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SPECIALTY LINES QUESTIONNAIRE

NOTES: (1) We require a **minimum** of 14 days to provide a quote.
(2) A different application is required for **Educational Institutions and Health Care**.
(3) Only complete those sections of this questionnaire for which coverage is required.
(4) A supplemental questionnaire is required for Day Care Centres, Bus Fleets, Group Homes, Youth Homes and Residential Treatment Centres.

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 or _____ Not For Profit Organization

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

If incorporated, Date: _____ Act/Jurisdiction: _____

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

If an Association, indicate number of members: _____

(e) Conducted business continuously since: _____

(f) Number of Board Members: _____

(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? _____

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

If "YES", please provide details:

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

If "YES", please provide copies.

(e) Is Tenants' Legal Liability required? YES _____ NO _____

If "YES", advise locations and amounts: _____

- (f) A complete description of Insured's operations/activities/programs is required. **Please attach brochures and/or a separate written statement.**
- (g) Does Insured's operations include the provision of services (such as a group home, youth home, residential treatment centre, day care or other similar type of facility)? YES _____ NO _____
If "YES", is the facility licensed within the province of operation? YES _____ NO _____
If "YES", provide the number of persons receiving treatment/accommodation/care including maximum capacity:

Type of Service	Number of Persons Receiving Service	Maximum Capacity

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

- (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:

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:

(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**

Cash and Accounts

Inventory of Merchandise

- (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:**

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 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: _____

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			
Metal Clad/Frame		Wood Stud		Wallpaper	
Frame		None		Paint	
				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 - Please draw buildings below, label and give exact distance between each for underwriting/reinsurance purposes.

Location: _____

N
W + E
S

