

COMMERCIAL GENERAL LIABILITY INSURANCE APPLICATION
Cottage, Lake & Road Groups

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

SECTION A – ORGANIZATION INFORMATION

Name of Organization: _____

Primary Contact Name: _____

Telephone: _____

Email: _____

Role/Position: _____

Address: _____

Other Contact Name: _____

Telephone: _____

Email: _____

Role/Position: _____

Address: _____

Website: _____

Is Your Organization Incorporated: ☐ Yes ☐ No Year Incorporated or Created: _____

Location (Describe Township/Lake/Area of Operations): _____

Is Your Organization a Member of FOCA: ☐ Yes ☐ No

Estimated Annual Gross Revenue: _____ Estimated Annual Cash Reserves: _____

Note: Revenue is any income to the organization (eg. sales, membership dues, sponsorship, donations, grants, etc.)

Average Annual Number of Members: _____ Average Annual Number of Volunteers: _____

Number of Full-Time Employees: _____ Number of Part-Time Employees: _____

Description of Organization Purpose & Operations:

Are any of your operations sub-contracted to a third party: ☐ Yes ☐ No

If so, describe the nature of the work sub-contracted, to whom, and the average annual cost:

REQUESTED LIMITS OF GENERAL LIABILITY INSURANCE

☐ \$2,000,000

☐ \$3,000,000

☐ \$5,000,000

☐ \$10,000,000

SECTION B – ACTIVITIES & OPERATIONS

Please select all activities and operations planned, organized, or conducted by your organization. Please use the "Other" section below to detail other operations or provide additional information.	
<input type="checkbox"/> Baseball Games	<input type="checkbox"/> Archery
<input type="checkbox"/> Canoe Events	<input type="checkbox"/> Water Testing
<input type="checkbox"/> Tennis Court	<input type="checkbox"/> Newsletter or E-Blasts
<input type="checkbox"/> Cottage Watch	<input type="checkbox"/> Picnics and/or Potlucks
<input type="checkbox"/> Post Office	<input type="checkbox"/> Regatta (Swim, Unpowered Watercraft Races)
<input type="checkbox"/> Fishing Tournament	<input type="checkbox"/> Sailing Lessons
<input type="checkbox"/> Golf Tournament	<input type="checkbox"/> Dances
<input type="checkbox"/> Renting Space from Others	<input type="checkbox"/> Hired Student Workers
<input type="checkbox"/> Children's Playground Provide a photo of the playground	<input type="checkbox"/> Water Hazard Marker Management Eg. Buoys marking rocks, shoals, etc.
<input type="checkbox"/> Boat Parades	<input type="checkbox"/> Winter Events (Outdoor) If yes, describe:
<input type="checkbox"/> Automated External Defibrillators (AEDs) How many AEDs owned/maintained:	<input type="checkbox"/> Fire Pumps Owned or Maintained How many pumps owned/maintained:
<input type="checkbox"/> Host Hiking/Walking/Snowshoeing Outings How many outings annually (approx.): Are participants advised of difficulty/hazards: <input type="checkbox"/> Yes <input type="checkbox"/> No Are any outings conducted on hazardous terrain: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:	
<input type="checkbox"/> Host Water-Based Outings (Canoe, Kayak, SUP, etc.) How many outings annually (approx.): Are participants responsible for their own equipment: <input type="checkbox"/> Yes <input type="checkbox"/> No *Note – Policy contains an exclusion for white water paddling activities and an exclusion for claims arising out of watercraft used to carry persons/cargo for a charge (eg. charging for participation in water-based event; renting watercraft equipment to users; etc.).	
<input type="checkbox"/> Events with Alcohol (Served or Available for Purchase) How many participants: Who is responsible for service: Special Occasions Permit obtained: <input type="checkbox"/> Yes <input type="checkbox"/> No Brief description of event(s):	
<input type="checkbox"/> Fireworks Display How many attendees: Does Municipality require proof of insurance for event: <input type="checkbox"/> Yes <input type="checkbox"/> No Fireworks launched by certified operator: <input type="checkbox"/> Yes <input type="checkbox"/> No Does the operator have liability insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Own or Manage Trails (Hiking, Snowshoe, Cross Country Ski) What types of trails: Hiking/Walking/Snowshoe <input type="checkbox"/> Yes <input type="checkbox"/> No Cross Country Ski/Mountain Bike <input type="checkbox"/> Yes <input type="checkbox"/> No How Many KM (approx.): Snowmobile/ATV Use Permitted or Encouraged? <input type="checkbox"/> Yes <input type="checkbox"/> No Are these recreational trails reasonably marked by notice/sign as such? <input type="checkbox"/> Yes <input type="checkbox"/> No Are trails marked or otherwise signed for level of difficulty? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Dock Owned or Managed Do you have 'No Diving' signage at the dock entrance? <input type="checkbox"/> Yes <input type="checkbox"/> No Is dock used for boat docking and storage? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many slips? Provide a photo of the dock/waterfront area	
<input type="checkbox"/> Swimming Lessons Are only licensed/certified instructors used: <input type="checkbox"/> Yes <input type="checkbox"/> No Swimming instructors are: <input type="checkbox"/> Volunteers <input type="checkbox"/> Employees <input type="checkbox"/> Third parties hired by Organization	

<input type="checkbox"/> Map Approval or Preparation Does your map meet the following criteria: 1) Map was developed by a professional third party (eg. government, Google maps, map making professional, etc.); 2. Map is not intended to provide specific navigation through wilderness or waterways? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please submit a copy of your map
<input type="checkbox"/> Children's Camp Do you offer overnight camps: <input type="checkbox"/> Yes <input type="checkbox"/> No Do you receive vulnerable sector checks from all volunteers/employees each year: <input type="checkbox"/> Yes <input type="checkbox"/> No How many weeks per year: _____ Age Range of Participants: _____ How many participants: _____
<input type="checkbox"/> Fire Fighting Operations (Not including managing fire pumps) Describe your operations: _____
<input type="checkbox"/> Invasive Species Management Briefly describe your invasive species management work: Are you involved in chemical spraying or burning: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you hire an insured contractor to complete these activities: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Water Control Dam Does the Dam allow for adjustments to the water level: <input type="checkbox"/> Yes <input type="checkbox"/> No Does the MNR or another government body approve all water level changes and/or dam operations: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, describe the process by which the dam is maintained and/or water levels controlled: Provide a photo of the dam and surrounding area
<input type="checkbox"/> Other Activities Please use this space to share information about other activities or provide additional details above activities noted above:
<input type="checkbox"/> Participant Waivers / Release Forms Collected For what activities or operations do you collect waivers/release forms:

SECTION C – ROADWAYS

Please complete if your organization manages or maintains a road

☐ This organization does not manage or maintain any road(s) (Go to Section D)

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, is your organization responsible for managing/arranging the snow removal? ☐ Yes ☐ No

If yes: Who completes the snow removal work:

Hired contractor with general liability insurance for snow removal work: ☐

Hired contractor who does not maintain liability insurance for snow removal: ☐

Volunteer Worker acting at the direction of your organization: ☐

If you are not using a hired contractor with general liability insurance for snow removal operations, please provide the following:

Who conducts the plowing (name/business): _____

Describe the equipment used: _____

How often does plowing take place: _____

Describe their experience in snow removal work: _____

Does the operator maintain a log of plowing (date/time started and finished): ☐ Yes ☐ No

Does the road cross: 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 over 60" in diameter: ☐ Yes ☐ No

Does the road have a bridge: ☐ Yes ☐ No

Does the road have a causeway: ☐ Yes ☐ No

If yes to the above, please include recent photos of the culvert, bridge, or causeway (including approaches at both ends), and for bridges a copy of the most recent engineers report/inspection.

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

Please complete if your organization owns, leases or manages land or owns property (structures, equipment, contents, etc.).

☐ This organization does not own, lease or manage land or other property (Go to Section E)

LAND OWNED, LEASED, OR MANAGED BY THE ORGANIZATION

Number of Acres: Owned: _____ Leased: _____ Managed: _____
Under Conservation Easement Agreement: _____

Address or Lot Description: _____
or attach separate schedule of locations _____

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 your members? If yes, provide details:

If the land includes trails for use by the public:
Are recreational trailers reasonably marked by notice/sign as such: ☐ Yes ☐ No
Do you charge a fee for entry or activity: ☐ Yes ☐ No
Does not include fees charged for purposes incidental to entry, such as parking fees.

PROPERTY (Structures, Equipment, Contents, etc.)

List all facilities, equipment or other property owned, leased or managed, i.e. buildings, bridges, boardwalks, docks, tools, office contents, machinery, stock/inventory for sale etc. Please provide rebuilding/replacement values, their location/address, and whether you would like them insured for physical loss or damage. Additional information may be required.

(Eg. Storage Shed, 123 Tree Ave., Haliburton, \$15,000; Contents of Shed - \$10,000)

SECTION E – WATERCRAFT

☐ This organization does not own or operate any watercraft (Go to Section F)

WATERCRAFT

A. Does your organization operate any watercraft?: ☐ Yes ☐ No

If yes, does your organization own the watercraft? ☐ Yes ☐ No

If Yes, Describe the Watercraft: _____

B. Describe your watercraft operations: _____

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

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.

SECTION F – PRIOR INSURANCE COMPANY

☐ This organization has had no prior insurance (Go to Section G)

☐ This organization is currently insured with Cade Associates (Go to Section G)

Name of Prior Insurance Company: _____

Commercial General Liability

Policy Number: _____ Expiry Date: _____

Policy Limit: _____ Premium: _____

SECTION G – CLAIMS EXPERIENCE

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

Date of Loss	Amount Paid	Description 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 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, solely for the purpose of ensuring continued review and 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 policy documentation and policy correspondence;
- 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 Organization

Duly Appointed Representative

Date

ACTIVITY DETAILS

Please use this space to provide additional details

This space can be used to provide additional information or describe in more detail your more complicated or higher risk operations.

[illegible]