



Frank Cowan Company Limited
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HOSPITAL FOUNDATION QUESTIONNAIRE

1. Named Insured: Name of Board or Boards

2. Board Members: List members including officers by name and occupation

3. Annual Report: Provide a copy of the latest annual report or financial statement.

4. List any Employees and Occupation:

5. Signing Authority of Cheques: List officers or employees with signing authority.

6. Who makes deposits and handles trust funds:

7. Sources of Funding and Revenue:

8. Any Property Owned/Leased

Any Contents & Equipment Owned

Estimated Value _____

9. Insurance Coverages Checklist: For Frank Cowan Company underwriting only.

- Board Members' Accident
- Crime Fidelity Bond/Money
- Liability
- Errors & Omissions/Corporate Indemnification for Directors and Officers
- Non-Owned Automobile
- Property – Buildings/Contents & Equipment
- Electronic Data Processing Equipment
- Legal Expense Defence Cost

10. Date of Application: _____

Signature of Applicant: _____

or

Signature of Hospital: _____

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