

CORNERSTONE INSURANCE PROGRAM Masonic Lodge Application

Please answer the following questions on behalf of your organization

1. General Information	
Full Name of Lodge _____	
Full Name of Temple used/rented by Lodge _____	
Risk Location Address _____	Postal Code _____
Mailing Address of Risk (if different from above) _____	Postal Code _____
Name & Mailing Address of Mortgagee / Loss Payee _____	Postal Code _____
Internet Web Site Address _____	
Effective Date _____ (mm/dd/yyyy)	
Contact Name _____ Title _____ Telephone Number _____	
Is your Lodge a member of a provincial Freemasonry association <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate the association name: _____	
2. Coverage Requirements – Property	
Please refer to the product brochure for explanation on loss settlement, coverage highlights and Automatic Extensions of coverage	
Contents of Every Description (check one) <input type="checkbox"/> \$15,000 minimum OR <input type="checkbox"/> limit requested: \$ _____	
Extra Expense Coverage (check one) <input type="checkbox"/> \$50,000 limit included OR <input type="checkbox"/> limit requested: \$ _____	
Deductible: <input type="checkbox"/> \$1,000 minimum <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$5,000	
OPTIONAL - Jewellery Floater - cover for Past Masters Jewel (Agreed Value subject to \$500 deductible) Limit requested (maximum \$5,000): \$ _____	
Is the Past Masters Jewel listed with photo in the latest Dominion Regalia's catalogue <input type="checkbox"/> Yes <input type="checkbox"/> No If No, colour photo and an appraisal from a certified gemologist is required	
3. Liability	
Coverages	Limits (check one)
Commercial General Liability	<input type="checkbox"/> \$1,000,000 (Occurrence/Aggregate) Minimum \$5,000,000 Aggregate Limit included <input type="checkbox"/> \$2,000,000 (Occurrence/Aggregate) <input type="checkbox"/> \$3,000,000 (Occurrence/Aggregate) <input type="checkbox"/> \$4,000,000 (Occurrence/Aggregate) <input type="checkbox"/> \$5,000,000 (Occurrence/Aggregate)
Tenant's Legal Liability	<input type="checkbox"/> \$500,000 minimum <input type="checkbox"/> \$750,000 <input type="checkbox"/> \$1,000,000
Please Refer To Cornerstone Program Extensions for Liability coverage highlights	
4. Property Risk Information	
Building occupied as Temple <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please provide full details _____	
Number of Storeys _____	
Is building protected by a Burglary alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, is it monitored? <input type="checkbox"/> Yes <input type="checkbox"/> No (rings to off site station), or Local _____ (rings only at premises)	
Is building protected by a Fire alarm system? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, is it monitored? <input type="checkbox"/> Yes <input type="checkbox"/> No or Local? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Crime Coverage Information	
Are cheques counter-signed? <input type="checkbox"/> Yes <input type="checkbox"/> No Maximum amount of cash kept on premises at any one time \$ _____	
Is cash and other securities kept in a money- safe with a combination lock? <input type="checkbox"/> Yes <input type="checkbox"/> No	

6. Liability Risk Information

Annual Revenues \$ _____ Total Number of Members: _____ active _____ inactive

Is Lodge the sole occupant of the Temple? Yes No
 If no, please list all other occupants/Lodges/Tenants:

Does the Lodge operate any income generating activities? Yes No (example: wedding receptions; banquets; concerts; events, other) If Yes, please provide full details:

Is liquor sold to Third Parties/General Public? Yes No if yes, please provide the following information:
 a) Is a liquor permit obtained by third party? Yes No
 b) Who serves the liquor at the third party function? _____
 c) Are servers at the third party function trained with "Smart Serve"? Yes No
 d) Is proof of liability insurance provided by the third party using the facilities? Yes No

Is there any out of Canada travel? Yes No
 If Yes, please provide full details _____
 If Yes, do Lodge members purchase separate accident/travel insurance? Yes No

7. Non-Owned Automobile Information

If Lodge members use their personal vehicles for Lodge business, does the Lodge confirm that members have valid automobile insurance in place? Yes No
 Number of employees/volunteers/members who regularly use their personal vehicles for Lodge business _____
 Are passenger vans or buses rented or chartered to take Lodge members on trips? Yes No
 If Yes, please provide details including any trips to the U.S.A. _____
 If Yes, does the Lodge confirm that a minimum \$2 Million Third Party Liability Policy is in force? Yes No

IF YOU REQUIRE QUOTATION(S) FOR DIRECTOR'S & OFFICER'S LIABILITY OR PHYSICAL SEXUAL ABUSE COMPLETION OF SEPARATE APPLICATIONS IS REQUIRED

8. Previous Insurance and Claims Experience Information

Name of Prior Insurer _____
 Policy Number _____ Number of Years Insured with Prior Insurer _____
 Expiry date of Policy _____ (mm/dd/yyyy) Expiring Premium _____
 Has any Insurance Company cancelled or declined to renew an insurance policy for applicant? Yes No
 If yes, please provide details of the circumstances:

Please provide information for all claims in the last five years. If no claims, please check

Date of claim (mm/dd/yyyy)	Description (type of loss: property or liability)	Amount Paid or reserved (\$)

Broker Information – Is this new business to your office? Yes No
Please attach colour photographs (if possible) of Premises – one each of front and rear

The undersigned authorized officer of the organization declares that, to the best of his/her knowledge, the statements set forth herein are true. Signing of this proposal does not bind the Insurer to offer, nor the applicant to accept insurance, but, it is agreed that this form shall be the basis of the contract should a policy be issued.

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this form) has been collected in accordance with applicable privacy legislation and this information shall only be used or shared by the Company to assess, underwrite and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with regulatory or legal requirements.

Date _____ (mm/dd/yyyy) Signature of Officer _____ Title _____