

**COMMERCIAL GENERAL LIABILITY APPLICATION for
Federation of Ontario Cottagers' Associations Members**

Please print clearly & return by email to clientservices@cadeinsurance.com

or by fax to 416-234-0554

SECTION A – ASSOCIATION INFORMATION

Name of Association:	_____		
Primary Contact Name:	_____		
Tel:	_____		
Email:	_____		
Mailing Address:	_____ _____		
Secondary Name:	_____		
Tel:	_____		
Email:	_____		
Mailing Address:	_____ _____		
Association Website:	_____		
Is Your Association Incorporated:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Year Incorporated/Created: _____
Location: (Township/Town/Village)	_____ _____		
Is Your Association a Member of FOCA:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Current Number of Members:	_____	Current Number of Volunteers:	_____
Number of Full-Time Employees:	_____	Number of Part-Time Employees:	_____
Brief Description of Association Purpose & Operations:	_____ _____ _____		
REQUESTED LIMITS OF LIABILITY			
<i>Note: If D&O limits are requested, please complete and submit a Directors & Officers Liability Application</i>			
	Commercial General Liability		Directors & Officers Liability
	<input type="checkbox"/> \$3,000,000		<input type="checkbox"/> \$3,000,000
	<input type="checkbox"/> \$5,000,000		<input type="checkbox"/> \$5,000,000

SECTION B – ACTIVITIES & OPERATIONS

Please select all activities and operations conducted by your organization. If you select an activity/operation with a (!) marking, please provide additional information on the last page of this form.

<input type="checkbox"/> Baseball Games	<input type="checkbox"/> Archery	<input type="checkbox"/> Children’s Playground (!)
<input type="checkbox"/> Canoe Events	<input type="checkbox"/> Water Testing	<input type="checkbox"/> Dock Owned/Leased/Managed (!)
<input type="checkbox"/> Tennis Court	<input type="checkbox"/> Newsletter	<input type="checkbox"/> Swimming Classes (!)
<input type="checkbox"/> Cottage Watch	<input type="checkbox"/> Picnics and/or Potlucks	<input type="checkbox"/> Water Control Dam (!)
<input type="checkbox"/> Post Office	<input type="checkbox"/> Regatta	<input type="checkbox"/> Fireworks Display (!)
<input type="checkbox"/> Fishing Tournament	<input type="checkbox"/> Sailing Club (!) Describe operations	<input type="checkbox"/> Fire Fighting (!)
<input type="checkbox"/> Golf Tournament	<input type="checkbox"/> Rock & Shoal Markers	<input type="checkbox"/> Children’s Day Camp (!)
<input type="checkbox"/> Renting Space from Others	<input type="checkbox"/> Student Workers	<input type="checkbox"/> Ski & Snowmobile Trails (!)
<input type="checkbox"/> Events with Alcohol (Served)	<input type="checkbox"/> Dances	<input type="checkbox"/> Fire Extinguishers/Pumps (!)
<input type="checkbox"/> Lake Map (!) <small>(Please submit a copy of the map)</small>	<input type="checkbox"/> Hiking Trails <small>Owned/Used/Managed</small>	How Many Pumps: How Many Extinguishers:
<input type="checkbox"/> Other – Details of other activities:		
Does your organization require the completion and signing of a waiver by participants, if organized are selected above? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What percentage (if any) of the organization’s work involves subcontracting work to others? _____ % What type of work is subcontracted? _____ What is the estimated cost of the subcontracted work? \$ _____		
<p>Private Information</p> <p>“Private information” means,</p> <ul style="list-style-type: none"> - Identifying information, such as name, contact information, employment history, and government-issued identification, - Financial information such as bank account, credit/debit card details and income, and - Health information, as defined by POPEDA such as details of injuries, illnesses, medication, and medical treatment <p>This “private information” can be related either to an individual (customers, members, volunteers) or an organization.</p>		
Does your Association store any of the following “private information”?		
<input type="checkbox"/> Credit Card information	<input type="checkbox"/> Social Insurance Number	<input type="checkbox"/> Medical or Health related info
<input type="checkbox"/> Bank Account information	<input type="checkbox"/> Driver’s License Number	<input type="checkbox"/> Others?
<input type="checkbox"/> Financial data	<input type="checkbox"/> Name, Address, Contact info	

SECTION C – ROADWAYS (Complete if you manage a road) N/A

Name of Road(s): _____

Number of Properties Served by Road(s): _____ Length of Road(s) in KM: _____

Is the road open in the winter? Yes No

If yes, respond below to the following: who performs the snow removal (individual, contractor, member, unknown, etc.); describe the equipment used; describe snow removal agreement with organization (if any).

Is your organization responsible for arranging the plowing? Yes No

Does the party performing snow removal operations carry liability insurance? Yes No

When possible, your organization should obtain proof of insurance by way of a Certificate of Insurance naming your organization as an Additional Insured for any contractor performing any work on the road. Please send a copy of this Certificate to our office.

Is the road on: Private Land: Municipal Land: Crown Land:

Is the road signed "Private Road – Restricted Access" or similar Yes No

Describe other signage: _____

Does the road have a culvert in excess of 60" in diameter Yes No

Does the road have a bridge or causeway Yes No

If answering yes to either of the previous two questions, you may be required to provide an engineer survey and an inspection may be required. Please include photos of the culvert, bridge, or causeway including approaches at both ends.

Are there any commercial operations on or using a portion of the roadway (e.g. Stores, marinas, etc.) Yes No

If yes, please provide details: _____

SECTION D – LAND/PROPERTY OWNED OR LEASED N/A

LAND OWNED, LEASED, OR MANAGED BY THE ASSOCIATION

Land Owned: Yes No Land Leased: Yes No Land Managed: Yes No

Number of Acres (if Yes): _____ % Owned: _____ % Leased: _____ % Managed: _____

Municipal Address of land: _____

Describe the use of land: _____

If Land is managed, who is the owner of the land? _____

Describe your management activities: _____

Is the land/property accessible to the public, other than Association members? If yes, provide details:

PROPERTY (Structures, Equipment, Contents, etc.)

List all facilities or equipment owned, leased or managed, i.e. buildings, bridges, boardwalks, docks, tools, office contents, machinery, etc. (Please provide rebuilding/replacement values):

A. On Insured Premises: _____

B. Located Elsewhere: _____

List details, location and replacement value of any assets mentioned above to be quoted for physical damage coverage. (e.g., Storage shed - \$10,000; Office contents - \$5,000):

WATERCRAFT

A. Does your organization own or operate any watercraft?: Yes No
 If yes, does your organization own the watercraft? Yes No

If Yes, Describe the Watercraft: _____

B. Do your organization's activities include the use of watercraft for transporting paying passengers or property? If so, please describe: Yes No

Please note that all claims arising out of owned and non-owned watercraft in excess of 10 meters and any watercraft, regardless of size, carrying persons or property for a charge are excluded. Contact our office to discuss alternative options.

SECTION E – PRIOR INSURANCE COMPANY

No prior Insurance

Name of Prior Insurance Company: _____

Commercial General Liability

Policy Number: _____ Expiry Date: _____

Policy Limit: _____ Premium: _____

Directors & Officers Liability

Policy Number: _____ Expiry Date: _____

Policy Limit: _____ Premium: _____

SECTION F – CLAIMS EXPERIENCE

Please list details of any claims in the last 10 years, if none, check here:

	Date of Loss	Amount Paid	Type of Loss
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

DECLARATION & NOTICE CONCERNING PERSONAL INFORMATION

As the appointed representative of the applicant organization, I have reviewed all parts of this application and declare that all of the information is true and correct to the best of my knowledge. Signing of this document does not bind the Applicant or the Insurer to an insurance contract, but it is agreed that the Application shall be the basis of the contract, should a policy be issued.

By submitting this document, I provide Cade Associates Insurance Brokers Limited with my consent to the collection, use and disclosure of personal information and that related to the organization, including that previously collected, for the following purposes:

- the communication with underwriters;
- the underwriting of policies;
- the evaluation of claims;
- the detection and prevention of fraud;
- the analysis of business results;
- purposes required or authorized by law
- sharing with the Federation of Ontario Cottagers' Associations, of which you are a member, solely for the purpose of ensuring continued improvements in your insurance protection and for the collective benefit of cottage, lake and road associations.

Further, upon becoming a client of Cade Associates Insurance Brokers Limited, we consent to receive electronic communications which include, but are not limited to:

- digital newsletters;
- updates on the FOCA insurance program;
- emails regarding the ongoing management of your policy;
- emails recommending or suggesting additional coverages or products;

Name of Association

Duly Appointed Representative

Date

