



Frank Cowan Company Limited
4 Cowan Street East
Princeton, ON N0J 1V0
www.frankcowan.com
1-800-265-4000
Phone: 519-458-4331 Fax: 519- 458-4366

EDUCATIONAL INSTITUTION QUESTIONNAIRE

**FOR USE WITH: Universities, Colleges of Applied Arts and Technology
Public and Separate School Boards
Christian and Private Schools**

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.
(3) The Fleet Supplemental Questionnaire is required for buses.

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: _____

(c) Applicant is: _____ For Profit Organization _____ Not For Profit Organization

(d) Applicant is: _____ Corporation _____ Partnership _____ Sole Proprietor

Date of incorporation: _____ Act/Jurisdiction: _____
If incorporated, a copy of the Letters Patent is required.

(e) Governing Bodies, Officers, Trustees Number of each
 Officers _____
 Board of Trustees _____
 Advisory Board Members _____

(f) Conducted business continuously since: _____

(g) Total Budget for next twelve months: _____

(h) Indicate all sources of income and the percentage of their total revenue:
 (include: type and frequency of fundraising activities, bookstore operations, retail operations, tuition, etc.)

		%
		%
		%
		%
		%

(i) Present Insurer: _____

Expiry Date: _____ Expiring Premium: \$ _____

Are you the incumbent broker? YES _____ NO _____

Are renewal terms being offered by current Insurer? YES _____ NO _____

If "NO", why not? _____

Is coverage restricted? YES _____ NO _____

If "YES", what coverages/limits and why? _____

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. Indicate whether they are full-time or part-time:

CATEGORY	NUMBER	
	FULL-TIME	PART-TIME

(c) Is alcohol served/provided during functions or events? YES _____ NO _____
If "YES", provide details (eg: type of event and alcohol):

(d) Are there any contractual agreements with others? YES _____ NO _____
If "YES", attach copies.

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

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

(g) (i) What procedures are followed when hiring and screening prospective employees?
References checked _____ Police records checked _____ Other, describe: _____

(ii) Is there a formal written policy that prohibits abuse that the employees follow?
If "YES", attach a copy of the policy. YES _____ NO _____

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

(iv) Is a formal orientation/training program offered for new employees?
If "YES", attach details. YES _____ NO _____

(v) What mechanisms are in place to train, monitor, and evaluate employees? List and describe.

(vi) What procedures are followed for handling allegations and/or complaints made against employees?

(vii) 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", provide details:

(h) Attach a current school calendar and/or directory outlining programs of study.

Enrolments:

	Number of	
Full-time students (non-resident)	_____	(Provide copy of agreement)
Part-time students (including night school)	_____	
Students in residence/boardings	_____	

(i) Are watercraft owned, leased or chartered by the Insured? YES _____ NO _____
If "YES", provide details:

(j) Are aircraft owned, leased or charter by the Insured? YES _____ NO _____
If "YES", provide details:

(k) Provide annual advertising expenditures and identify media used:

(l) Is there a campus pub? If yes, complete the supplemental pub questionnaire. YES _____ NO _____

(m) Student Organizations: YES _____ NO _____

(i) Are any incorporated? YES _____ NO _____

(ii) Number of members _____

(iii) Please provide details of activities:

(iv) Are there any contractual agreements? YES _____ NO _____
(If "YES", attach copies)

(v) Do these organizations require separate insurance (i.e. liability, fidelity bond, money and securities, non-owned automobile, contents, and/or equipment)?

YES _____ NO _____

If "YES", provide details:

- (n) Are there "Out of country" trips /destinations: YES _____ NO _____
 If yes, provide:
 a. Number of students involved _____
 b. Destinations _____
 c. Copy of the agreement between the school and parents/guardian _____
- (o) Are any school facilities rented to third parties? YES _____ NO _____
 If yes, what facilities:

<u>Purpose</u>	<u>Total Receipts</u>
Weddings	_____
Sports	_____
Other (describe)	_____

- (p) List all reciprocal agreements with other schools (i.e. exchange students) and number of students involved.

- (q) List all sporting facilities on site ie. Pool, tennis courts. _____
- (r) Is there a daycare facility on the premises? YES _____ NO _____
 If yes, provide:
 a. Number of children full-time and part-time _____
 b. Number of daycare workers _____
 c. Are daycare workers certified (ie: first aid, CPR, etc.) YES _____ NO _____
 d. Hours of operation _____
 e. Are meals and beverages prepared and/or provided YES _____ NO _____
- (s) Does the school/college publish a newspaper? If yes, provide recent copy. YES _____ NO _____
- (t) Does the school do "web design" for third parties? YES _____ NO _____
 If yes,
 a. List clients _____

3. ERRORS & OMISSIONS / DIRECTORS' & OFFICERS' (Available to Incorporated Non-Profit Entities only):

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

If "YES", complete the E&O and 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:

- (a) Number of employees/volunteers who drive their own personal vehicle on Insured's business: _____
- (b) Does Insured rent vehicles for short periods of time (less than 30 days)? YES _____ NO _____
If "YES", how often: _____
- (c) Current estimated cost of hiring "non-owned" school buses under contract: _____
- (d) Current estimated cost paid as mileage to employees/governing bodies, etc.: _____

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

- (a) Does Insured own or lease any vehicles? YES _____ NO _____
If "YES", ensure an automobile application (OAF1) is completed. 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", advise if environmental liability insurance is required. If needed, provide details:

(b) Does the Insured require any special/additional liability coverage/protection?
If "YES", 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 type of bond is required?
 Blanket Position Commercial Blanket
 Limit \$ _____ Deductible \$ _____

(c) Is Broad Form Money required? YES _____ NO _____
If "YES", advise the amount required at each location:

LOCATION	AMOUNT

When the premises are closed, describe where the money and securities (including payroll) are stored (e.g. vault, type of 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 limit stated above? YES _____ NO _____

If "YES", 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", explain: _____

How often? Daily _____ Weekly _____ Monthly _____ Other _____

(3) Will countersignature of all cheques or similar written instructions be required? YES _____ NO _____
If "NO", explain: _____

(4) Does an individual outside your Accounts Payable Unit confirm correctness of all invoices paid? YES _____ NO _____

Are invoices stamped "Paid" at the time cheques are issued? YES _____ NO _____

(5) Are all cheques (outgoing) prenumbered and 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:**

NOTE: Please indicate separate values between contents, playground equipment, and fencing. (Attach a separate list if more space is required)

	<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 the attached Risk Management/Inspection Services form for each location.

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), that are owned, leased, rented or under the control of the insured?

YES _____ NO _____

If "NO", explain:

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

9. OTHER PROPERTY EXPOSURES:

Is any special/additional property coverage/protection required? (such as fine arts, flood & earthquake, rental income, profits, gross earnings, gross revenues, tuition fees, etc.)

YES _____ NO _____

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

10. BOILER AND MACHINERY (MACHINERY BREAKDOWN):

Coverage required: Comprehensive Equipment Breakdown Protection

If Equipment Breakdown Protection required, what is the replacement value of the electronic equipment? \$ _____

(a) Do any locations contain central air conditioning units or pressure units? YES _____ NO _____

If "YES", advise which locations and type of equipment:

(b) Specify preferred deductible: \$ _____ (MINIMUM \$ 1,000.)

(c) Provide a contact name: _____ Phone: _____

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

11. CLAIMS HISTORY:

Indicate the types of claims that have incurred over the past five years including all payments and outstanding reserves.

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: _____

DIAGRAM – For underwriting and reinsurance purposes, draw and label the buildings (on the premises) with exact distances between each building.

Location: _____

N
W + E
S

