**Section 1: General Information**

|  |  |
| --- | --- |
| Name of Insured (Full Legal Name): |  |
| Mailing Address: |  | Postal Code: |  |
| Name of Key Contact: |  | Position: |  |
| Website Address (if applicable): |  |
| Number of Years in Business: |  |
| Description of Operations (Including activities, programs, events, U.S. or International exposures) \***IMPORTANT – PLEASE PROVIDE DETAILED DESCRIPTION OF OPERATIONS.** |
|  |

**Section 2: Amount of Funding/Revenue**

|  |  |
| --- | --- |
| Do you receive Provincial funding? | (double click on your selection) [ ]  Yes [ ]  No  If yes, please provide a copy of your Aon (M.I.P.) Certificate(s), if you have these. |
| Please indicate sources of revenue/funding for the upcoming year or provide a copy of the most recent financial statement: |  |
| Government Grant | $ |  |
| Provincial Ministry Funding | $ |
| Fund Raising | $ |
| Donations | $ |
| Other (Specify) | $ |
| Total Funding and Revenue: | $      |
| Which programs are funded? Who funds? Please list.  |
| Please list any subsidiary or related entities such as foundations, auxiliaries or profit-making corporations, which control, or are controlled by applicant. Please describe function(s) of each and its relationship to the organization.)  |
| **Name of Entity/Subsidiary** | **Relationship to Applicant** | **Description of Operations** |
|       |       |       |
|       |       |       |
|       |       |       |
| Do you anticipate any changes in Operations in the next 12 Months? If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Yes [ ]  No |
| Will you be conducting any fundraising activities? If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Yes [ ]  No |

**Section 3: Casualty/Professional Information**

|  |
| --- |
| **Please indicate what Percentage (%) of your Operations would be categorized as the following (total should equal 100%)** |
|      % | Adult Day programs |      % | Foster Care | # of Spots:       |      % | Palliative Care |
|      % | Alcohol/Drug Addiction Counselling |      % | Home Care Support |      % | Physically Challenged |
|      % | Alcohol/Drug Addiction Group Home |      % | Homeless Shelter |      % | Private or Auxiliary Hospital |
|      % | Assisted Living/Other |      % | Hospice  |      % | Rehabilitation Clinic |
|      % | Child and Family Services |      % | Information/Education |      % | Respite Care |
|      % | Community Support Services |      % | Licensed Day Care | # of Spots       |      % | Senior Care |
|      % | Cosmetic Surgery or Procedures |      % | Meals on Wheels |      % | Surgical Clinic |
|      % | Counselling  |  |  |  |  |
|      % | Developmentally Delayed – Support |      % | Medical Clinic |      % | Transition Housing |
|      % | Developmentally Delated – Group Home |      % | Men’s Shelter |      % | Women’s (and Children’s) Shelter |
|      % | Diagnostic Imaging |      % | Mental Health |      % | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Please indicate the number of beds you are licensed for (ii applicable):** |
|       | Alzheimer’s & Dementia |       | Homeless Shelter |       | Retirement/Independent Living |
|       | Chronic Care |       | Hospice Care |       | Respite Care |
|       | Foster Care |       | Non Senior Assisted Living |       | Senior Assisted Living |
|       | General Surgical |       | Nursing Homes (LTC) |       | Transitional Housing |
|       | Group Home |       | Palliative Care |       | Women’s/Men’s Shelter |
|       | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| **Name of Regulatory bogy/legislation which oversees your operations:** |  |
| **All associations Named Insured belongs to:** |  |
| **Any subsidiaries or affiliates?** |  |
| **Please list all events/activities (eg. Fundraisers) that are conducted throughout the year including liquor receipts (if any).**  |  |
| **Employees and Volunteers** |  |
| Are employment reference checks performed on all employees and volunteers? |  [ ]  Yes [ ]  No |
| Are criminal background checks done for all employees/volunteers? | [ ]  Yes [ ]  No |
| Is there a formal screening and orientation process for volunteers? | [ ]  Yes [ ]  No |
| Do volunteers / employees enter residences of clients? | [ ]  Yes [ ]  No |
| Are new employees being asked if they are bondable? | [ ]  Yes [ ]  No |
| How many Class A employees (those that handle money, deposits, etc.) | \_\_\_ |
| Total number of Volunteers | \_\_\_\_\_\_ |
| Total number of part-time and full-time employees | F/T:\_\_\_\_\_P/T:\_\_\_\_\_ |
| Total Payroll | \_\_\_\_\_\_\_\_\_ |
| Payroll split between government funded and non-government funded | Government funded: \_\_Non-Government funded: \_\_ |
| **Employment Practices** |
| Do you have a current copy of the Employment Standards Act accessible for your staff? | [ ]  Yes [ ]  No |
| Are written warnings given to employees to create a written record of performance issues? | [ ]  Yes [ ]  No |
| Is a lawyer consulted prior to dismissing any employees | [ ]  Yes [ ]  No |
| Are all employees covered by Provincial Worker’s Compensation? | [ ]  Yes [ ]  No |
| **Transportation** |
| Do you provide transportation to clients? | [ ]  Yes [ ]  No |
| Does any of this transportation include leaving your province? If yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Yes [ ]  No |
| Do employees/volunteers drive their own vehicles on your Organization’s business? | [ ]  Yes [ ]  No |
| If yes to above: | Confirm employees/volunteers report this use to their insurer? | [ ]  Yes [ ]  No |
| Do they carry a minimum of $1MM Auto Third Party Liability on their Personal Automobile Policy? | [ ]  Yes [ ]  No |
| Is a certificate of insurance being requested for proof of their Auto Insurance? | [ ]  Yes [ ]  No |
| **Independent Contractors** |
| Do you have Independent Contractors? If yes, how many? \_\_\_ | [ ]  Yes [ ]  No |
| Please provide title and role of the Independent Contractor.  |  |
| Are your Independent Contractors required to provide proof of general and professional liability insurance? | [ ]  Yes [ ]  No |
| **Professional Liability** |
| Please indicate number of salaried persons employed by your Organization (including full-time equivalent) |
|       | Physicians |       | Registered Practical Nurse/Nurse Aides |       | Chiropractors |
|       | Dentists |       | Licensed Practical Nurse/RN Assistants |       | Registered Massage Therapists |
|       | Anesthesiologists |       | Personal Support Workers |       | Acupuncturists |
|       | X-Ray Technicians |       | Psychologists |       | Naturopaths |
|       | Lab Technicians |       | Social Workers |       | Occupational Therapists |
|       | Pharmacists |       | Counsellors |       | Dieticians/Nutritionists |
|       | Nurse Practitioners |       | Case Workers/Managers |       | Recreation/Activation Therapists |
|       | Physician’s Assistant |       | Physiotherapists |       | All Other |
|       | First Surgical Assistants |       | Chiropodists |       | Administration |
|       | EMT/Paramedics/Ambulance Attendants |       | Kinesiologists |       | Clerical |
|       | Midwives |       | Audiologists/Speech Language |       | Child Care Workers |
|       | Registered Nurses |       | Respiratory Therapists  |       | Others |
| Annual number of Client, Clinic or Lab Visits: | \_\_\_\_ / Year |
| Does your organization participate in any kind of Clinical Trial? If yes, on a separate page please provide brief details of the trials including who writes the protocols, who is the lead researcher and if they have standing within the CMPA | [ ]  Yes [ ]  No |
| Medical / Care Services |  |
| Do you Administer Medication? | [ ]  Yes [ ]  No |
| Does your organization participate in the Needle Exchange Program? | [ ]  Yes [ ]  No |
| Does your organization provide Auricular Acupuncture? | [ ]  Yes [ ]  No |
| Do you provide Blood Sample collection? If yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Yes [ ]  No |
| Does your organization ever serve/provide alcohol during any of their functions or events? Provide details. | [ ]  Yes [ ]  No |
|  |  |
| Does your organization offer a formal orientation/training program for new employees/volunteers/foster parents? If yes, please provide details | [ ]  Yes [ ]  No |
| Does your organization have procedures in place to train, monitor and evaluate employees/volunteers/foster parents? If yes, please provide details | [ ]  Yes [ ]  No |
| **Abuse Liability** |  |
| Do you provide services to developmentally delayed individuals? If so, how many: \_\_\_\_\_\_\_\_ | [ ]  Yes [ ]  No |
| Do you provide services to minors? If so, how many: 200 | [ ]  Yes [ ]  No |
| If yes to either above: | Do you provide one-on-one (un-supervised by guardian) or overnight services to developmentally delayed individuals or minors? | [ ]  Yes [ ]  No |
| Is there a formal written policy for employees/volunteers that prohibits abuse and sexual misconduct? If yes, please attach details. | [ ]  Yes [ ]  No |
| Do you provide child and or at risk persons abuse prevention and awareness training? | [ ]  Yes [ ]  No |
| Do you have a formal written procedure for handling abuse allegations or complaints made? | [ ]  Yes [ ]  No |
| Have any allegations of Abuse or Professional Negligence been made against your organization, any employee, volunteer or any person associated with the organization in the past 5 years? If yes, please provide full details | [ ]  Yes [ ]  No |

|  |  |
| --- | --- |
| **General** |  |
| Have any losses or claims occurred in the last five (5) years? If so, please provide details/claim amount(s): | [ ]  Yes [ ]  No |
|  |
| Current Insurance Carrier:Expiry Date:Expiring Premium: |
|  |

|  |  |
| --- | --- |
| **Property Coverage / Policy Limits:** |  |
| **Location(s) Address:** |  |
|

|  |  |
| --- | --- |
| Location is owned or leased? |  |
| No. of Stories |  |
| Total Building—Sq Ft |  |
| Occupied—Sq Ft (your occupied area) |  |
| Construction Type (wood frame, masonry, etc.) |  |
| Roofing—Covering |  |
| Year Built |  |
| Heating |  |
| Fire Protection- Firehall within 8km? |  |
| Fire Protection- Hydrant within 300m? |  |
| Security / Alarm in place? Provide details. |  |
| Extinguishing System in place? Provide details. |  |
| Business Operations involved at this location? |  |
| Neighboring Properties |  |
| **Right:** **Left:**  | **Front:** **Rear:**  |
| Updates:  |  |
| Electrical |   |   |   |
| Plumbing |   |   |   |
| Heating |   |   |   |
| Roof |   |   |   |
| Seismic |   |   |   |
|  |  |

 |  |

|  |  |
| --- | --- |
| **Policy Limits Requested:** |  |
| Building Limit (if applicable): | $ |
| Total Contents: | Stock: $Equipment: $Furnishings & Fixtures: $Tenant Improvements: $Property of Others: $Computer Hardware: $Computer Software: $  |
| Business Interruption llimit: | $ |
| Commercial General Liability limit:  | $ |
| Abuse Liability limit: | $ |
| Abuse Liability Retroactive date: |  |
| Professional Liability limit:  | $ |
| Professional Liability Retroactive Date: |  |
| Other: |  |
|  |  |
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**MASTER INSURANCE PROGRAM VS. SOCIAL SERVICES GROUP LIABILITY**

**PROGRAM - SUMMARIZING THE DIFFERENCES**

Please be reminded that the liability coverage provided to you by the Provincial Authority has changed from the Master Insurance Program (MIP) to the Social Services Group Liability Program (SSGLP).  Please see our attached ‘MIP vs SSGLP Analysis’ attachment for a summary of the difference between the two policies.  Please do not hesitate to call us should you have any questions at all.

**MASTER INSURANCE PROGRAM (MIP)**

**What the Master Insurance Program Covered:**

The Master Insurance Program extended to insure delivered services, but only while the Insured is delivering a service under a written agreement with a participating Provincial Authority. If a claim occurred and it was not while delivering a service under a written agreement, then that claim would need to be covered under the Insured’s own policy.

The Master Insurance Program included:

**Commercial General Liability**

A liability policy to protect against liability claims for bodily injury and property damage to a third party arising out of the operations of the Insured.

**Directors and Officers Liability**

A liability policy covering directors and officers for claims made against them while serving on a board of directors and/or as an officer.

**Professional Liability (E&O)**

A liability policy covering the insured against liability for committing an error or omission in performance of professional duties.

**Abuse Liability**

A liability policy covering claims alleging sexual abuse. The MIP was “silent” on this coverage, meaning there was no exclusion. It would therefore allow the courts to decide if the policy covered a particular claim or not.

**SOCIAL SERVICES GROUP LIABILITY PROGRAM (SSGLP)**

**What the Social Services Group Liability Program Covers:**

The Social Services Group Liability Program extends to insure delivered services, only while the Insured is delivering a service under a written agreement with a participating Provincial Authority. If a claim occurs and it was not while delivering a service under a written agreement, then that claim would need to be covered under the Insured’s own policy.

The SSGLP includes:

**Commercial General Liability**

A liability policy to protect them against liability claims for bodily injury and property damage to a third party arising out of the operations of the Insured.

**Abuse Liability**

A liability coverage covering claims alleging sexual abuse. The SSGPL is “silent” on this coverage, meaning there is no exclusion. It would therefore allow the courts to decide if the policy covered a particular claim or not.

The SSGLP now excludes:

**Directors and Officers Liability / Employment Practices Liability – NOT COVERED**

**Professional Liability (E&O) – NOT COVERED**

**SSGLP vs. MIP - Summarizing of Differences Continued**

**UNINSURED EXPOSURES WITH RESPECT TO BOTH THE MIP AND SSGLP**

Clients need to be aware that the MIP and SSGLP only protects you for liability arising out of the provision of services under your written agreement with a Provincial Authority.

The coverage follows the term and the services performed within the scope of a specific written agreement.

You will need to purchase your own insurance for activities that are unrelated to the services described in your written agreement and for those activities that are delivered outside the term of your written agreement.

Some potential gaps in coverage may include:

• **Commercial General Liability** – covering liability arising from your operations, which are outside of a written agreement with a Provincial Authority – i.e. other services you may provide that are not under said written agreement

• **Increased limit of liability** – The MIP and SSGLP only insure up to $2M; whereas you can purchase an Excess Liability policy to increase that limit

• **Tenant’s Legal Liability** – covering a tenants liability for damage to the leased premises

• **Directors and Officers Liability**– The SSGLP excludes Directors and Officers liability, which is a significant gap for any organization. And while MIP covered D&O, again the claim must stem from a service provided under a written agreement with a Provincial Authority.

• **Employment Practices Liability (EPL)** – EPL covers wrongful acts arising from the employment process, such as: wrongful termination, discrimination, sexual harassment and retaliation etc. The SSGLP does not cover EPL, and therefore an organization should consider purchasing this coverage, which can be purchased as a stand-alone policy, or as an endorsement onto a D&O policy.

• **Professional Liability (E&O)** – The SSGLP excludes Professional Liability. Not all organizations have an E&O exposure (i.e. counselling, nursing, social work); however it should be a topic to discuss with your broker.

• **Abuse Liability** – both the MIP and SSGLP are silent on Abuse. This means that they would allow a court to decide if coverage is available. The potential gap of coverage could exist if an organization has an exposure which exists outside of the written agreement with a Provincial Authority

• **Property Insurance** – The SSGLP does not provide any coverage for buildings, contents, equipment or stock that you own or renovations you have made to leased premises

**Section 4: Declaration**

**Application**

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Applicants Signature |  | Position |
|  |  |  |
| Please Print Name |  | Date |

**\*Please return with a copy of your most recent financial statement and Abuse Policy/Procedure to** **katherine.burgess@megsonfitzpatrick.com**

|  |
| --- |
| **Notes:** |