

# APPLICATION FOR OFFICE PACKAGE INSURANCE

Name of Organization:

---

Contact Person:

---

Mailing Address:

---

City:

Province/Territory:

Postal Code:

---

Telephone:

Organization Website (if available):

---

Email:

---

Is this location address the same as the mailing address? (If not, enter the location address below)

---

Location Address:

---

City:

Province/Territory:

Postal Code:

---

Telephone:

Organization Website (if available):

---

Email:

---

1. Is your organization a member of Volunteer Canada?  Yes  No

Membership Number:

Please confirm you understand the eligibility requirements

---

2. Briefly describe the Organization's operations:

---

3. Does your Organization have Director's and Officers' Liability Insurance  Yes  No  
(Please note that the purchase of Directors' and Officers' coverage is mandatory for the purchase of the Office Package coverage)

4. Has the Organization reported any insurable losses in the past 5 years that would fall within the scope of propose insurance?  Yes  No

If Yes, please provide details:

5. What's the Organization's annual revenue?

---

If higher than \$1,000,000, please indicate Organization's annual revenue:

- 
6. Do you own your office/facility and require building coverage?  Yes  No
7. Has the applicant ever been the recipient of any allegations of negligence in writing or verbally in the past five years?  Yes  No
8. Is the applicant/organization involved in manufacturing, modifying, distributing or selling product(s)?  Yes  No
9. Are you renewing this insurance policy?  Yes  No

### Office Package Limits

Coverage	Limits
Commercial General Liability Limit	\$2,000,000
Contents on premises	\$50,000
Crime	\$25,000

**Note:**

CGL protects against claims that arise from bodily injury or property damage involving visitors, clients, or other third parties you may engage with. Please note there is an Abuse Exclusion on the policy and there is no coverage for claims related to Abuse.

Commercial General Liability (CGL) is highly recommended if you engage with clients or members of the public and / or run or attend events. If you hold a fundraiser or other special event, you might need this coverage to book a venue or fulfil a client contract.

**The following organizations are not eligible for coverage:**

- Assisted Living
- Palliative Care
- Nursing Homes
- Day Cares
- Youth Services – Drop-in Centres/At-risk youth

Please confirm that your organization does not fall into one of these categories:

## Office Package Rating

### **Premium**

Revenues under \$200,000	\$600
Revenues between \$200,000-\$300,000	\$720
Revenues between \$300,001-\$400,000	\$785
Revenues between \$400,001-\$1,000,000	\$865

### **Increased Office Contents Limits**

If more than \$50,000 of contents coverage for the package is required, the following limits are available.

Increase from \$50,000 to \$75,000	\$60 Additional Premium
Increase from \$50,000 to \$100,000	\$75 Additional Premium
Increase from \$50,000 to \$125,000	\$112.50 Additional Premium
Increase from \$50,000 to \$150,000	\$150 Additional Premium

Do you require additional contents coverage?  Yes  No

If Yes, please provide details:

### **Increased Commercial General Liability Limit**

If more than \$2,000,000 Commercial General Liability coverage for the package is required, the following increased limit is available.

Increase from \$2,000,000 to \$5,000,000	\$300 Additional Premium
--	--------------------------

Do you require increased Commercial General Liability?  Yes  No

### **Additional Location**

If you have a second location, the following is available.

<b>Commercial General Liability</b>	<b>Contents Limit</b>	<b>Premium</b>
\$2,000,000	No contents coverage	\$110
\$5,000,000	No contents coverage	\$275
\$2,000,000	\$50,000	\$600
\$5,000,000	\$50,000	\$900

Do you have an additional location that you require coverage for?  Yes  No

If Yes, please choose your Commercial General Liability limit:  \$2,000,000  \$5,000,000

If Yes, please choose the contents limit required:  \$50,000  \$75,000  \$125,000  \$150,000

Please enter the address of the additional location below:

Location Address:

City:

Province/Territory:

Postal Code:

Are the above coverage limits adequate?

Yes  No

If no, please provide details:

Please indicate any additional insured(s) to be listed on your certificate (e.g. Landlord). For each provide the name and address:

Please indicate any loss payee(s) to be listed on your certificate. For each provide the name and address:

**Events are included under the Commercial General Liability, EXCEPT for the following:**

Protests/Demonstrations	Waterslide
Overnights/Retreats	White Water Rafting; Zip Lines; Ice Climbing; Mountain Climbing; Kitesurfing; Parasailing
Abuse Coverage	Rallies of a Political or Religious Nature
Summer Camps	Skateboard Competitions
Assisted Living	Car Shows (involving racing events, Poker Runs, Tractor Pulls)
Palliative Care	Portable Climbing Walls
Nursing Homes	Demolition Derbies
Activities with inflatables	Dragon Boat Festivals
Daycares	Exposure Outside of Canada
Travelling Carnivals/Amusement rides/Mechanical Bulls	Exposure Involving Firearms
Air Shows/ Aviation Exposure Including Hot Air Balloons	Fireworks or Pyrotechnic Effects or Displays

Hypnotists	History-in-Action/ Battle Re-enactments
Youth Services – Drop-in Centres/At Risk Youth	Search and Rescue
Bungee Jumping	Snowmobile Races or Events (Including Poker Runs)
Hypnotists	Alpine Skiing/Snowboarding; Boxing; Equestrian; Football (Contact); Hockey; Contact Martial Arts, including Mixed Martial Arts; Rugby
First Responder	Rodeos
Water Sports/Activities	

**If you require coverage for an event that fits on of the above descriptions, please contact BMS.**

Do you understand the eligibility requirements?  Yes  No

---

Do you anticipate alcohol being served at any events?  Yes  No

If yes, does the venue hold a Liquor Liability insurance policy?  Yes  No

---

Do you anticipate the number of attendees at any one event to be greater than 250 to 500?  Yes  No

**Note:** If yes, please note additional premium applies per event - \$2,000,000 CGL is \$105/ \$5,000,000 CGL is \$210.

If yes, please indicate the number of events at this attendance:

---

Do you anticipate the number of attendees at any one event to be greater than 500?  Yes  No

---

**Please note: If the above answers change throughout the year, please contact BMS to ensure you are adequately covered.**

## Co-Insurance

Since the concept of co-insurance is fundamental principle of property and business continuation insurance, it is imperative that you understand it before considering the amount of insurance you buy. Co-insurance is simply an agreement between 'You' and the 'Insurance Company', whereby you agree to maintain coverage up to a stated percentage of the value of the property you wish to insure (90%). Should a loss occur, consideration is then given to the amount of insurance carried compared to actual values prior to the loss. If the amount of insurance is within the agreed co-insurance percentage requirement, the loss is paid in full, up to the policy limits. If, however, the amount of insurance that you carry is below the agreed percentage, you and the company will then share in the loss.

Example: assume the value of the contents you are insuring is \$150,000 and the policy contains a 90% co-insurance clause; this means you should be carrying at least \$135,000 in coverage. If you were only carrying \$100,000 coverage and had a loss of \$100,000, the insurance company would pay based on the following formula:

$$[\text{Property Limit Purchased} \div (90\% \times \text{Actual Value of Insurance})] \times \text{Cost of Loss} = \text{Reimbursement for Loss}$$

$$\$100,000 \div (0.9 \times \$150,000) \times \$100,000 = \$74,074.07$$

As you can see, if your contents are not insured to at least 90% of their replacement cost, the loss will be shared between yourself and the insurer. A regular and careful review of the value of your insured property is essential if co-insurance penalties are to be avoided.

BMS Group recommends that your insurable values be reviewed frequently by a competent, independent appraisal company.

**I understand the co-insurance clause and have selected an adequate contents limit:**

## Declarations and Warranty

I declare that during the last five years no insurer has cancelled, declined or refused to issue me/us any form of commercial general liability insurance, property coverage or crime coverage and that this application discloses the hazards known to exist at the date of this application.

I declare that the statements made herein are in every respect true and correct and hereby apply for a contract of insurance to be based upon the truth of the said statements.

Submitting this form does not bind the Applicant or Organization to complete the insurance but is agreed that this form shall be the basis of the contract should a policy be issued.

**The insurance premium is fully retained and not refundable.**

IMPORTANT: This application must be completed by the Executive Director, Board Member or another authorized officer/director on behalf of the applicant. By signing down below, the applicant certifies that this form has been duly completed by the Executive Director, Board Member or an authorized officer/director.

Note: Coverage will be in effect only upon receipt of satisfactory payment and application. The insurance premiums are fully retained at the date you apply for coverage and will not be refunded.

Signing of this form does not bind the Applicant or Company to complete insurance but it is agreed that this form shall be the basis of the contract should a policy be issued.

Signed by:

Position:

---

Date:

Signing of this form does not bind the Applicant or company to complete the insurance but it is agreed that this form shall be the basis of the contract should a policy be issued.

The insurance premium is fully retained and not refundable.

## Payment Information

### For New Application, Premiums are prorated:

March 31 - June 30 premium = 100% of matrix pricing  
July 1 – September 30 premium = 75% of matrix pricing  
October 1 – December 31 premium = 50% of matrix pricing  
January 1 – March 30 premium = 25% of matrix pricing

### The following provinces are subject to provincial sales tax:

Ontario residents add 8% sales tax  
Québec residents add 9% sales tax  
Manitoba residents add 7% sales tax  
Newfoundland residents add 15% sales tax  
Saskatchewan residents add 6% sales tax

Sub-total	\$
Tax	\$
Total Enclosed	\$

All other provinces are exempt.  
GST is not applicable to insurance premiums.

All cheques payable to BMS Canada Risk Services Ltd, or complete credit card authorization below.

## Authorization for Credit Card Charge

VISA, AMEX or M/C Account No:

Expiry Date:

Cardholder Name:

Signature:

### **BMS Canada Risk Services Ltd. (BMS)**

825 Exhibition Way, Suite 209  
Ottawa ON, K1S 5J3  
Toll Free: 1-844-294-2715  
Fax: 613-701-4234