

COMMERCIAL GENERAL LIABILITY APPLICATION
Ontario Nature Members

Please print clearly & return by email 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:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Year Organization Founded:	_____
Primary Region of Operations:	_____
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:	_____
Description of Organization Purpose & Operations:	_____ _____ _____
Are any of your operations sub-contracted to a third party:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, describe the nature of the work sub-contracted, to whom, and the average annual cost:	_____
Are sub-contractors required to carry General Liability insurance:	<input type="checkbox"/> Yes <input type="checkbox"/> No

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"/> 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"/> 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"/> 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:	

Briefly describe any youth focused programming below.

SECTION C – LAND/PROPERTY OWNED OR LEASED

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 D)

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 any structures, equipment or other property owned, leased or managed, i.e. buildings, bridges, boardwalks, docks, tools, office contents, machinery, stock/inventory for sale etc. Provide replacement values, location/address, and whether you would like them insured for physical loss or damage)
For Example: Storage Shed, 123 Tree Ave., Haliburton, \$15,000; Contents of Shed - \$10,000

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 Ontario Nature, of which you are a member, solely for the purpose of 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 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

