O	Targeted Corporate Donations	O	Targeted Contacts
O	Telephone	O	TV Solicitations	O	Tournament	O	Sporting Events
O	Other, please describe:						

2. How many events do you have per year? _____
3. Do you serve food at any of these events? Yes O No O
4. Will any alcohol be served/consumed at the event? Yes O No O
5. If yes to 4, who takes out the liqueur licence? _____
6. Please provide the maximum number of attendees/guests per day at any one event: _____
7. Please indicate your estimated gross revenues (per event): _____
8. Do you pay external fundraisers? Yes O No O
9. If yes to 10., what percentage do you pay them? _____ %
10. Who provides event security? Insured venue hired security, on/off duty officers, or others – please specify. _____

11. Will any of the following be present/involved in your event:

O	Fireworks	O	Special Effects	O	Petting Zoo	O	Animals
O	Inflatable Bouncy Jumping Castle	O	Contact Sports	O	Parades	O	Rodeos
O	Overnight Camping Or Accommodation	O	Temporary Structures (E.G., Grandstands, Bleachers, Stages)	O	Boating	O	Recreational Vehicles
O	Other, please describe:						

*Please provide further details in the space provided under the Additional Information Section.

Section 1: Location Details

1. Please provide the following information for all of your locations:

#	Address	City	Prov.	PO Code	Building Value	Tenant Improvements	Contents	Equipment	Business Interruption	Rental Income
1										
2										
3										
4										
5										

#	Exterior Walls	Roof	Floor	Year Built	Sq Ft	# of Stories	% Sprinklered	Monitored Alarm	Fire Hydrant within 500ft	Fire Hall within 5kms	Fire Hall FT/ Volunteer?	Pressure Vessel >24in diameter
1	Choose an item	Choose an item	Choose an item									
2	Choose an item	Choose an item	Choose an item									
3	Choose an item	Choose an item	Choose an item									
4	Choose an item	Choose an item	Choose an item									
5	Choose an item	Choose an item	Choose an item									
*	Please specify if others have been selected	Please specify if others have been selected	Please specify if others have been selected									

#	If older than 25 years, please provide year and type of upgrade	Wiring		Plumbing		Heating		Roof	
		Year	Type	Year	Type	Year	Type	Year	Type
1									
2									
3									
4									
5									

* Please provide further details in the space provided under the Additional Information Section.

Section 2: Crime Coverage

1. Please provide the number of employees that have access to cash, cheques, and/or securities as part of their employment:		
2. Do you require countersignatures on all cheques?	Yes ☐	No ☐
3. Are all cheques pre-numbered, accounted for and kept locked up?	Yes ☐	No ☐
4. Are all bank accounts reconciled by someone who is not authorized to deposit or withdraw funds?	Yes ☐	No ☐
5. Do you have an outside agent conduct an annual audit?	Yes ☐	No ☐
6. What is the maximum amount of cash on the premises?		
7. Do you have a safe?	Yes ☐	No ☐
8. If Yes to 7., is it a Class 1 safe (which is made of iron/steel and has a combination lock)?	Yes ☐	No ☐
9. If Yes to 7., is it a Class 2 safe (TL-15 UL label on the frame or door of the safe)?	Yes ☐	No ☐
10. If Yes to 7., is the safe bolted to the ground?	Yes ☐	No ☐

Section 3: Claims History

1. Have you ever had a claim against your organisation's insurance policies? If Yes, please provide details including date of loss, amount paid or held in reserve, and description of the loss.*	Yes ☐	No ☐
2. Are you aware of any incidents or circumstances that could potentially give rise to a claim? If Yes, please provide details.*	Yes ☐	No ☐

Section 4: Prior Insurance

1. Have you ever been declined coverage, cancelled or non-renewed for insurance requested in this application?	Yes ☐	No ☐
2. Please provide details of your expiring insurance policy:	Yes ☐	No ☐

Coverage	Insurer	Limit	Deductible	Premium
Property				
Equipment Breakdown				
Crime				

Section 5: Requested Insurance Coverage

1. Please indicated what coverage limit and deductible are requested:

Coverage	Limit	Deductible
Property		
Equipment Breakdown		
Crime		

Privacy Policy

By signing this form, you are consenting to the collection, use, disclosure, and retention of your personal information for the purposes of underwriting and rating, policy issuance, processing and remitting premium, reporting claims, complying with applicable laws and governing bodies, reporting and monitoring results and fraud and criminal prevention. Please see www.signalunderwriting.com/privacy-statement for our External Privacy Policy.

* Please provide further details in the space provided under the Additional Information Section.