

**COMMERCIAL GENERAL LIABILITY APPLICATION for
Ontario Land Trust Alliance Members**

Please print clearly & return by email to 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:	<input type="checkbox"/> Yes <input type="checkbox"/> No Year Incorporated/Created: _____
Is Your Association a Member of OLTA:	<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 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.)

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.*

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

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 the 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

Total Number of Properties Owned: _____

Total Owned 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/properties 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 location:

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

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 Ontario Land Trust Alliance, of which you are a member, solely for the purpose of ensuring continued improvements in your insurance protection

Name of Association

Duly Appointed Representative

Date