



AVIVA Insurance Company of Canada
Western Ontario Branch

Reith & Associates Insurance and Financial Services Limited
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VOL-INSURE APPLICATION

GENERAL INFORMATION

Named Insured/Applicant: _____

Mailing Address: _____

Location Address: _____

If different from above

Web Site Address: _____

- Type of Club:
- Corporation Date of Incorporation: _____
 - Fraternal Order Date founded: _____
 - Social Club Date Founded: _____
 - Service Club Date Founded: _____

Details of ALL Operations/Activities

***ATTACH COPY OF ANY BROCHURE(S) & PROMOTIONAL MATERIALS**

Number of Members: Current Year _____ Prior Year _____

PRIOR EXPERIENCE

Prior Insurer: _____ Policy #: _____

Expiry Date: _____ Expiring Premium: _____

Ever Cancelled: _____

CLAIMS:

Date of Loss	Type of Loss / Claim	Amount Paid Out

EVENT INFORMATION

In the Past TWELVE (12) MONTHS held or plan to hold events which Involved:

Event	Yes	No	If Yes Provide Details
Amusements/Midways			
Car Rallies/Races			
Circus, Fairs, Exhibitions			
Dances			
Fireworks Displays			
Helicopter/Balloon rides			
Horse show/Rodeos			
Parades			
Sporting Events/Contests			
Watercraft (use of)			
Sponsorship of any Team or Event Not operated or managed by the applicant			

Vol-Insure Event Protect Extension—CONTINGENT BUSINESS INCOME FOR KEY FUNDRAISING EVENTS

IS this coverage required: YES ___ NO ___

IF YES, provide the following information: *If more than One (1) events provide listing in "Comments" Section Pg. 5*

Date of Event	
Location of Event	
% of Gross Income Derived from Event <i>Based on prior years experience; if a new event state anticipated gross income from event</i>	
Description of Event	

GENERAL LIABILITY

Gross Revenue: \$ _____

CURRENT YEAR	PRIOR YEAR
Gross Revenue: \$	Gross Revenue: \$
SOURCES: Membership \$	SOURCES: Membership \$
Events \$	Events \$
Alcohol Sale \$	Alcohol Sales \$
Donations \$	Donations \$
Other Sources \$	Other Sources \$

In operation Since _____ Number of Paid Employees: _____ Full Time _____
 Part Time _____ Contract _____

Number of Volunteers: _____

Gross Annual Payroll: \$ _____

Non Owned Automobile Use:

Does the Applicant rent or lease, on short term basis (max 30 days) Vehicles: YES ___ NO ___

Does the Applicant rent or lease, on a short term basis (max 30 days) Watercraft: YES ___ NO ___

Does the Applicant rent or lease, on a short term basis (max 30 days) Snowmobile/ATV: YES ___ NO ___

Liquor Liability:

Does the Applicant Obtain Special Occasion Permits, in their name, for the purposes of selling Alcohol at events? YES _____ No _____

If YES; Number of Times Per Year _____

Are ALL servers SIPS trained? YES ___ NO ___

Annual Receipts from Alcohol Sales under special occasion permit: \$ _____

Provide Details on Security Provided:

Are written procedures in place: YES ___ NO ___

Are written procedures posted and enforced
 For service and handling of intoxicated
 Patrons: YES ___ NO ___

PROPERTY

Is the Applicant a Building Owner: YES ___ NO ___

Stories: _____ Year Built: _____ Area: _____ Sqft

Walls:

Poured Concrete	HCB	Frame	Brick Veneer
Frame Metal Clad	Solid Brick	Steel on steel	Other:

Floors:

Poured Concrete	Frame	Masonry	Other:
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Basement: YES: ___ NO: ___

Roof Covering:

Asphalt Shingles	Steel Deck	Tar & gravel	Wood shakes
Rubber/Polymer	Slate	Glass/Poly on metal	Other:

Electrical:

Breakers	Fuses	Breakers & Fuses
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Plumbing:

Copper	Lead	Plastic (PVS or CVS)	Galvanized
Stainless Steel	Steel	Copper/Plastic PVC mix	

Heating:

Duct Furnace	Boiler	Radiant	Electric
Heat Pump	Wood burning stove	Roof Mount HVAC	Other:

Fuel:

Oil	Natural Gas	Propane	Steam
Electric	Solar	Combination	Other:

Renovations:

Electrical Year _____ Partial ___ Complete ___
 Plumbing Year _____ Partial ___ Complete ___
 Heating Year _____ Partial ___ Complete ___
 Roof Year _____ Partial ___ Complete ___

Hydrants: Unprotected ___ w/i 150m ___ w/i 300 ___

Fire department: Within 5km ___ Within 8km ___ Over 8km ___

Is Premises Alarmed: YES ___ NO ___ **If YES state type of alarm:** _____

COMMENTS ABOUT THIS RISK:

SCHEDULE OF COVERAGE: Basic Policy Limits are Shown, Indicate Limits required or Excess Limits. A Supplementary Application maybe required for increased limits.

SECTION I—Property Coverage Broad Form 90% CO-Insurance	Deductible	Standard Limit	Additional Limit
Building	\$1,000	To be Advised	
Business Contents	\$1,000	\$25,000	
Automatic Fire Suppression System Recharge	\$1,000	\$25,000	
Brands & Labels	\$1,000	\$25,000	
Building Damage by Theft (for tenants)	\$1,000	\$10,000	
Building & Business Contents at Newly Acquired Location—60 Days	\$1,000	\$1,000,000	
Building By-Laws	\$1,000	Incl in Bldg Amount	
Business Contents Off Premises in the Custody of Sales Representative	\$1,000	\$10,000	
Business Contents Temporarily off Premises or in Transit	\$1,000	\$10,000	
Clean Up Expenses for Land & Water Pollution	\$1,000	\$10,000	
Consequential Loss of Perishable Stock	\$1,000	\$25,000	
Debris Removal (Additional Limit)	\$1,000	\$25,000	
Equipment Breakdown	\$1,000	Included	
Equipment Breakdown—Hazardous Substances		\$50,000	
Exhibition Extension	\$1,000	\$25,000	
Fine Arts		\$50,000	
Fire Fighting Expenses	\$1,000	\$25,000	
Growing Plants, Trees, Shrubs or flowers in the open	\$1,000	\$10,000	
Installation Floater	\$1,000	\$10,000	
Master Key Cover	\$1,000	\$10,000	
Newly Acquired Business Contents—90 Days	\$1,000	\$50,000	
Personal Property of Officers or Employees	\$1,000	\$25,000	
Signs	\$1,000	\$ 5,000	
Reward Extension		\$ 5,000	
Exterior Building Glass	\$1,000	Replacement Cost	
Business Income		Actual Loss Sustained	
Interruption by Civil Authority		Maximum 30 Days	
Business Income—Newly Acquired Locations		\$100,000	
Business Income—Off Premises Property (Including power interruption)		\$25,000	
Accounts Receivable		\$25,000	
Professional Fees		\$25,000	
Valuable Papers & Records		\$50,000	

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SECTION II—Crime Coverage	Deductible	Standard Limit	Additional Limit
Coverage A Employee Dishonesty		\$5,000	
Coverage B Loss Inside Premises		\$5,000	
Coverage C Loss Outside Premises		\$5,000	
Coverage D Money Orders/Counterfeit		\$5,000	
Coverage E Depositors Forgery		\$5,000	

Basis of Settlement for buildings and Equipment: Functional Replacement Cost

Inflation Guard applies to Building coverage

Seasonal Increase on Business contents: 25%

Optional & Additional Property Coverage

	Deductible	Standard Limit	Additional Limit
Flood: Refer to Insurer for Availability			
Earthquake: Refer to Insurer for Availability			
Sewer Backup	\$2,500	Actual Loss sustained	
Miscellaneous Property Floater	\$1,000	To be advised	

SECTION III—Commercial General Liability	Deductible	Standard Limit	Additional Limit
Each Occurrence		\$2,000,000	
Property Damage	\$1,000		
Bodily Injury	\$1,000		
General Aggregate		\$5,000,000	
Personal and Advertising Injury		\$2,000,000	
Products—Completed Operations Hazard Aggregate		\$2,000,000	
Medical Payments any one person		\$10,000	
Tenants' Legal Liability any one premises		\$1,000,000	
Employee Benefits Each Claim		\$1,000,000	
Employee Benefits Aggregate		\$1,000,000	

SECTION IV—Non Owned Automobile Coverage	Deductible	Standard Limit	Additional Limit
Non Owned Automobile		\$2,000,000	
Damage to Hired Automobiles	\$500	\$ 50,000	

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DIRECTORS' & OFFICERS LIABILITY	Deductible	Standard Limit	Additional Limit
Each Occurrence		\$2,000,000	
Property Damage	\$1,000		
Bodily Injury	\$1,000		
SUPPLEMENTAL APPLICATION REQUIRED COMPLETE APPLICATION AND ATTACH; APPLICATION FORMS APART OF THE POLICY			

OPTIONAL COVERAGE	Deductible	Standard Limit	Additional Limit
Group Accident: <i>Refer for Supplemental Application</i>			
Commercial Umbrella: <i>Refer for Supplemental Application</i>			

QUOTE CONDITIONS

Any quote is subject to verification of underwriting information, prior claims history as provided by the applicant, a satisfactory inspection and the "Complete Series" or "Prime" eligibility criteria for the package.

The quote, once provided, is a quotation only, for purposes of illustration and comparison. It does not represent a binder of insurance. No cover is bound until a binder is issued by Aviva Canada and or its representative, Reith & Associates Insurance and Financial Services Limited. If a binder is issued the risk is subject to discretionary inspection.

APPLICANTS DECLARATION

We hereby declare that all information contained in the application herein is to the best of our knowledge true and correct and that no misstatements or misinformation has been intentionally given. We acknowledge that no cover is bound and that this application does not represent the binding of insurance. We authorize the insurer and or its representatives the right to inspect the subject property prior to the issuance of a quote or a policy.

 Signature of Applicant, I have the authority to bind
 The organization

 Date

BROKER

 Signature of Broker
