

**COMMERCIAL GENERAL LIABILITY APPLICATION for
LAND TRUSTS**

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:	_____
Telephone:	_____
Email:	_____
Role/Position:	_____
Address:	_____
Other Contact Name:	_____
Telephone:	_____
Email:	_____
Role/Position:	_____
Address:	_____
Website:	_____
Is Your Organization Incorporated:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Year Incorporated or Created:	_____
Location (Describe Township/Area of Operations):	_____
Is Your Organization a Member of OLTA:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Estimated Annual Gross Revenue:	_____
Estimated Annual Cash Reserves:	_____
<i>Note: Revenue is any income to the organization (eg. sales, membership dues, sponsorship, donations, grants, etc.)</i>	
Average Annual Number of Members:	_____
Average Annual 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

<i>Please select all activities and operations planned, organized or conducted by your organization.</i>	
<input type="checkbox"/> Newsletter or E-Blasts	<input type="checkbox"/> Water Quality Testing or Reporting
<input type="checkbox"/> Picnics, Potlucks, BBQs, etc.	<input type="checkbox"/> Renting Space from Others
<input type="checkbox"/> Hire Student Workers	
<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 <i>*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.).</i>	
<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"/> 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"/> 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"/> 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"/> Youth Focused Programming Describe any operations, services, or products focused on youth:	
<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 – LAND/PROPERTY OWNED, LEASED, MANAGED

This organization does not own, lease or manage space or other property (Go to Section D)

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: _____

MANAGED LANDS

Total Number of Properties under other Management Agreement: _____

Total Acreage of Properties under other Management Agreement: _____

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?

Yes No

Describe Public Use: _____

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.

Is snowmobile/ATV use authorized or encouraged on the trails: 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:

SECTION D – WATERCRAFT

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

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 E – PRIOR INSURANCE COMPANY

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

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

Name of Prior Insurance Company: _____

Commercial General 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, solely for the purpose of maintaining and managing the OLTA insurance program and ensuring continued improvements in your insurance protection

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 OLTA 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