

APPLICATION FOR OFFICE PACKAGE INSURANCE

Name of Organization:

Contact Person Name (First last):

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:

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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 Organization involved with foreign sales or operations? Yes No
9. Does the organization have a location or travel extensively outside Canada? Yes No
10. Is the applicant/organization involved in manufacturing, modifying, distributing or selling product(s)? Yes No
11. Is the applicant/organization involved in foreign sales or operations? Yes No
12. 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: Commercial General Liability (CGL) insurance protects your organization if you're found legally liable for injuries or property damage caused by your operations, accidents on your premises or at your client's location and advertising injury. It provides coverage for the costs of lawsuits and is often required for leases and contracts.

CGL is a way to protect your organization in case you ever have to defend a claim against your business in court. With this coverage, you'll receive funds up to your policy limits to cover damages assessed by the courts to compensate third parties, and cover legal defence fees and settlement charges. 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).

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	\$66 Additional Premium
Increase from \$50,000 to \$100,000	\$83 Additional Premium
Increase from \$50,000 to \$125,000	\$124 Additional Premium
Increase from \$50,000 to \$150,000	\$165 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
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Do you require increased Commercial General Liability? Yes No

Additional Location

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

Commercial General Liability	Contents Limit	Premium
\$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:
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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:

The following events/activities are excluded under the Commercial General Liability Policy:

Protests / Demonstrations	Youth Services - Drop-in Centres / At-risk youth
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Overnights / Retreats	Air Shows / Aviation Exposure including Hot Air Balloons	
Abuse Coverage	Bungee Jumping	
Summer Camps	Car Shows (involving racing events, Poker runs, tractor pulls)	
Assisted Living	Portable Climbing Walls	
Palliative Care	Demolition Derbies	
Nursing Homes	Dragon Boat Festivals	
Activities with inflatables	Exposure outside of Canada	
Daycares	Exposures involving Firearms	
Travelling Carnivals / Amusement Rides / Mechanical Bulls	Fireworks or Pyrotechnic Effects or Displays	
Hypnotists	History-in-Action / Battle Re-enactments	
Gaming Risk	Rodeos	
Waterslide / Water Parks	Snowmobile Races or Events (including Poker Runs)	
White Water Rafting; Zip Lines; Ice Climbing; Ice Fishing; Mountain Climbing; Kitesurfing; Parasailing Skateboard Competitions	Alpine Skiing / Snowboarding; Boxing; Equestrian; Football (Contact); Hockey (Contact); Contact Martial Arts, including Mixed Martial Arts; Rugby	
Rallies of a Political or Religious Nature	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

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

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

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

