

## AMBULANCE SERVICE QUESTIONNAIRE

NOTES: (1) We require a **minimum** of 14 days to provide a quote.  
 (2) A different application is required for **Educational Institutions, Specialty Lines and Health Care.**  
 (3) Only complete those sections of this questionnaire for which coverage is required.

### 1. GENERAL INFORMATION:

(a) NAME OF INSURED: \_\_\_\_\_  
 KEY CONTACT: \_\_\_\_\_ POSITION: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_ Website: \_\_\_\_\_

BROKER NAME: \_\_\_\_\_  
 BROKERAGE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_ Website: \_\_\_\_\_

How long have you had this account and/or known the Insured: \_\_\_\_\_

(b) Nature of Insured's activities/operations: \_\_\_\_\_  
 Radius of Operation: \_\_\_\_\_

(c) Applicant is: \_\_\_\_\_ For Profit Organization or \_\_\_\_\_ Not For Profit Organization

(d) Is the applicant incorporated? YES \_\_\_\_\_ NO \_\_\_\_\_

If incorporated, Date: \_\_\_\_\_ Act/Jurisdiction: \_\_\_\_\_

\* If incorporated, a copy of the Letters Patent is required.

(e) Please indicate if privately owned: YES \_\_\_\_\_ NO \_\_\_\_\_

(f) Conducted business continuously since: \_\_\_\_\_

(g) Total Budget for next twelve months: \_\_\_\_\_

(h) (1) Indicate Insured's sources of income and the percentage of their total revenue generated from each:

_____	_____	%
_____	_____	%

(2) Indicate fundraising activities, including receipts and the number of times the event occurs per year:

\_\_\_\_\_

\_\_\_\_\_

(i) Present Insurer: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Premium: \$ \_\_\_\_\_

Are you the incumbent broker? YES \_\_\_\_\_ NO \_\_\_\_\_

Is the present Insurer offering renewal? YES \_\_\_\_\_ NO \_\_\_\_\_

**If "NO", why not?** \_\_\_\_\_

Are they restricting cover? YES \_\_\_\_\_ NO \_\_\_\_\_

**If "YES", why and how?** \_\_\_\_\_

(j) Is the Insured a member of the Provincial Association? YES \_\_\_\_\_ NO \_\_\_\_\_

**2. GENERAL LIABILITY:**

(a) Limit of Liability requested: \$ \_\_\_\_\_

Level of Deductible requested: \$ \_\_\_\_\_

(b) Total Number of Employees: \_\_\_\_\_ Total Payroll (including benefits) \$ \_\_\_\_\_

Total Number of Volunteers: \_\_\_\_\_ Annual Receipts \$ \_\_\_\_\_

Is Workplace Safety Insurance (WSIB) carried? YES \_\_\_\_\_ NO \_\_\_\_\_

Identify and provide numbers of all **Professional Employees** by category, and indicate whether they are full-time or part-time:

CATEGORY	NUMBER	
	FULL-TIME	PART-TIME

(c) Do they have any contractual agreements with others? YES \_\_\_\_\_ NO \_\_\_\_\_

**If "YES", please provide copies.**

(d) Is Tenants' Legal Liability required? YES \_\_\_\_\_ NO \_\_\_\_\_

**If "YES", advise locations and amounts:** \_\_\_\_\_

(e) A complete description of Insured's operations/activities is required. **Please attach brochures and/or a separate written statement.**

(f) (i) What procedures does Insured follow to hire and screen prospective employees?

Check references \_\_\_\_\_ Police Records Check \_\_\_\_\_ Other, please describe: \_\_\_\_\_

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(ii) Do they have a formal written policy for their employees that prohibits abuse?

**If "YES", please attach full details.** YES \_\_\_\_\_ NO \_\_\_\_\_

(iii) Do they offer a formal orientation/training program for new employees?

**If "YES", please attach details.** YES \_\_\_\_\_ NO \_\_\_\_\_

(iv) What mechanisms does Insured have in place to train, monitor and evaluate employees after they have been hired?

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(v) What are Insured's procedures for handling allegations or complaints made against their employees?

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(vi) Have any allegations of abuse been made against the Insured, an employee, or any other person associated with their organization during the past 5 years?

YES \_\_\_\_\_ NO \_\_\_\_\_

**If "YES", please provide details:**

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(vii) Provide details of abuse prevention and awareness training:

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**3. ERRORS AND OMISSIONS AND DIRECTORS' AND OFFICERS':**

(This policy is only available to Incorporated Non-Profit Entities)

Does the Insured require E&O and D&O coverage? YES \_\_\_\_\_ NO \_\_\_\_\_

**If "YES", please complete the E&O/D&O Proposal Form.**

**Since the Proposal Form constitutes part of the E&O and D&O policy, coverage cannot be bound or a policy issued until the original Proposal Form is fully completed, duly signed, dated, and received by the Insurer.**

**4. NON-OWNED AUTOMOBILE:**

Does Insured ever rent vehicles for short periods of time? YES \_\_\_\_\_ NO \_\_\_\_\_

**If "YES", how often:**

\_\_\_\_\_

**5. AUTOMOBILE:** If more than five (5) vehicles, please complete the Fleet Supplemental questionnaire.

(a) Does Insured own or lease any vehicles? YES \_\_\_\_\_ NO \_\_\_\_\_

**If "YES", please ensure an automobile application (OAF1) is completed and provide full details in the chart below for each licensed vehicle.**

(b) Advise what automobile coverage, limits, and deductibles are required:

(MINIMUM \$ 1,000. All Perils, \$ 1,000. Collision, \$ 500. Comprehensive): \_\_\_\_\_

\_\_\_\_\_

YEAR	MAKE	VIN#	RIN#	IF PRIVATELY OWNED, INDICATE LPN. IF MUNICIPALLY OWNED, INDICATE REPLACEMENT VALUE. VALUES MUST INCLUDE PERMANENTLY ATTACHED EQUIPMENT.

**6. OTHER LIABILITY EXPOSURES:**

(a) Does the Insured have any environmental liability exposures? YES \_\_\_\_\_ NO \_\_\_\_\_  
**If "YES", please provide details and advise if environmental liability insurance is required:**

\_\_\_\_\_

(b) Does the Insured require any special/additional liability coverage/protection?  
**If "YES", please describe:** YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_

**7. CRIME:**

(a) Please advise the number of persons by Class (A and B) that handle money or have signing authority:  
 # Class A \_\_\_\_\_  
 # Class B \_\_\_\_\_

*(NOTE: **Class A** Employees are those who, as part of their regular duties, handle or have custody of money, securities or merchandise, or cheque signing authority. **Class B** Employees are all others.)*

(b) What form (BPB or CBB) of bond and limit is required?  
 Blanket Position  Commercial Blanket   
 Limit \$ \_\_\_\_\_ Deductible \$ \_\_\_\_\_

(c) Is Broad Form Money required? YES \_\_\_\_\_ NO \_\_\_\_\_  
**If "YES", please advise what amount is required at each location:**

LOCATION	AMOUNT

When your Insured's premises are closed for business, describe where their money and securities (including payroll) are stored (e.g. vault, safe, night depository, locked drawer or filing cabinet):

\_\_\_\_\_

Are there any times during the year when the Insured's maximum exposure is greater than the amount required above? YES \_\_\_\_\_ NO \_\_\_\_\_

**If "YES", please explain:** \_\_\_\_\_

\_\_\_\_\_

(d) **AUDITS AND INTERNAL CONTROLS**

	<u>Cash and Accounts</u>	<u>Inventory of Merchandise</u>
(1) (i) How often is a complete audit made?	_____	_____
(ii) By whom?	_____	_____
(iii) Are all premises audited?	_____	_____

(2) Are bank accounts reconciled by someone not authorized to deposit or withdraw therefrom? YES \_\_\_\_\_ NO \_\_\_\_\_

**If "NO", please explain:** \_\_\_\_\_  
 \_\_\_\_\_

How often? Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Other \_\_\_\_\_

(3) Will countersignature of all cheques or similar written instructions be required? YES \_\_\_\_\_ NO \_\_\_\_\_

**If "NO", please explain:** \_\_\_\_\_  
 \_\_\_\_\_

(4) Does someone outside your Accounts Payable Unit confirm correctness of all invoices paid? YES \_\_\_\_\_ NO \_\_\_\_\_

Are these invoices stamped "Paid" at time cheques are issued to prevent duplicated cheques being issued later to fictitious persons? YES \_\_\_\_\_ NO \_\_\_\_\_

(5) Are all cheques (outgoing) prenumbered and all numbers accounted for, including voided cheques? YES \_\_\_\_\_ NO \_\_\_\_\_

(6) What percentage of receipts are cash? \_\_\_\_\_ cheques? \_\_\_\_\_ other? \_\_\_\_\_

(7) Is payroll by cash? \_\_\_\_\_ cheque? \_\_\_\_\_ direct deposit \_\_\_\_\_ other? \_\_\_\_\_

**8. PROPERTY:**

(a) Please provide a complete list of BUILDINGS, CONTENTS AND EQUIPMENT indicating **REPLACEMENT COST VALUES** for insurance **ON A PER LOCATION BASIS:**

Please indicate separate values between contents and equipment NOT permanently attached in the ambulances. (Attach a separate list if there is not enough space below)

	<u>OCCUPANCY</u>	<u>OWN RENT LEASE</u>	<u>ADDRESS</u>	<u>BUILDING VALUE</u>	<u>CONTENTS/EQUIPMENT VALUE</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

Complete a copy of the attached Risk Management/Inspection Services form for each location. This will provide us with complete underwriting details.

Identify all Loss Payees/Mortgagees and indicate which locations they correspond to:

\_\_\_\_\_

(b) **DATA PROCESSING INSURANCE:**  
 (Complete if Computer BREAKDOWN coverage is required)

Location		Equipment/ Hardware Replacement Cost	Lap Tops/ Notebooks Replacement Cost	Media/Software Replacement Cost	Data Processing Extra Expense
Occupancy	Address				
1.					
2.					
3.					
4.					
<b>TOTALS:</b>					

(c) Are ALL locations and values included in the above sections (a) and (b), which are owned, leased, rented or under the control of the insured?

YES \_\_\_\_\_ NO \_\_\_\_\_

**If "NO", please explain:**

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(d) Specify preferred deductible for 8(a) & 8(b): \$ \_\_\_\_\_ (MINIMUM \$ 1,000.)

**9. OTHER PROPERTY EXPOSURES:**

Does the Insured require any special/additional property coverage/protection (such as fine arts, flood & earthquake, rental income, business interruption, etc.)? YES \_\_\_\_\_ NO \_\_\_\_\_

**If "YES", please advise what coverage is required and the limit/amount::**

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**10. BOILER AND MACHINERY (MACHINERY BREAKDOWN):**

(a) Would there be a Boiler & Machinery Exposure at any of the Insured's locations? YES \_\_\_\_\_ NO \_\_\_\_\_

(Boilers, Pressure Vessels (Fire and Unfired), Air Conditioning Units, Miscellaneous Electrical Apparatus, Electronic Equipment)

If "YES", please advise which locations and type of equipment.

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(b) Please indicate which of the following forms of coverage is preferred:

Comprehensive Form

Equipment Breakdown Protection Form (This form of coverage is a product exclusive to our Company on eligible risks. Additional unlimited coverage is provided for your business equipment).

What is the replacement value of the electronic equipment? \$ \_\_\_\_\_

(c) Specify preferred deductible: \$ \_\_\_\_\_ (MINIMUM \$ 1,000.)

(d) Please provide a contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

NOTE: A full risk inspection will be done by Boiler Inspectors of all properties listed.

**11. CLAIMS HISTORY:**

Please indicate the types of claims incurred over the past five years. Incurred claims would include all payments plus a reserve for outstanding claims.

YEAR	TYPE OF CLAIM	AMOUNT PAID	RESERVE FOR UNPAID CLAIM

DATE: \_\_\_\_\_

COMPLETED BY: \_\_\_\_\_ POSITION: \_\_\_\_\_

**Risk Management/Inspection Services – please complete for each building**

Insured: \_\_\_\_\_

Occupancy: \_\_\_\_\_

Location: \_\_\_\_\_

Municipal Protection	
Full Time Brigade	
Volunteer Brigade	
Miles to Fire Hall	
Hydrants >6"	

Building Protection	
Standpipes	
Siamese Connectors	
Extinguishers	
Fire Blankets	
Auto Wc/Dc/Co2	
Fire Doors	
Emergency Lighting	
Exit Signs	

Security	
24 Hr Occupancy	
Watchman Service	
Fenced Premises	
Exterior Lighting	

Alarms	Loc.	Mon
Smoke Detectors		
Heat Detectors		
Pull Stations		
Intrusion Alarm		
Surveillance Cameras		

Sprinklers	Loc.	Mon
Wet System		
Dry System		
% of Building		

General Information	
Year Built	
Height	
Dimensions	
Gross Area	
Est. Value	
Heritage Designation	

Construction Details					
Exterior Walls		Interior Walls		Finish	
Poured Concrete		Poured Concrete		Drywall	
Precast Concrete		Precast Concrete		Plaster	
Stone		Stone		Glazed Tile	
Brick on Block		Brick on Block		Metal	
Solid Brick		Solid Brick		Wood (T & G)	
Concrete Block		Concrete Block		Panelled	
Brick Veneer		Brick Veneer		Plywood	
Steel on Steel		Metal Stud		Aspenite	
Heavy Timber		Heavy Timber		Wallpaper	
Metal Clad/Frame		Wood Stud		Paint	
Frame		None		None	

Roof					
Style		Structural Members		Decking	
Peak		Steel Joists		Concrete	
Sloped		Laminated Beams		Steel	
Flat		Heavy Timber		Mill >2"	
Dome		Wood Joists		Wood	
				Aspenite	

Floors		Finish		Ceilings	
Concrete		Terrazzo		Acc/Susp Tile	
Wood		Ceramic Tile		Plaster	
Asphalt		Hardwood		Drywall	
Gravel		Carpet		Metal	
Dirt		Vinyl Tile/Linoleum		Wood (T & G)	
# of Elevators		Paint		Plywood	
		None		Aspenite	
				Open to Deck	

Boiler Room		H.V.A.C.		Electrical	
Hot Water		Heat Pump		Conduit	
Steam		Forced Air		Bx	
Floor		Elec. Baseboards		Romex	
Walls		Unit Heaters		Breakers	
Ceiling		Infra-Red Radiant		Fuses	
Door Closure		Central Air (BTU's)		Borrowed	
Door Class		Air Exchange Units		Back-up Generator	
				Transformers	

Comments: \_\_\_\_\_

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

# **AMBULANCE SERVICE QUESTIONNAIRE**

NOTES: (1) We require a **minimum** of 14 days to provide a quote.  
(2) A different application is required for **Educational Institutions, Specialty Lines and Health Care.**  
(3) Only complete those sections of this questionnaire for which coverage is required.

## **2. GENERAL INFORMATION:**

(a) NAME OF INSURED: \_\_\_\_\_  
KEY CONTACT: \_\_\_\_\_ POSITION: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_ Website: \_\_\_\_\_

BROKER NAME: \_\_\_\_\_  
BROKERAGE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_ Website: \_\_\_\_\_

How long have you had this account and/or known the Insured: \_\_\_\_\_

(b) Nature of Insured's activities/operations: \_\_\_\_\_  
Radius of Operation: \_\_\_\_\_

(c) Applicant is: \_\_\_\_\_ For Profit Organization or \_\_\_\_\_ Not For Profit Organization

(d) Is the applicant incorporated? YES \_\_\_\_\_ NO \_\_\_\_\_

If incorporated, Date: \_\_\_\_\_ Act/Jurisdiction: \_\_\_\_\_

\* If incorporated, a copy of the Letters Patent is required.

(e) Please indicate if privately owned: YES \_\_\_\_\_ NO \_\_\_\_\_

(f) Conducted business continuously since: \_\_\_\_\_

(g) Total Budget for next twelve months: \_\_\_\_\_

(h) (1) Indicate Insured's sources of income and the percentage of their total revenue generated from each:

		%
		%

(2) Indicate fundraising activities, including receipts and the number of times the event occurs per year:

\_\_\_\_\_

\_\_\_\_\_

(i) Present Insurer: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Premium: \$ \_\_\_\_\_

Are you the incumbent broker? YES \_\_\_\_\_ NO \_\_\_\_\_

Is the present Insurer offering renewal? YES \_\_\_\_\_ NO \_\_\_\_\_

**If "NO", why not?** \_\_\_\_\_

Are they restricting cover? YES \_\_\_\_\_ NO \_\_\_\_\_

**If "YES", why and how?** \_\_\_\_\_

(j) Is the Insured a member of the Provincial Association? YES \_\_\_\_\_ NO \_\_\_\_\_

**2. GENERAL LIABILITY:**

(a) Limit of Liability requested: \$ \_\_\_\_\_  
 Level of Deductible requested: \$ \_\_\_\_\_

(b) Total Number of Employees: \_\_\_\_\_ Total Payroll (including benefits) \$ \_\_\_\_\_  
 Total Number of Volunteers: \_\_\_\_\_ Annual Receipts \$ \_\_\_\_\_

Is Workplace Safety Insurance (WSIB) carried? YES \_\_\_\_\_ NO \_\_\_\_\_

Identify and provide numbers of all **Professional Employees** by category, and indicate whether they are full-time or part-time:

CATEGORY	NUMBER	
	FULL-TIME	PART-TIME

(c) Do they have any contractual agreements with others? YES \_\_\_\_\_ NO \_\_\_\_\_  
**If "YES", please provide copies.**

(d) Is Tenants' Legal Liability required? YES \_\_\_\_\_ NO \_\_\_\_\_  
**If "YES", advise locations and amounts:** \_\_\_\_\_

(e) A complete description of Insured's operations/activities is required. **Please attach brochures and/or a separate written statement.**

(f) (i) What procedures does Insured follow to hire and screen prospective employees?  
Check references \_\_\_\_\_ Police Records Check \_\_\_\_\_ Other, please describe: \_\_\_\_\_  
\_\_\_\_\_

(ii) Do they have a formal written policy for their employees that prohibits abuse?  
**If "YES", please attach full details.** YES \_\_\_\_\_ NO \_\_\_\_\_

(iii) Do they offer a formal orientation/training program for new employees?  
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(iv) What mechanisms does Insured have in place to train, monitor and evaluate employees after they have been hired?  
\_\_\_\_\_  
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(v) What are Insured's procedures for handling allegations or complaints made against their employees?  
\_\_\_\_\_  
\_\_\_\_\_

(vi) Have any allegations of abuse been made against the Insured, an employee, or any other person associated with their organization during the past 5 years?  
YES \_\_\_\_\_ NO \_\_\_\_\_  
**If "YES", please provide details:**  
\_\_\_\_\_

(vii) Provide details of abuse prevention and awareness training:  
\_\_\_\_\_

**3. ERRORS AND OMISSIONS AND DIRECTORS' AND OFFICERS':**

(This policy is only available to Incorporated Non-Profit Entities)

Does the Insured require E&O and D&O coverage? YES \_\_\_\_\_ NO \_\_\_\_\_

**If "YES", please complete the E&O/D&O Proposal Form.**

**Since the Proposal Form constitutes part of the E&O and D&O policy, coverage cannot be bound or a policy issued until the original Proposal Form is fully completed, duly signed, dated, and received by the Insurer.**

**4. NON-OWNED AUTOMOBILE:**

Does Insured ever rent vehicles for short periods of time? YES \_\_\_\_\_ NO \_\_\_\_\_

**If "YES", how often:**

\_\_\_\_\_

**5. AUTOMOBILE:** If more than five (5) vehicles, please complete the Fleet Supplemental questionnaire.

(a) Does Insured own or lease any vehicles? YES \_\_\_\_\_ NO \_\_\_\_\_

**If "YES", please ensure an automobile application (OAF1) is completed and provide full details in the chart below for each licensed vehicle.**

(b) Advise what automobile coverage, limits, and deductibles are required:

(MINIMUM \$ 1,000. All Perils, \$ 1,000. Collision, \$ 500. Comprehensive):

\_\_\_\_\_

\_\_\_\_\_

YEAR	MAKE	VIN#	RIN#	IF PRIVATELY OWNED, INDICATE LPN. IF MUNICIPALLY OWNED, INDICATE REPLACEMENT VALUE. VALUES MUST INCLUDE PERMANENTLY ATTACHED EQUIPMENT.

**6. OTHER LIABILITY EXPOSURES:**

(a) Does the Insured have any environmental liability exposures? YES \_\_\_\_\_ NO \_\_\_\_\_  
**If "YES", please provide details and advise if environmental liability insurance is required:**

\_\_\_\_\_

(b) Does the Insured require any special/additional liability coverage/protection?  
**If "YES", please describe:** YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_

**7. CRIME:**

(a) Please advise the number of persons by Class (A and B) that handle money or have signing authority:  
 # Class A \_\_\_\_\_  
 # Class B \_\_\_\_\_  
*(NOTE: **Class A** Employees are those who, as part of their regular duties, handle or have custody of money, securities or merchandise, or cheque signing authority. **Class B** Employees are all others.)*

(b) What form (BPB or CBB) of bond and limit is required?  
 Blanket Position  Commercial Blanket   
 Limit \$ \_\_\_\_\_ Deductible \$ \_\_\_\_\_

(c) Is Broad Form Money required? YES \_\_\_\_\_ NO \_\_\_\_\_  
**If "YES", please advise what amount is required at each location:**

LOCATION	AMOUNT

When your Insured's premises are closed for business, describe where their money and securities (including payroll) are stored (e.g. vault, safe, night depository, locked drawer or filing cabinet):

\_\_\_\_\_

Are there any times during the year when the Insured's maximum exposure is greater than the amount required above? YES \_\_\_\_\_ NO \_\_\_\_\_

**If "YES", please explain:** \_\_\_\_\_

\_\_\_\_\_

(d) **AUDITS AND INTERNAL CONTROLS**

	<u>Cash and Accounts</u>	<u>Inventory of Merchandise</u>
(1) (i) How often is a complete audit made?	_____	_____
(ii) By whom?	_____	_____
(iii) Are all premises audited?	_____	_____

(2) Are bank accounts reconciled by someone not authorized to deposit or withdraw therefrom?  
 YES \_\_\_\_\_ NO \_\_\_\_\_

If "NO", please explain: \_\_\_\_\_  
 \_\_\_\_\_

How often? Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Other \_\_\_\_\_  
 \_\_\_\_\_ y \_\_\_\_\_

(3) Will countersignature of all cheques or similar written instructions be required?  
 YES \_\_\_\_\_ NO \_\_\_\_\_

If "NO", please explain: \_\_\_\_\_  
 \_\_\_\_\_

(4) Does someone outside your Accounts Payable Unit confirm correctness of all invoices paid?  
 YES \_\_\_\_\_ NO \_\_\_\_\_

Are these invoices stamped "Paid" at time cheques are issued to prevent duplicated cheques being issued later to fictitious persons?  
 YES \_\_\_\_\_ NO \_\_\_\_\_

(5) Are all cheques (outgoing) pre-numbered and all numbers accounted for, including voided cheques?  
 YES \_\_\_\_\_ NO \_\_\_\_\_

(6) What percentage of receipts are cash? \_\_\_\_\_ cheques? \_\_\_\_\_ other? \_\_\_\_\_

(7) Is payroll by cash? \_\_\_\_\_ cheque? \_\_\_\_\_ direct deposit \_\_\_\_\_ other? \_\_\_\_\_

**8. PROPERTY:**

(a) Please provide a complete list of BUILDINGS, CONTENTS AND EQUIPMENT indicating **REPLACEMENT COST VALUES** for insurance **ON A PER LOCATION BASIS:**

Please indicate separate values between contents and equipment NOT permanently attached in the ambulances. (Attach a separate list if there is not enough space below)

	<u>OCCUPANCY</u>	<u>OWN RENT LEASE</u>	<u>ADDRESS</u>	<u>BUILDING VALUE</u>	<u>CONTENTS/EQUIPMENT VALUE</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

Complete a copy of the attached Risk Management/Inspection Services form for each location. This will provide us with complete underwriting details.

Identify all Loss Payees/Mortgagees and indicate which locations they correspond to:  
 \_\_\_\_\_

(b) **DATA PROCESSING INSURANCE:**  
 (Complete if Computer BREAKDOWN coverage is required)

Location		Equipment/ Hardware Replacement Cost	Lap Tops/ Notebooks Replacement Cost	Media/ Software Replacement Cost	Data Processing Extra Expense
Occupancy	Address				
1.					
2.					
3.					
4.					
<b>TOTALS:</b>					

(c) Are ALL locations and values included in the above sections (a) and (b), which are owned, leased, rented or under the control of the insured?

YES \_\_\_\_\_ NO \_\_\_\_\_

**If "NO", please explain:**

---

(d) Specify preferred deductible for 8(a) & 8(b): \$ \_\_\_\_\_ (MINIMUM \$ 1,000.)

**9. OTHER PROPERTY EXPOSURES:**

Does the Insured require any special/additional property coverage/protection (such as fine arts, flood & earthquake, rental income, business interruption, etc.)? YES \_\_\_\_\_ NO \_\_\_\_\_

**If "YES", please advise what coverage is required and the limit/amount::**

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**10. BOILER AND MACHINERY (MACHINERY BREAKDOWN):**

(a) Would there be a Boiler & Machinery Exposure at any of the Insured's locations? YES \_\_\_\_\_ NO \_\_\_\_\_

(Boilers, Pressure Vessels (Fire and Unfired), Air Conditioning Units, Miscellaneous Electrical Apparatus, Electronic Equipment)

If "YES", please advise which locations and type of equipment.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(b) Please indicate which of the following forms of coverage is preferred:

Comprehensive Form

Equipment Breakdown Protection Form (This form of coverage is a product exclusive to our Company on eligible risks. Additional unlimited coverage is provided for your business equipment).

What is the replacement value of the electronic equipment? \$ \_\_\_\_\_

(c) Specify preferred deductible: \$ \_\_\_\_\_ (MINIMUM \$ 1,000.)

(d) Please provide a contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

NOTE: A full risk inspection will be done by Boiler Inspectors of all properties listed.

**11. CLAIMS HISTORY:**

Please indicate the types of claims incurred over the past five years. Incurred claims would include all payments plus a reserve for outstanding claims.

YEAR	TYPE OF CLAIM	AMOUNT PAID	RESERVE FOR UNPAID CLAIM

DATE: \_\_\_\_\_

COMPLETED BY: \_\_\_\_\_ POSITION: \_\_\_\_\_

**Risk Management/Inspection Services – please complete for each building**

Insured: \_\_\_\_\_

Occupancy: \_\_\_\_\_

Location: \_\_\_\_\_

Municipal Protection	
Full Time Brigade	
Volunteer Brigade	
Miles to Fire Hall	
Hydrants >6"	

Building Protection	
Standpipes	
Siamese Connectors	
Extinguishers	
Fire Blankets	
Auto Wc/Dc/Co2	
Fire Doors	
Emergency Lighting	
Exit Signs	

Security	
24 Hr Occupancy	
Watchman Service	
Fenced Premises	
Exterior Lighting	

Alarms	Loc.	Mon
Smoke Detectors		
Heat Detectors		
Pull Stations		
Intrusion Alarm		
Surveillance Cameras		

Sprinklers	Loc.	Mon
Wet System		
Dry System		
% of Building		

General Information	
Year Built	
Height	
Dimensions	
Gross Area	
Est. Value	
Heritage Designation	

Construction Details					
Exterior Walls		Interior Walls		Finish	
Poured Concrete		Poured Concrete		Drywall	
Precast Concrete		Precast Concrete		Plaster	
Stone		Stone		Glazed Tile	
Brick on Block		Brick on Block		Metal	
Solid Brick		Solid Brick		Wood (T & G)	
Concrete Block		Concrete Block		Panelled	
Brick Veneer		Brick Veneer		Plywood	
Steel on Steel		Metal Stud		Aspenite	
Heavy Timber		Heavy Timber		Wallpaper	
Metal Clad/Frame		Wood Stud		Paint	
Frame		None		None	

Roof					
Style		Structural Members		Decking	
Peak		Steel Joists		Concrete	
Sloped		Laminated Beams		Steel	
Flat		Heavy Timber		Mill >2"	
Dome		Wood Joists		Wood	
				Aspenite	

Floors	
Concrete	
Wood	
Asphalt	
Gravel	
Dirt	
# of Elevators	

Finish	
Terrazzo	
Ceramic Tile	
Hardwood	
Carpet	
Vinyl Tile/Linoleum	
Paint	
None	

Ceilings	
Acc/Susp Tile	
Plaster	
Drywall	
Metal	
Wood (T & G)	
Plywood	
Aspenite	
Open to Deck	

Boiler Room	
Hot Water	
Steam	
Floor	
Walls	
Ceiling	
Door Closure	
Door Class	

H.V.A.C.	
Heat Pump	
Forced Air	
Elec. Baseboards	
Unit Heaters	
Infra-Red Radiant	
Central Air (BTU's)	
Air Exchange Units	

Electrical	
Conduit	
Bx	
Romex	
Breakers	
Fuses	
Borrowed	
Back-up Generator	
Transformers	

Comments: \_\_\_\_\_

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_