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|  | **Marsh Canada Limited**10180 101 St NWEdmonton, AB T5J 3S4 |  |
| Marsh Canada Limited’s Insurance Program for School Council, Societies and Parent Groups: 2023 – 2024 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.

**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 |
|  |  | Named Insured: (School Society, Association or Parent Group name):      |
| If applicable, provide the name of second society to add as named / additional insured:      |
|  | Primary Society Contact Name:      | First:      | Last:      |
| Preferred Ph. No.:       | Preferred Email:       |
|  | Is your organization incorporated?[ ]  Yes [ ]  No | Are there any other incorporated societies that will be included on this policy?[ ]  Yes [ ]  No |
| (if yes, please name):       |
|  | How is the school principal involved with your group?       |
|  |  | School Name:      | School Phone No.:      | School Email:      |
| Street Address:      | City:      | Prov.:      | Post Code:      |
|  | Name of affiliated school board:       |
|  | Preferred Contact For Policy Documents and Coverage: [ ]  School [ ]  Primary Society Contact |
| Operations |
| **Do your operations fall within any of these groups?** |
|  | **Operations** | [ ]  Yes [ ]  No |
| Group 1 | Parent Fundraising & Parent Community Councils | [ ]  Yes [ ]  No |
| Group 2 | Adult Ed, Further ED and Board Associations | [ ]  Yes [ ]  No |
| Group 3 | Theatre Groups, Home Schooling Assoc, Community Groups | [ ]  Yes [ ]  No |
| Group 4 | Food & Alcohol Catering, Sports Groups | [ ]  Yes [ ]  No |
| Group 5 | Playschools, Before & After School Daycares& Outreach Services | [ ]  Yes [ ]  No |
| Other \* |       | [ ]  Yes [ ]  No |
| \*If under other, please advise what the other operations constitute (For eg: Library etc). |
| Before & After, Daycare, Outreach, Support Services |
| **Before & After, Daycare, Outreach, Support Services (only complete if offering these services)** |
|  | **# of Children** | **# of Staff** |
| Infants (up to 18 months) |       |       |
| Toddlers (18 months – 3 years) |       |       |
| Pre-School (3 – 5 years) |       |       |
| Jr. School (5 – 8 years) |       |       |
| Sr. School (9 years and older) |       |       |
| Are children segregated by age group?       |
| EVENT SCHEDULE |
|  | **Event Name:** | **Length in Days:** | **People per Day:** | **Is Alcohol Served?** | **Is Food Served?** |
|       |       |       |       |       |
|       |       |       |       |       |
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|       |       |       |       |       |
| Is the organization responsible for serving alcohol at any of the above listed events? | [ ]  Yes [ ]  No |
| If applicable, does the organization have the written procedures for serving alcohol? | [ ]  Yes [ ]  No |
| If applicable, have all servers completed ProServe training? | [ ]  Yes [ ]  No |
| If there are 3rd party vendors selling goods or products do you obtain and retain copies of insurance? | [ ]  Yes [ ]  No |
|  | **Please provide a list of facilities your organization provides:** |
| **Facility Description (please check all that apply)** | **Capacity of facility:** | **Primary purpose of organisation?** |
|       |       | [ ]  Yes [ ]  No |
|       |       | [ ]  Yes [ ]  No |
|       |       | [ ]  Yes [ ]  No |
|       |       | [ ]  Yes [ ]  No |
|  | Does the organization partner with any organization for the delivery of these programs? |
| [ ]  Yes [ ]  No | If yes, provide full details:       |
|  | Does the program partner provide insurance coverage? |
| [ ]  Yes [ ]  No | If yes, provide full detail:       |
|  | Please provide details of vehicles, vans, buses or any other rented or chartered vehicle that IS NOT currently providing transportation for yourschool board:       |
| Number of days per year vehicles are rented:      | Types of vehicles rented:      |
|  | Have you had any claims within the past 5 years? | [ ]  Yes [ ]  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:** | **Status: (open / closed)** |
|       |       | $       | [ ]  Open  | [ ]  Close |
|       |       | $       | [ ]  Open  | [ ]  Close |
|  | Are cash and other securities kept in a money-safe with a combination lock: | [ ]  Yes [ ]  No |
| If no, what provisions are made for safekeeping securities?      |
| What is maximum amount of cash stored? $      |
|  | 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:
 | [ ]  Yes [ ]  No |
| * Do your members volunteer at a licensed casino / bingo night? If so, please state when this occurs:
 |
|  | How many members are in the Society / Association?       |
|  | What is your annual revenue? $       |
|  | What is your annual operating budget? $       |
| OPTIONAL COVERAGE – DIRECTORS & OFFICERS LIABILITY*(ONLY COMPLETE THIS SECTION IF YOU WISH TO APPLY FOR COVERAGE FOR DIRECTORS & OFFICERS LIABILITY)* |
|  | 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. | [ ]  Yes [ ]  No |
|  | I declare that in the past five (5) years, no insurer has declined, cancelled or non-renewed similar insurance. | [ ]  Yes [ ]  No |
|  | 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. | [ ]  Yes [ ]  No |
|  | I declare that no person proposed for this insurance is cognizant of any wrongful act or circumstance which he/she hasreason to suppose might afford grounds for any future claim which would fall within the scope of the proposed insurance. | [ ]  Yes [ ]  No |
|  | 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. | [ ]  Yes [ ]  No |
| POLICY PERIOD OCTOBER 1, 2023 TO OCTOBER 1, 2024PLEASE SELECT YOUR DESIRED COVERAGE FROM THE OPTIONS BELOW,NOTE DIRECTORS & OFFICERS, CRIME AND CONTENTS COVERAGE IS OPTIONAL. |
| **Commercial General Liability (CGL) Coverages (required)** | [x]  $5M |
| **Directors & Officers Coverages** | [ ]  $1M |
| [ ]  $2M |
| **Crime Coverages** |
|  | [ ]  $25,000 Option |
|  | [ ]  $50,000 Option |
|  | [ ]  $100,000 Option (REFERRAL) |
| **Building Coverage** –       |
| Please write how much coverage you will need:       | Building Construction Type:       Year Built       |
| **Contents Coverage** –       |
|  | [ ]  $10,000 Option |
|  | If you require more than $10,000 please write how much coverage you will need:       |
|       |       |       |
|       |
|       |
| **For Referrals Please Call 416 432 0265** |
| 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 CGL coverage option+ Premium for Crime and D&O coverage+ Optional Contents coverage (if applicable)+ applicable taxTotal Premium | Broker Fee(s); Marsh Canada Limited brokerage fees are included in thepremium(s) quoted in this application. Your approval and acceptance ofthis fee is acknowledged upon your signing of this application and chequemade payable to Marsh Canada Limited.Payment can be made by cheque, money order, or credit card. Details willbe 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 actionsubsequently emanating there from shall be excluded from coverage under the policy. Signing of the proposal does not bind the undersigned tocomplete 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 andbecome 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 theinception of the policy, the Applicant must notify Marsh Canada Limited 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 ANDDATED AND IS ACCEPTED BY THE INSURER. |
|  |
| Privacy Consent |
| **PRIVACY:** Have you read Marsh’s Privacy Policy, which is available at [www.marsh.ca](http://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. |
| Name of Signing Officer (Please print):      | Signature of Authorized Signing Officer: |
| Title:      |
| Date: (mm/dd/yyyy)      |
| 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 and approval from Markel.** |
| Authorized Contact (Applicant Name) (Please print):      | Authorized Contact’s Signature: |
| Title:      |
| Date: (mm/dd/yyyy)      |