



130 King Street West, Suite 1100
Toronto, ON M5G 2E3
P: 416.597.3400 TFP: 888.550.5458
F: 647.435.5228 TFF: 866.421.1962

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(A) - New Business Application Form

The General Insurance Plan for The United Church of Canada

Table with 1 column and 5 rows: Application Index - Always complete (A) + (D), and (B) or (C) only if applicable. (A) - Pages 1-4: Main Church Location (B) - Page 5: Second Location (If any) (C) - Page 6: Day Care and/or Camp (If any) (D) - Page 7: Declaration and Signature - required for all applications.

Name of Church

Mailing address City Province Risk Address: City Province Email Address: Telephone Church:

SECTION II - PROPERTY - Yes No SECTION III - BOILER & MACHINERY - Yes No

Type of building: Church Building Manse C.E. Building Manse rented to others Church attached to C.E. Building Other Cemetery If other, please describe, include address and occupancy

Building Construction: Solid brick, concrete block, stone, wood joist roof Masonry noncombustible (masonry / concrete walls / steel deck roof) Brick veneer (wood frame with brick facing) Other, specify: Wood frame

Roof Cover: Asphalt Shingle Slate Other, Specify:

Heating: Hot Water Boiler or Steam Boiler Forced Air Furnace Electrical Other, specify: Fuel used: Gas Oil Other, specify:

Year built: Total square footage of building including basement:

Indicate the year the following were last updated and whether it was a full (F) or partial (P)

Roof: Year: F P Electrical: Year: F P Plumbing: Year: F P Heating: Year: F P

Will the property be vacant at any time during the year? Yes No * If yes, mandatory notification to insurance company

Has your Church been classified as a Heritage Building? materials to replace Heritage Buildings and contents: \$ Yes No * If yes, please include costs of skilled labour and authentic

Prior Insurance: Yes No

Name of Insurer: Expiry date: Policy Number:

Claims/Losses (in last 5 years): Yes No

If yes, please provide claim payment amount (\$) and description:

Property deductibles - Applicable to all Locations - please select one.

\$2,500 \$5,000 \$7,500 \$10,000



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Property Sublimit – APPLICABLE TO ALL LOCATIONS – If higher limits are required, please specify:

Coverage (Business Interruption)

STANDARD LIMITS

Rental Income/Business Income/Extra Expense and Ordinary Payroll
(Combined Standard Policy Sub-limit)

\$500,000

Please advise if a higher limit is required Yes No

Requested higher limit \$ _____

Any other operations of the Church? Including any separate legal entities owned and/or operated by the Church. If yes, please describe:

DO YOU QUALIFY FOR THESE DISCOUNTS ? (Applied to property rates only)

Is there a burglar alarm? Yes No

Is there a fire alarm? Yes No

If yes, please specify type: Local Central

If yes, please specify type: Local Central

Is the building sprinklered? Yes No

If yes, please indicate percentage of area sprinklered: %

Has the Property been appraised in the past five (5) years? Yes No

If yes, please provide HUB with a copy for our records

Manse is to be insured:

Manse address: _____

SECTION II – PROPERTY

Yes No

Yes No

*Rental income will be included under Rental Income/Business Income/Extra Expense section referred to in above Property Sublimits section of the application.

Type of building:

Church Building

Manse

C.E. Building

Manse rented to others

Church attached to C.E.

Other

Building Cemetery

If other, please describe, include address and occupancy

Building Construction:

Solid brick, concrete block, stone, wood joist roof

Masonry noncombustible (masonry / concrete walls / steel deck roof)

Brick veneer (wood frame with brick facing)

Other, specify:

Wood frame

Roof Cover: Asphalt Shingle Slate Other, specify:

Heating: Hot Water Boiler or Steam Boiler Forced Air Furnace Electrical Other, specify: Fuel used: Gas Oil Other, specify:

Year built: Total square footage of building including basement:

Indicate the year the following were last updated and whether it was a full (F) or partial (P)

Roof: Year: F P Electrical: Year: F P Plumbing: Year: F P Heating: Year: F P

Will the property be vacant at any time during the year? Yes No *If yes, mandatory notification to insurance company

SECTION IV – CRIME INSURANCE- Yes No

Please review your current insurance for adequacy of limits - If you wish to increase your coverage, please contact HUB Ontario Limited to contact United Church Service Team for an application.

Do you have a safe? Yes No If yes, does it have a combination lock? Yes No

Do you conduct audit procedures? Yes No Are cheques signed by more than one person? Yes No



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SECTION V – COMMERCIAL GENERAL LIABILITY

LIMIT - \$2,000,000

1) Is there a Day Care Centre/Pre-School (excluding Sunday School) operating on the premises? Yes No
If yes, please complete and sign section A on the attached Supplemental Church Liability Application Form

2) Does the congregation operate a summer camp? Yes No
If yes, please complete and sign section B on the attached Supplemental Church Liability Application Form

3) Are there any cemeteries? Yes No
If yes, indicate the exact location:

4) Youth Activities:

Canoe Trip: indicate number children & number of days: _____
Ski Trip: indicate number children & number of days: _____
Vacation Bible School: indicate number of children, number of days, and type of activities: _____
Other: please describe: _____

5) If the premises is occupied by others, provide details of operations, and indicate if each has liability insurance (use separate sheet if required.)

| Occupant | Use | Has Liability Insurance? | | Certificate of Insurance Attached |
|----------|-----|--------------------------|----|-----------------------------------|
| | | Yes | No | |

6) Do you ever serve alcohol on the premises? Yes No If yes, indicate age of tank:

7) a) Do you have an underground storage tank? Yes No
b) How often is the tank serviced?
c) Type of fuel:
d) Construction of tank:

8) Are you following the guidelines to the Manual and Faithful Footsteps Screening Procedures for Positions of Trust and Authority in the United Church of Canada? Yes No

9) Sexual Misconduct (Abuse) Risk Management (applicable to all Church operations including Daycare, Preschool and Camps)
Background Check details and Police department security clearance details:

Are all current employees and volunteers who work with vulnerable individuals required to produce physical evidence of a clean police background check? Yes No

Are all prospective employees and volunteers who work with vulnerable individuals required to produce physical evidence of a clean police background check? Yes No

SECTION VI – UMBRELLA LIABILITY INSURANCE Yes No

Excess of \$2,000,000: \$3,000,000 (Total \$5,000,000.) \$8,000,000 (Total \$10,000,000.)



STATEMENT OF VALUES – MUST BE COMPLETED IN ORDER TO MAINTAIN STATED AMOUNT CO-INSURANCE CLAUSE

Name of Church:

The values stated below should be based on the following criteria:

- a) Column 2 values, "Buildings including fixtures and fittings pertaining thereto" are based on the cost of entirely rebuilding with new materials of similar kind and quality at today's prices, on REPLACEMENT COST basis – without deduction for depreciation. **Note:** If any buildings have been designated as **Heritage buildings**, this may increase re-construction costs to include costs of skilled labour and authentic materials
- b) Foundations: The values of "Buildings" – separately list the value of the foundations below the level of the lowest floor. (Please indicate whether – "Include" or "Exclude")
- c) Column 3 Value, utensils, furnishings and all contents except stock, customers' goods and property owned by others including employees' "Effects and Tools", are based on the cost of replacing all the property with similar kind and quality at today's prices, on REPLACEMENT COST basis – without deduction for depreciation.

| Column 1 | Column 2 (a) & (b) above | | | Column 3 (c) above | | |
|------------------------------|----------------------------|-----------------|--|---|-----------------|---|
| Location address & occupancy | Original or Appraised Cost | Date (mm/dd/yy) | Replacement Cost today (indicate if Heritage Designated) | Original or Appraised Cost | Date (mm/dd/yy) | Replacement Cost Today |
| | \$ | | \$ | Stained Glass: \$ Contents: \$ | | Stained Glass: \$ Contents: \$ Pipe Organ: \$ |
| | \$ | | \$ | Stained Glass: \$ Contents: \$ | | Stained Glass: \$ Contents: \$ |
| | \$ | | \$ | Stained Glass: \$ Contents: \$ | | Stained Glass: \$ Contents: \$ |
| | \$ | | \$ | Stained Glass: \$ Contents: \$ Pipe Organ: \$ | | Stained Glass: \$ Contents: \$ Pipe Organ: \$ |
| | \$ | | \$ | Stained Glass: \$ Contents: \$ Pipe Organ: \$ | | Stained Glass: \$ Contents: \$ Pipe Organ: \$ |

TOTAL PROPERTY OF EVERY DESCRIPTION (POED) LIMIT: (This is the total of all property at every insured location) \$

d) **STATE METHOD USED TO OBTAIN VALUES:** Appraisal Date (mm/dd/yy)

e) **Property and/or Manse** - Do you plan on starting any renovations or additions during the next 12 months? Yes No
 If yes, please give an estimate of values being added and location of such expenditures

| | Value | Location | Approximate date of (mm/dd/yy) | | Estimated Increase In Values |
|-----------|-------|----------|--------------------------------|------------|------------------------------|
| | | | Commencement | Completion | |
| Building | \$ | | | | \$ |
| Equipment | \$ | | | | \$ |



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(B) -Supplementary Application/Additional Locations

The General Insurance Plan for The United Church of Canada
Please copy and complete this form for each additional location

Name of Church

Mailing address, Risk Address, Email Address, City, Province, Telephone Church

SECTION II — PROPERTY - Yes No SECTION III - BOILER & MACHINERY - Yes No

Type of building: Church Building, C.E. Building, Manse, Cemetery, etc.

Building Construction: Solid brick, concrete block, stone, wood joist roof, etc.

Roof Cover: Asphalt, Shingle, Slate, Other, specify:
Heating: Hot Water Boiler or Steam Boiler, Forced Air Furnace, Electrical, etc.

Year built: Total square footage of building including basement:
Indicate the year the following were last updated and whether it was a full (F) or partial (P)

Roof: Year: Electrical: Year: Plumbing: Year: Heating: Year:
Will the property be vacant at any time during the year?
Has your Church been classified as a Heritage Building?

DO YOU QUALIFY FOR THESE DISCOUNTS? (Applied to property rates only)
Is there a burglar alarm? Is there a fire alarm?
Is the building sprinklered? Has the Property been appraised in the past five (5) years?



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(C) -Supplemental Church Liability Application

SECTION A: DAY CARE CENTRE/PRE-SCHOOL OPERATIONS

DAY CARE / PRE-SCHOOL INFORMATION

| | |
|--|---|
| Name of Day Care/Pre School: | |
| Location Address: | City: Province: Postal Code: |
| 1) a) Does the Church lease its premises to others for the purpose of operating a Day Care Centre/Pre-School? b) If yes, do they carry their own Commercial General Liability coverage? c) If yes, indicate number of: i) Children _____ ii) Staff _____ iii) Licensed Day Care Providers _____ d) If yes, please attach a copy of their current policy | YES NO YES NO Copy attached |
| 2) a) Is there a Church-run Day Care/Pre School operating on the premises (excluding Sunday School) b) If yes, what is the legal entity name c) If yes, indicate number of: i) Children _____ ii) Staff _____ iii) Licensed Day Care Providers _____ d) Are you responsible to provide the insurance? e) If no, please provide the applicable insurance policy | YES NO YES NO YES NO Copy attached |

SECTION B: CAMP (Should the Church operate a Camp)

TYPE OF CAMP

| | |
|---|---|
| Day Camp with water activities Day Camp with no water activities Resident /Overnight camp with water activities | Resident/Overnight camp with no water Activities Other – Please describe: _____ _____ |
| Name of Camp | City |
| Street Address | Province Postal Code |

| | |
|---|---------------------------------------|
| 1) a) Does the Camp carry their own Commercial General Liability policy? b) If yes, please attach a copy of their current policy (or Certificate of Insurance) | YES NO Copy attached |
| 2) Are you licensed with the Ministry of Education? Yes No | |
| 3) Does camp operate any of the following: (as an additional charge will apply for these types of activities) | |
| Rafts and Floats | Water Skiing |
| Saddle Horses – if yes number of horses _____ | Zip Line |
| Watercraft – if so, please specify number and type: _____ | Archery or Rifle Range – specify type |
| | Swimming Pool – if yes – depth _____ |
| | Trampolines – specify number _____ |
| | Snowmobiles – specify number _____ |
| Liability arising from operation of watercraft applies to watercraft not exceeding 8 meters in length. | |

Please note that the insurance provided by this policy does not cover liability arising out of the use of a climbing wall

| | |
|---|--|
| 4) List all other camp activities: | |
| 5) Are there qualified medical personnel on staff? Yes No | If yes, do they have their own liability insurance? Yes No |
| 6) Qualifications: | |
| 7) Average number of campers: Peak: | Age Range of Campers: From to years of age |
| 8) Provide details of any previous claims: | |

SIGNATURE

The Applicant represents that the statements and facts contained within the application are true and that no material facts have been suppressed or misstated, and asserts that (s)he is authorized to sign this application on behalf of the Applicant.

Completion of this form does not bind coverage. Applicant's acceptance of an insurer's quotation is required prior to binding coverage and policy issuance. It is agreed that this form shall be the basis of the contract should a policy be issued.

| | |
|----------------------|----------|
| Authorized Signature | Date |
| Name (Please Print) | Position |



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(D)- Declaration

The Applicant represents that the statements and facts contained within this application are true, complete and accurate, and no material facts have been omitted or misstated, and further represents that he/she is authorized to sign this application on behalf of the Church.

Completion of this form does not bind coverage, nor does applicant's acceptance of an insurer's quotation. Acceptance of the application and the risk by the insurer or its underwriter is required prior to binding coverage and policy issuance. It is agreed that this form shall form be the basis of the contract should a policy be issued.

The signature on this application must be that of the congregation's authorized representative. Broker's signature on the application is not authorized.

The purchase of insurance for your commercial needs is through The United Church of Canada endorsed program. We advise that currently AIG Insurance, Intact Insurance, Wawanesa Insurance, Northbridge Insurance and Ecclesiastical Insurance are the insurers used in relation to this endorsed program. However, where we consider that your insurance needs may be better served through the use of other insurers, we will advise you of alternative coverage options.

OUR CLIENT BILL OF RIGHTS...

HUB international Ontario Limited guided by our Client Bill of Rights, which is available on www.hkmb.com. It espouses the fundamental principle of describing the service and value we provide and how we are compensated for it. Upon becoming your Insurance Broker, HUB international Ontario Limited will purchase insurance products and services on your behalf that are available, affordable, and understandable. In doing so, we will receive a commission that may vary depending on the nature of insurance (Automobile, Residential or Group Commercial) or the carrier from which we have purchased the coverage. Although occasionally, certain factors may affect the amount, the commission percentage collected from AIG Insurance, Intact Insurance, Wawanesa Insurance, Northbridge Insurance and Ecclesiastical Insurance of Canada-placed renewal policies is currently 20% (20% for new business), which we will share equally with a sub-broker, if you retained one. Commission is paid annually for both new business and renewals. Should there be a change to the current commission percentage structure, we will notify you.

Privacy Consent -As part of my application for insurance, I hereby consent to HUB international Ontario Limited (the "Broker") collecting, using and disclosing personal information (as that term is defined in applicable privacy laws) relating to me and other Insureds required for purposes of considering my application for new or renewal insurance coverage.

The Broker is authorized to collect, use, and disclose such personal information and provide such personal information to third parties, as required, including insurance companies. The Broker may also be required or permitted to disclose such personal information pursuant to applicable privacy laws or other laws.

If I wish to review personal information pertaining to my application or policy maintained by the Broker, obtain copies of the Broker's privacy policies or standards, or make other enquiries or express concerns, I understand that I may do so by contacting the Broker's Privacy Officer at HUB international Ontario Limited, 130 King Street West, Ste 1100, Toronto, Ontario, M5G 2E3. or email: HUB international Ontario Limited Privacy Policy is available at www.hkmb.com.

If coverage is bound, the "Requirements After Loss" contained in the policy, must be complied with, and all claims must be reported to HUB international Ontario Limited as soon as practicable.

All Cover Note/Policy documentation provided by HUB international Ontario Limited must be retained by the named insured indefinitely.

Signature

First and Last Name:

Authorized Signature
Date(mm/dd/yyyy):

Identification for Loss Payees and Addresses

Type: Loss Payee Additional Insured Additional Named Insured

*Loss Payee: i.e. financial institutions, leasing companies which have a financial interest in buildings or property you own or lease

Name:

Street Address:

Financial Interest (i.e.: Mortgagee, Lessor):