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CHILDREN'S AID SOCIETY QUESTIONNAIRE

NOTES: (1) We require a **minimum** of 14 days to provide a quote.
(2) Only complete those sections of this questionnaire for which coverage is required.

ALL QUESTIONS MUST BE ANSWERED.

- (i) If there is no answer, please indicate "None" or "Not Applicable".
- (ii) Where space provided is insufficient, please use separate sheets of paper.

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) Conducted business continuously since: _____

(c) Number of Board Members: _____

(d) Total Budget for next twelve months: _____

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

(f) 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? _____

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 **Employees** by category, and indicate whether they are full-time or part-time:

CATEGORY	NUMBER	
	FULL-TIME	PART-TIME
Administration:		
Clerical:		
Social Workers:		
Adult Protection Service Workers:		
Supervisors:		
Child Care Workers:		
Others: including any Professionals:		

Number of Children in care: _____
 Number of Foster Homes: _____
 Number of Group Homes: _____

(c) Identify any Additional Insured which is not a Bona Fide Committee of the C.A.S. Board and describe their operation and why the C.A.S. Board is responsible for them.

(d) Does Insured ever serve/provide alcohol during any of their functions or events?
 YES _____ NO _____

If "YES", please provide details:

(e) Is Tenants' Legal Liability required? YES _____ NO _____
 If "YES", advise locations and amounts. _____

(f) Do they have any contractual agreements with others? YES _____ NO _____

If "YES", please provide copies.

(g) (i) What procedures does Insured follow to hire and screen prospective employees/volunteers/foster parents?
Check references _____ Police Records Check _____ Other, please describe: _____
Confirm all Employees checked. _____

(ii) Do they have a formal written policy for their employees/volunteers/foster parents that prohibits abuse?
If "YES", please attach full details/Copy of Program. YES _____ NO _____

(iii) Do they offer a formal orientation/training program for new employees/volunteers/foster parents?
If "YES", please attach details. YES _____ NO _____

(iv) What mechanisms does Insured have in place to train, monitor and evaluate employees/volunteers/foster parents after they have been hired?
Please attach copy of Training Program _____

(v) What are Insured's procedures for handling allegations or complaints made against their employees/volunteers/foster parents?
Please attach copy of Procedures _____

(vi) Have any allegations of abuse or professional negligence 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:
Please attach copy of Program _____

3. ERRORS & OMISSIONS/CORPORATE INDEMNIFICATION COVERAGE:

Limit of Liability requested.

(a) Errors & Omissions \$ _____

(b) Corporate Indemnification Coverage \$ 1,000,000.

\$ 2,500,000.

(c) **ADDITIONAL INFORMATION:**

(i) Do you have any involvement in the activities and operation of any political committee or those of a trade union or federation? YES _____ NO _____

(ii) Are you currently or have you during the past twelve months been in arrears of any payments or monies payable to Revenue Canada or the provincial ministries of revenue? YES _____ NO _____

(iii) Have you at any time during the last 5 years been in breach of any of your debt covenants, loan agreements or contractual obligations or do you anticipate any such breach occurring within the next twelve months? YES _____ NO _____

(iv) Have you changed your outside accountant or external legal counsel during the last 5 years? YES _____ NO _____

(v) Have you currently or have you at any time during the last 3 years:
(i) sought protection under the Companies' Creditors Arrangement Act? or
(ii) made a commercial proposal under Part III of the Bankruptcy and Insolvency Act? YES _____ NO _____

(If the answer to any of the above questions is "YES", please provide full details.)

(d) **OPERATIONS:**

Do you, the Insured, or any person(s) proposed for this insurance perform any of the following:

(i) Provide counseling services, referral services, legal aid services, computer services, or medical services to the public or others? YES _____ NO _____

(ii) Act as or participate in a peer review group or committee for assessing the qualifications and performance of others or the quality of products manufactured, sold, handled or distributed by others? YES _____ NO _____

(iii) Take any disciplinary action or recommend disciplinary action as a result of peer review group activities? YES _____ NO _____

(iv) Develop standards used to evaluate the quality of goods, products manufactured or services rendered? YES _____ NO _____

(v) Engage in activities such as lobbying or labour negotiation? YES _____ NO _____

(If the answer is "YES" to any of the above questions, please provide full details.)

(e) **CONTEMPLATED CHANGES:**

- (i) Have there been any changes in the Directors, Trustees or Officers in the past 12 months? YES _____ NO _____
- (ii) Do you have under consideration at the present time or do you contemplate any acquisitions, divestitures, tender offers or mergers? YES _____ NO _____

(If the answer is "YES" to any of the above questions, please provide full details.)

(f) **DIRECTORS OR TRUSTEES:**

- (i) Number of Board Members _____
- (ii) Number of Officers _____
- (iii) How frequently does the Board of Directors meet? _____
- (iv) How many Board Members constitute a quorum? _____
- (v) Is the agenda and minutes from the previous board meetings available ten days prior to each board meeting date? YES _____ NO _____
- (vi) Are there any loans outstanding or anticipated to Board Members or Officers or Corporations controlled by them? YES _____ NO _____
- (vii) Does each Board Member have a formal job description which clearly defines the scope of their duties? YES _____ NO _____

(g) **OPERATIONAL PROCEDURES:**

- (i) Are the Board Members and Committee Members informed of new developments, and the operation's results? YES _____ NO _____
- (ii) Have standard decision making procedures been defined? YES _____ NO _____
- (iii) Does a procedure for documenting major decisions and events exist? YES _____ NO _____
- (iv) Does a procedure for retention of essential legal, financial and personnel records exist? YES _____ NO _____

(h) **LEGAL:**

- (i) What is the source of the board's legal advice? _____
- (ii) Do legal advisers make regular presentations to the board to review the responsibilities of the Board Members? YES _____ NO _____

(iii) Are all persons required to obtain legal counsel prior to publicly commenting on any of the Insured's activities? YES _____ NO _____

(i) **NOTICE:**

Identify the Officer of the Named Insured designated to receive all notices from the Insurer concerning this insurance:

NAME: _____ **TITLE:** _____
(Please Print)

(j) **ATTACHMENTS:**

Please submit one copy of each of the following documents which will be considered to be part of this proposal:

- (i) Last 3 years' annual reports including financial statements
- (ii) Latest interim financial statement
- (iii) By-Laws of the Insured
- (iv) List of Board Members and Officers (complete the attached or provide a list)
- (v) List of Committees (complete the attached or provide a list)
- (vi) Sample of any newsletter published by the Insured

(k) **WARRANTIES AND SIGNATURE:**

THE NAMED INSURED DOES HEREBY PROVIDE THE FOLLOWING WARRANTIES TO THE INSURER:

(i) No **Claim** which would, had insurance similar to that now proposed been in force, have fallen within the scope of such insurance has been made or is now pending against any person(s) proposed for this insurance in the capacity of Insured, except as follows:

(ii) No person proposed for this insurance is cognizant of any fact or circumstance or of any **Wrongful Act** which might possibly give rise to a future **Claim** such as would fall within the scope of the proposed insurance except as follows:

(iii) No similar insurance on behalf of the Named Insured has been declined or cancelled or renewal thereof refused, except as follows:

(iv) Neither the Named Insured nor any of the Additional Insureds has been involved in or has any knowledge of any currently pending insolvency and/or bankruptcy, anti-trust, combines, price fixing, restraint of trade tax, copyright, patent, securities law or regulation infringement or government regulatory or administrative proceedings against the Named Insured and/or the Additional Insureds, except as follows:

(v) No fact, circumstance or situation indicating the possibility of a **Claim** against which indemnification would be afforded by the proposed insurance is now known to any person(s) applying for this insurance other than which is disclosed in this form.

It is specifically agreed by all concerned that if any person(s) applying for this insurance has any knowledge of any such fact, circumstance or situation, any **Claim** subsequently emanating therefrom will be excluded from coverage under the proposed insurance.

- (vi) The undersigned Board Member of the Named Insured is duly authorized to make representations and to sign on behalf of all the Additional Insureds and the Named Insured and declares that the statements herein are true and complete.
- (vii) The undersigned Board Member of the Named Insured declares that the financial statements submitted with this proposal form are representative of the current financial position of the Named Insured.
- (viii) It is agreed that in the event that there is any material change in the answers to the questions contained herein prior to the effective date of the policy, the Named Insured will notify the Insurer and, at the sole discretion of the Insurer, any outstanding quotations may be modified or withdrawn.

N.B. COVERAGE CANNOT BE BOUND UNLESS THIS PROPOSAL FORM HAS BEEN DULY COMPLETED AND DULY SIGNED AND DATED.

Named Insured

Name of Director (in block letters)

Date

Signature of Director

LIST OF BOARD MEMBERS AND OFFICERS OF THE NAMED INSURED

BOARD MEMBERS AND OFFICERS	OCCUPATION

LIST OF COMMITTEES OF THE NAMED INSURED

NAME OF COMMITTEE	BRIEF DESCRIPTION OF FUNCTIONS

4. NON-OWNED AUTOMOBILE:

(a) Number of employees/volunteers who drive their own personal vehicle on Insured's business: _____

(b) 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) Please indicate which vehicles, if any, are designated for the sole use of any one person as a business and pleasure vehicle (Company car).

(c) Please indicate which vehicles, if any, are licensed as public vehicles.

(d) Advise what automobile coverage, limits, and deductibles are required (MINIMUM \$ 1,000. All Perils, \$ 1,000. Collision, \$ 500. Comprehensive): _____

YEAR	MAKE	VIN #	RIN #	SEATING CAPACITY	USE	LIST PRICE NEW

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 Limit \$ _____
 Commercial Blanket 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>
(i)	(i) How often is a complete audit made?	_____		_____
	(ii) By whom?	_____		_____
	(iii) Are all premises audited?	_____		_____
(ii)	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 _____		
(iii)	Will countersignature of all cheques or similar written instructions be required?	YES _____		NO _____
	If "NO", please explain:	_____		
(iv)	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 _____
(v)	Are all cheques (outgoing) prenumbered and all numbers accounted for, including voided cheques?	YES _____		NO _____
(vi)	What percentage of receipts are cash? _____ cheques? _____ other? _____			
(vii)	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:**

NOTE: Please indicate separate values between contents, playground equipment and fencing.

(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>	<u>MAXIMUM NUMBER OF VEHICLES *</u>
1.	_____					
2.	_____					
3.	_____					
4.	_____					

* For underwriting/reinsurance purposes, please identify the maximum number of vehicles in a specific building at any one time.

NOTE: If more than 1 location is listed, are any locations within 100 feet of each other?

YES _____ NO _____ IF YES, what is the exact distance? _____

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.					
TOTALS:					

(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, profits, gross earnings, gross revenues, tuition fees, etc.)?

YES _____ NO _____

If "YES", please advise what coverage is required and the limit/amount ON A PER LOCATION BASIS:

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: _____

DIAGRAM - Please draw buildings below, label and give exact distance between each for underwriting/reinsurance purposes.

Location: _____

N
W + E
S

