

**COMMERCIAL GENERAL LIABILITY APPLICATION for  
Ontario Nature Members**

Please print clearly & return by email to [clientservices@cadeinsurance.com](mailto:clientservices@cadeinsurance.com)  
or by fax to 416-234-0554

**SECTION A – ORGANIZATION INFORMATION**

Name of Organization: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_  
Tel: \_\_\_\_\_  
Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Secondary Name: \_\_\_\_\_  
Tel: \_\_\_\_\_  
Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Organization Website: \_\_\_\_\_

Is Your Organization Incorporated:  Yes  No      Year Incorporated/Created: \_\_\_\_\_

Is Your Association a Member of Ontario Nature:  Yes  No

Current Number of Members: \_\_\_\_\_      Current Number of Volunteers: \_\_\_\_\_  
Number of Full-Time Employees: \_\_\_\_\_      Number of Part-Time Employees: \_\_\_\_\_

Brief Description of the Organization's Purpose and Operations (If space provided is not adequate, please attach a separate page):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all subsidiaries and affiliated organizations, indicating whether profit or non-profit and describing the nature of their operations:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION B – ACTIVITIES & OPERATIONS**

**OPERATIONS**

Please provide a list and description of all of your Organization’s regular activities (e.g. fundraisers, workshops, hikes, etc.)

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Other than walking and observation tours, describe any sporting or athletic activities which are organized, sponsored or conducted by your Organization such as climbing, water sports, any watercraft events, regattas etc. *Please note that all claims arising out of white water rafting or kayaking, wake boarding, water skiing, parasailing, hunting and the use of firearms are excluded from coverage under the policy.*

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Describe the nature of any ‘youth’ group activities organized or conducted by your organization

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Does your organization require the completion and signing of a waiver by participants for any of the activities described in this application?  Yes  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 subcontracted work? \$ \_\_\_\_\_

**Private Information**

“Private information” means,

- 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

This “private information” can be related either to an individual (customers, members, volunteers) or an organization.

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 – LAND/PROPERTY OWNED, LEASED, MANAGED**  N/A

**LAND OWNED/LEASED**

LAND OWNED	# of properties: _____	Total acreage: _____
LAND LEASED	# of properties: _____	Total acreage: _____
LAND MANAGED	# of properties: _____	Total acreage: _____

**CONSERVATION EASEMENTS**

Total Number of Properties under Conservation Easement: \_\_\_\_\_  
 Total Acreage of Properties under Conservation Easement: \_\_\_\_\_

Please attach a full listing of all land/property owned, leased or managed by your Organization including the following information:  
*Legal address; size; nature and usage of property (e.g. nature reserve, island, waterfront, trail, etc.); description of physical assets on these properties (e.g. buildings, bridges, docks, parking areas, etc) and whether or not the assets are owned by the Organization.*

Is property available for use by the public, other than members?  
 Yes  No

**PROPERTY COVERAGE**  N/A

Does your Organization own any assets which you wish to insure for physical loss or damage? (e.g. buildings/structures, office contents, field equipment etc.)  
 Yes  No

If yes, please provide a description of these assets, including their respective values and their location:

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**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 (year, make, model, length, HP): \_\_\_\_\_

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

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*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: _____			
<b>Commercial General Liability</b>			
Policy Number: _____	Expiry Date: _____		
Policy Limit: _____	Premium: _____		
<b>Directors &amp; Officers Liability</b>			
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;
- purposes required or authorized by law
- the underwriting of policies;
- sharing with Ontario Nature, of which you are a member, solely for the purpose of
- the evaluation of claims;
- ensuring continued improvements in your
- the detection and prevention of fraud;
- insurance protection
- the analysis of business results;

\_\_\_\_\_  
Name of Association

\_\_\_\_\_  
Duly Appointed Representative

\_\_\_\_\_  
Date