

ChoirSure Insurance Application

Please answer the following questions on behalf of your organization

1. General Information		
Full Name of Choir _____		
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 choir a member of a provincial association Yes _____ No _____ If yes, please indicate the association: _____		
2. Coverage Requirements – Property		
Please refer to the product highlight brochure for explanation on loss settlement, coverage highlights and Automatic Extensions of coverage Included in each product.		
Property Coverages	Building # 1 (Risk Location)	Building # 2 (other Location)
Building Limit	\$ _____	\$ _____
Contents of Every Description (check one) \$30,000 minimum OR limit requested:	\$ _____	\$ _____
Optional Coverages		
___ Musical Instruments limit requested:	\$ _____	\$ _____
___ Sound Equipment limit requested:	\$ _____	\$ _____
___ Other: _____ limit requested:	\$ _____	\$ _____
3. Liability		
Coverages	Limits (check one)	
Commercial General Liability	<input type="checkbox"/> \$2,000,000 (Occurrence/Aggregate) Minimum <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 Product Highlight Brochure For Coverages Which Are Automatically Included		
4. Property Risk Information – Building #1		
Building occupied as _____		Year Built _____
Number of Storeys _____	Total Area _____ square meters	
Is building protected by a Burglary alarm? Yes _____ No _____ If Yes, is it monitored? Yes ___ No ___ (rings to off site station), or Local ___ (rings only at premises)		
Is building protected by a Fire alarm system? Yes _____ No _____ If yes, is it monitored? _____ or Local ? _____		
If building is over 20 years, provide year of renovations or upgrades to the following areas: Roof _____ Electrical Wiring _____ Plumbing _____ Roof Replaced _____		
Building Construction (Select one, if mixed, indicate percentage applicable to each type)		
Fire Resistive (concrete walls, roof, floors)		_____ %
Non- Combustible (masonry Walls, steel deck roof, concrete floors)		_____ %
Masonry (Masonry walls, wood floors/roof)		_____ %
Brick Veneer (frame walls with brick veneer, wood roof/floors)		_____ %
Frame (walls, roof/floor all of combustible materials)		_____ %
Distance to fire hydrants _____ meters	Is building sprinklered: Yes _____ No _____	
Distance to full-time Firehall _____ kilometers OR	If yes, what percentage of building is protected? _____ %	
Distance to Volunteer Firehall _____ kilometers	Is system monitored ? Yes ___ No _____	
5. Property Risk Information – Contents Optional Coverages		

Where will the Musical Instruments, Sound Equipment or Other Contents be stored? (check one)
 secured storage area, please provide details (protection, duration, etc.) _____
 unsecured storage area, please provide details _____
 Who will be in charge of the Musical Instruments, Sound Equipment or Other Contents while on tour? _____

6. Crime Coverage Information

Are cheques counter-signed? Yes ___ 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? Yes ___ No ___

7. Liability Risk Information

Please advise the number of people attending your choir in the following categories:
 Conductor ___ Choir Members in full _____ Annual Operating Budget : \$ _____
 Do you operate any income generating activities ? Yes ___ No ___ (example: wedding receptions; banquets; concerts; other)
 If Yes, please provide full details:
 Is liquor served? Yes ___ No ___ If yes, please provide the proof of liquor liability insurance provided? Yes ___ No ___
 Are fees charged for choir practice/training/performance? Yes ___ No ___
 Are there any out of Canada travel? If Yes, please provide full details _____ No ___

8. Non-Owned Automobile Information

Number of employees/volunteers who regularly use their personal vehicles for choir business _____
 Are passenger vans or buses rented or chartered to take choir members on trips? Yes ___ No ___
 If Yes, please provide details including any trips to the U.S.A. _____

IF YOU REQUIRE QUOTATION(S) DIRECTOR'S & OFFICER'S LIABILITY OR ABUSE COVERAGES PLEASE COMPLETE SEPARATE APPLICATIONS

9. 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 of each building to be insured – one each of front and rear and a copy of the most recent building appraisal if the building is to be insured

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 _____