

**Marsh Canada Limited's Insurance Program for
 School Council, Societies and Parent Groups: 2021 – 2022 Application**

RISK PROFILE

School Councils, Societies, Parent Groups and similar entities that:

- Are affiliated with a school that is a member of a Board of Education in the provinces of ON, MB, SK, AB and BC.
- Are authorized to operate as such by the relevant Board of Education.
- Majority of members / volunteers of the insured entity are either parents of students currently attending the affiliated school or staff members of the school.

Included Events:

- Meetings, raffles, luncheons, soliciting donations, selling of books / food / magazine subscriptions, playground builds (subject to WCB coverage in place for volunteers and playground equipment manufacturer providing a CSA certified inspection report), volunteering at licensed bingos / casinos to perform low hazard activities such as distributing cards and chips to gaming tables, assisting in the secured counting room.

Referral Events: (additional event insurance may be required depending on the nature of the event)

- Any sports or athletic events including baseball tournaments, soccer, curling, marathons/walks, golf, spa days, paintball, carnivals, parades, circuses, fairs, events with bouncy castles, school dances, auctions, any event outside the province where the school is located, events with more than 250 attendees , etc.

**Please complete the below form in its entirety, where a question or field does not apply please enter "N/A".
 Incomplete applications cannot be quoted for coverage.**

APPLICANT DETAILS:

1.	a.	Named Insured: (School Society, Association or Parent Group name)			
		If applicable, provide the name of second society to add as named/additional insured:			
	b.	Primary Society Contact Name:		Preferred Ph. No.:	Preferred Email:
		First:	Last:		
c.	Is your organization incorporated? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Are there any other incorporated societies that will be included on this policy <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, please name)?				
d.	How is the school principal involved with your group?				
2.	a.	School Name:	School Phone No.:	School Email:	
		Street Address:	City	Prov.	Post Code
	b.	Name of affiliated school board:			
3.	Preferred Contact For Policy Documents and Coverage: <input type="checkbox"/> School <input type="checkbox"/> Primary Society Contact				
4.	Outline of Annual Activities (if there is not enough room, please outline in a separate document and send along with your application):				
5.	At any of the functions, is alcohol being served? <input type="checkbox"/> Yes <input type="checkbox"/> No Please contact our office, as alcohol is not covered under this Policy.				
6.	Are any sports activities hosted as a fundraiser or social event? <input type="checkbox"/> Yes <input type="checkbox"/> No				
7.	Please complete the below section for ALL events that qualify as a "REFERRAL EVENT" in the risk profile above and ALL events where alcohol will be served in the upcoming school year (if there is not enough space please attach details on another sheet):				
	Location:	Date(s):	Est. no. of attendants:		Description of events: Please identify if the school is organising the event or if the society is solely responsible.
			#:	Method of Transportation:	

8.	Please provide details of vehicles, vans, buses or any other rented or chartered vehicle that IS NOT currently providing transportation for your school board:		
	Number of days per year vehicles are rented:	Types of vehicles rented:	
9.	Have you had any claims within the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, complete the below (attach a full list claims if there is not enough space below):		
	Date:	Description (who, what, where, why):	Amount Paid
			\$
		\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
		\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
10.	Are cash and other securities kept in a money-safe with a combination lock: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If no, what provisions are made for safekeeping securities?		
	What is maximum amount of cash stored?		
11.	For fundraising events:		
	• How is cash handled at fundraising events?		
	• What is the maximum amount held at any one time?		
	• What controls are in place?		
	• Are at minimum two people assigned to count cash: <input type="checkbox"/> Yes <input type="checkbox"/> No		
12.	How many members are in the Society / Association?		
13.	What is your annual revenue? \$		
OPTIONAL COVERAGE – Directors & Officers Liability <i>(only complete this section if you wish to apply for coverage for Directors & Officers Liability)</i>			
1.	I declare that there are no pending or past claims against the Organization, or any Person(s) proposed for insurance in the capacity of director, officer, employee or committee member of the Organization which, if insurance had been in force similar to that now proposed, would have fallen within the scope of such insurance. <input type="checkbox"/> Yes <input type="checkbox"/> No		
2.	I declare that in the past five (5) years, no insurer has declined, cancelled or non-renewed similar insurance <input type="checkbox"/> Yes <input type="checkbox"/> No		
3.	I declare that the corporation has not at any time during the past five (5) years been in breach of its debts, covenants or loan agreements. <input type="checkbox"/> Yes <input type="checkbox"/> No		
4.	I declare that no person proposed for this insurance is cognizant of any wrongful act or circumstance which he/she has reason to suppose might afford grounds for any future claim which would fall within the scope of the proposed insurance. <input type="checkbox"/> Yes <input type="checkbox"/> No		
5.	I declare that no fact, circumstance or situation indicating the possibility of a claim or action against which indemnification is or would be afforded by the proposed insurance is now known to any Officer of this organization. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Policy Period October 1, 2021 to October 1, 2022 New applicant premiums will be prorated to your coverage start date. Please select your desired coverage from the options below, note only Directors & Officers Liability coverage is optional.			
Option 1: Annual Revenues less than \$50,000			
<input type="checkbox"/> \$5M Commercial General Liability (\$515)	<input type="checkbox"/> \$25,000 Crime (included \$0)	Optional Coverage:	
	<input type="checkbox"/> \$50,000 Crime (\$35)	<input type="checkbox"/> \$2M Directors & Officers Liability (\$350)	
	<input type="checkbox"/> \$100,000 Crime (\$50)	<input type="checkbox"/> \$5M Directors & Officers Liability (\$400)	
Option 2: Annual Revenues greater than \$50,000, less than \$100,000			
<input type="checkbox"/> \$5M Commercial General Liability (\$640)	<input type="checkbox"/> \$25,000 Crime (included \$0)	Optional Coverage:	
	<input type="checkbox"/> \$50,000 Crime (\$35)	<input type="checkbox"/> \$2M Directors & Officers Liability (\$350)	
	<input type="checkbox"/> \$100,000 Crime (\$50)	<input type="checkbox"/> \$5M Directors & Officers Liability (\$400)	

Option 3: Annual Revenues greater than \$100,000 - Please call 1-888-725-5137 for a quote(s)		
<input type="checkbox"/> \$5M Commercial General Liability	<input type="checkbox"/> \$25,000 Crime	Optional Coverage:
	<input type="checkbox"/> \$50,000 Crime	<input type="checkbox"/> \$2M Directors & Officers Liability
	<input type="checkbox"/> \$100,000 Crime	<input type="checkbox"/> \$5M Directors & Officers Liability
- AND/OR -		
Option 4: Single Event Insurance (Time-On-Risk Policy) - Please call 1-888-725-5137 for a quote(s)		
<input type="checkbox"/> \$5M Commercial General Liability		
Description of Event:		
Date of Event:	From:	To:
All Options: \$10,000 Blanket Contents Coverage limit (\$0) for a higher limit please complete the below		
<input type="checkbox"/> \$	Contents - Please call 1-888-725-5137 for a quote(s)	
Total Premium: Please note BC and AB Premiums are not subject to tax; SK Premiums are subject to 6% tax; ON Premiums are subject to 8% Tax; MB Premiums are subject to 7% tax.		
How to calculate your Premium Estimate: Premium for coverage option + Premium for Additional Crime coverage + Optional Contents coverage (if applicable) + <u>applicable tax</u> Total Premium	Broker Fee(s); Marsh Canada Limited brokerage fees are included in the premium(s) quoted in this application. Your approval and acceptance of this fee is acknowledged upon your signing of this application and cheque made payable to Marsh Canada Limited. Payment can be made by cheque, money order, or credit card. Details will be included in your policy package.	
SIGNATURE AND VERIFICATION		
It is agreed by all concerned that if there is knowledge of any such fact as stated in section (e) above, circumstance or situation, any claim or action subsequently emanating there from shall be excluded from coverage under the policy. Signing of the proposal does not bind the undersigned to complete the insurance but it is agreed that this form shall be the basis of the contract should a policy be issued, and this form will be attached to and become part of the policy.		
MATERIAL CHANGE. In the event that there is any material change in the answers given to the questions contained in this application prior to the inception of the policy, the Applicant must notify Marsh Canada in writing for a requote and the Underwriters may revoke, or effect changes to, the quotation provided. COVERAGE CANNOT BE BOUND UNLESS THIS APPLICATION HAS BEEN FULLY COMPLETED AND DULY SIGNED AND DATED AND IS ACCEPTED BY THE INSURER.		
PRIVACY: Have you read Marsh's Privacy Policy which is available at www.marsh.ca ? Do you consent to the collection, use, disclosure and retention of your Personal Information as set out in the Privacy Policy, and do you understand that you may (subject to certain restrictions and consequences) later withdraw your consent as to any or all of the purposes identified in that Policy? By signing this form you are consenting to the statements above.		
Dated	Name and Title of Signing Officer (Please print)	Signature of Authorized Signing Officer
TO ISSUE INSURANCE		
To issue insurance and to signify your acceptance of the above terms and premium, please sign this application. Coverage will be bound effective the date we receive your emailed application, however, it will be subject to receiving payment within 20 business days of the date we email the policy documents to you.		
Dated	Authorized Contact (Applicant Name) (Please print)	Authorized Contact's Signature