

APPLICATION FOR OFFICE PACKAGE INSURANCE

Name of organization:

Contact person name (First and Last):

Mailing address:

City:

Province/Territory:

Postal code:

Please confirm if the location address is 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):

Mobile phone:

Email:

Note: This coverage is only available to organizations who are domiciled in Canada. Please confirm you understand and agree to the eligibility requirements.

*Please advise BMS if your contact details have changed to ensure that you continue to receive information pertaining to your insurance.

Member Details

Is your organization a member of Volunteer Canada?

Yes No

Membership Number:

If you are not a member in good standing with Volunteer Canada, any policy issued through this application process is null and void. To secure membership or to confirm your status, please contact Volunteer Canada at 1-800-670-0401 ext. 260.

Please confirm you understand the eligibility requirements.

Are you renewing this insurance policy?

Yes No

If you are renewing your insurance policy after its expiry date and outside of the renewal period, please confirm that you understand the effective date of this policy will be set to the current date of application.

Briefly describe the organization's operations:

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

Has the organization had any prior claims that would fall within the scope of the proposed insurance? Yes No
If yes, please provide details.

What's the organization's annual revenue?

- \$0-\$600,000 \$950,001 - \$2,000,000
 \$600,001 - \$950,000 \$2,000,001 +

If higher than \$2,000,001, please indicate organization's annual revenue:

Does the organization own the building or condominium unit in which you require building insurance coverage? Yes No

Has the applicant ever been the recipient of any allegations of negligence in writing or verbally? Yes No
If yes, please provide details.

Has any application for insurance been denied, cancelled, or not-renewed? Yes No
If you answer yes, please provide details.

Is the organization involved with sales or operations/services outside Canada? Yes No
If yes, please provide details.

Does the organization have a location or travel extensively outside Canada? Yes No
If yes, please provide details.

Is the applicant/organization involved in manufacturing, modifying, distributing, or selling product(s) and/or does the organization operate a retail store? Yes No
If yes, please provide details.

Does the organization host or participate in any contact sports? Yes No
If yes, please provide details.

Does the organization ever shuttle volunteers and/or participants to events/activities?
If yes, please provide details.

Yes No

Does the organization conduct any manual work (for example, electrical, installation or work done to a third party)?
If yes, please provide details.

Yes No

Special Categories

If your organization falls within one of the Special Categories listed here, your application will be referred to BMS for further review. Please indicate if your organization falls into any of the following categories:

- Adoption Agencies
- Adult Entertainment Venues, Nightclubs, and Fraternity Houses
- Airport Commissions
- Assisted Living, Palliative Care, and Nursing Homes
- Business Organizations
- Child Group Homes, Delinquent Youth Boot Camps and Halfway Group Homes and Orphanages
- Condominium Corporations
- Day Cares
- Educational Institutions / Public School Boards
- For-Profit Organizations
- Foster Agencies and Homes
- Hospitals, Clinics, and Other Medical Institutions
- Labour Unions
- Legion/Veteran Halls
- Lobby Groups
- Medical Services
- Motorsport Facilities
- Municipalities, Provincial, Federal Administrations (Governments)
- Political Parties
- Product Development Organizations, including Testing and Standards
- Professional Groups with Regulatory Authority and/or Disciplinary Committee
- Religious Orders or Bodies (Peripheral Agencies can be considered – e.g. Fund Raising, Foundations)
- Research Organizations
- Schools, Universities
- Sports Clubs
- Youth Drop-In Centres / Centres for At-Risk Youth

Office Package

Coverage Limits:

\$2,000,000	Commercial General Liability
\$50,000	Contents on premises
\$10,000	Crime

Commercial General Liability (CGL) protects your organization against claims arising from injury or property damage that you may cause to another person as a result of your operations and/or premises. For example, a third party may slip and fall on a wet floor on your premises or you may accidentally cause property damage during an event or activity.

Property includes items usual to an office, including equipment, desks, chairs, filing cabinets and computers, as well as any stock and improvements and betterments.

Crime coverage protects against financial loss due to dishonesty, fraud, or theft of money, securities or other property owned by the organization.

Business Income insures against loss of income resulting from direct physical loss or direct physical damage to the premises by an insured peril (e.g. fire).

Deductibles:

Flood: \$25,000

Sewer Back-up: \$2,500

Profits 12 month indemnity

Crime: \$500

Earthquake deductibles: 3% or \$50,000 minimum with the exception of BC with a 15% or \$50,000 minimum.

All other perils: \$1,000

Annual Revenue	Premium
< \$600,000	<input type="checkbox"/> \$808
\$600,001 - \$950,000	<input type="checkbox"/> \$973
\$950,001 - \$2,000,000	<input type="checkbox"/> \$1,748
Over \$2,000,001	<input type="checkbox"/> Referral

Increased Office Contents Limits Available

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

Increase	Additional Premium
From \$50,000 to \$75,000	<input type="checkbox"/> \$124
From \$50,000 to \$100,000	<input type="checkbox"/> \$247
From \$50,000 to \$125,000	<input type="checkbox"/> \$371
From \$50,000 to \$150,000	<input type="checkbox"/> \$497

Increased Commercial General Liability Limit Available

If more than \$2,000,000 Commercial General Liability coverage for the package is required, a \$5,000,000 limit is available for the additional premium below:

Annual Revenue	Additional Premium
< \$600,000	<input type="checkbox"/> \$380
\$600,000 - \$950,000	<input type="checkbox"/> \$625
\$950,001 - \$2,000,000	<input type="checkbox"/> \$475
Over \$2,000,001	<input type="checkbox"/> Referral

Equipment Breakdown

This addition to your Office Package policy provides coverage for sudden and accidental failure of equipment resulting in physical damage which requires the repair or replacement of the equipment or a part of the equipment.

Does the organization require equipment breakdown coverage? Yes No
 If yes, your application will be referred to BMS for further review.

Miscellaneous All Risk Property Floater

If your organization travels with valuable contents, we recommend that you add a Miscellaneous All Risk Property Floater to your policy to insure this property for losses that may occur while away from your insured premises.

Does the organization require a miscellaneous all risk property floater? Yes No
 If yes, your application will be referred to BMS for further review.

Additional Location

Does the organization lease/operate out of a second location for which you require coverage? Yes No

NOTE: this is not for locations where temporary events are held.

If yes, please enter the address of the location below:

Street:

City:

Province/Territory:

Postal Code:

If yes, please choose the contents limit:

Annual Revenue	Commercial General Liability Limit	Contents Limit	Premium
< \$600,000	\$2,000,000	\$50,000	<input type="checkbox"/> \$808
	\$5,000,000	\$50,000	<input type="checkbox"/> \$1,148
\$600,001 - \$950,000	\$2,000,000	\$50,000	<input type="checkbox"/> \$973
	\$5,000,000	\$50,000	<input type="checkbox"/> \$1,333
\$950,001 - \$2,000,000	\$2,000,000	\$50,000	<input type="checkbox"/> \$1,113
	\$5,000,000	\$50,000	<input type="checkbox"/> \$2,223

Does the organization lease/operate out of a second location for which you require only Commercial General Liability? Yes No

Increased Office Contents Limits Available for Additional Location

If more than \$50,000 of contents coverage for the package is required at the second location, the following increased limits are available:

Increase	Additional Premium
From \$50,000 to \$75,000	<input type="checkbox"/> \$124
From \$50,000 to \$100,000	<input type="checkbox"/> \$247
From \$50,000 to \$125,000	<input type="checkbox"/> \$371
From \$50,000 to \$150,000	<input type="checkbox"/> \$497

Equipment Breakdown for Additional Location

This addition to your Office Package policy provides coverage for sudden and accidental failure of equipment resulting in physical damage which requires the repair or replacement of the equipment or a part of the equipment.

Does the organization require equipment breakdown coverage for the second location? Yes No
If yes, your application will be referred to BMS for further review.

Are the above coverage limits adequate? Yes No
If no, please provide coverage limit required:

Additional Insureds

Only complete this section if you are contractually required to add an Additional Insured to your Commercial General Liability insurance policy.

Adding an Additional Insured provides limited liability insurance coverage to the third-party Additional Insured but only as it relates to General Liability resulting from your operations / occupancy. Note that any Additional Insured is required to carry their own Commercial General Liability insurance.

I understand and agree to the coverage terms detailed above.

Name:

Address:

City:

Province/Territory:

Postal Code:

Name:

Address:

City:

Province/Territory:

Postal Code:

Loss payee(s)

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

This is only applicable to the Contents portion of your Office Package policy. For each provide the name and address.

A Loss Payee is a third party entity who is entitled to all or part of the claim settlement for damaged property in which they have an insurable interest. (e.g. a Leasing company).

I understand and agree to the coverage terms detailed above.

Name:

Address:

City:

Province/Territory:

Postal Code:

Events / Activities

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

- Activities with inflatables
- Air shows / aviation exposure including hot air balloons
- Alpine skiing / snowboarding
- Assisted living
- Axe throwing
- Bungee jumping
- Car shows (involving racing events, poker runs, tractor pulls)
- Climbing walls
- Contact martial arts including mixed martial arts
- Contact sports; boxing, football (contact), hockey (contact), rugby
- Day cares
- Demolition derbies
- Dragon boat festivals
- Equestrian
- Exposures involving firearms
- Fireworks or pyrotechnic effects or displays
- Gaming Risks
- History-in-action/battle re-enactments
- Hypnotists
- Ice climbing; ice fishing; ice skating
- Kitesurfing / parasailing
- Mountain climbing
- Nursing homes
- Overnights / retreats
- Palliative care
- Protests / demonstrations
- Rallies of a political or religious nature
- Rodeos
- Search and rescue
- Skateboard competitions
- Snowmobile races or events (including poker runs)
- Summer camps
- Tobogganing
- Travelling carnivals / amusement rides / mechanical bulls
- Waterslide / water parks / water sports/activities / boating
- Youth services - drop-in centres / at-risk youth
- Zip Lining

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

Do you have an event planned during the 2023-2024 policy period? Please answer "No" if the details of your event have not yet been finalized. Please contact BMS at least one month in advance of any future event to ensure adequate coverage is in place. Yes No

If yes, please answer the questions below.

Will any events exceed 500 attendees? Yes No

Will alcohol be served at any event? Yes No

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

Co-Insurance

Coinsurance is a penalty imposed on the insured by the insurance carrier for under reporting/declaring/insuring the value of tangible property or business income. The penalty is based on a percentage stated within the policy and the amount under reported. In this policy you have a co-insurance requirement of 90%. As an example:

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

$(\text{Amount of Coverage} \div \text{Required Amount of Coverage}) \times \text{Amount of Loss} = \text{Claim Payment}$

$(\$100,000 \div (\$150,000 \times 90\%)) \times \$100,000 = \$74,074$ Payment for loss (less deductible)

BMS recommends that your insurable values be reviewed and appropriately appraised to ensure you are purchasing the correct content and property limits.

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

Declarations and Warranty

The undersigned declares:

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 selecting from the drop-down menu below, the applicant certifies that this form has been duly completed by the Executive Director, Board Member or an authorized officer/director.

Signed by:

Position:

Date:

Fee Disclosure

Line of Coverage	Premium	Commission (included within premium)
Office Package	Per application	25%

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

Please refer to the table below to calculate tax.

PROVINCE	PST	HST
AB	N/A	5%
BC	N/A	5%
MB	7%	5%
NB	N/A	15%
NL	15%	15%
NS	N/A	15%
NU	N/A	5%
NWT	N/A	5%
ON	8%	13%
PEI	N/A	15%
QC	9%	5%
SK	6%	5%
YK	N/A	5%

Please note: a \$10 service fee applies to the office package. HST is only applicable on the service fee.

Once your application has been processed, an invoice will be issued to finalize payment & bind coverage.

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