



**Office Package Insurance Application  
For Members of Volunteer Canada**



**Name of Organization:** .....

**Membership Number:**  
2011 Volunteer Canada .....

If you do not have a membership number, please email  
Volunteer Canada at membership@volunteer.ca

**Contact Name:** .....

**Mailing Address:** .....

**City:** ..... **Prov:** ..... **Postal Code:**.....

**Organization's physical address (if different from above):** .....

**City:** ..... **Prov:** ..... **Postal Code:**.....

**Telephone:** ..... **Fax:** .....

**E-mail Address:** ..... **Web Site:**.....

1. Please <b>attach a detailed description</b> of the purpose and activities of the organization: ..... .....	
2. Has the organization reported any losses in the past 5 years? If yes, please attach details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is the annual revenue under \$150,000? If you have answered <b>NO</b> , what is the annual revenue?..... <b>Aon will obtain a quotation and contact you.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you requested a General Liability quote from Novex in the past 60 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Please provide the following information with respect to your current insurer:  Carrier..... Premium..... Expiry date of current policy.....	
6. Please indicate the number of <b>employees</b> that handle the organization's money .....	
7. Are there any audit procedures in place completed by an independent accountant	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are bank accounts reconciled by someone without authority to deposit/withdraw funds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Location Details:	Lease <input type="checkbox"/> Own <input type="checkbox"/> (coverage for building not available) Number of stories:.....      Approx. age of building: ..... Walls: <input type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Wood Frame
10. Are the following coverages/limits adequate coverage? \$2,000,000      Commercial General Liability \$50,000      Contents on premises including computer and related material \$25,000      Crime (Employee Fidelity)	<input type="checkbox"/> Yes <input type="checkbox"/> No If you have answered <b>NO</b> and require increased limits, <b>please advise your required          limits and Aon will obtain an          alternate quotation</b>
11. Please confirm that you are currently insured for Directors' and Officers' Liability Insurance under the Volunteer Canada Program.	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Please advise of any risk involving Children, any risk involving field trips, public concerts/ performance.	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Number of events in a year.	



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<p>14. Will your organization be solely responsible for organizing the event? If not, are there other organizations that are involved in hosting the event(s)?</p> <p>15. Does your organization sign any hold harmless agreements? If so, with whom? Please provide additional information on their agreement(s).</p> <p>16. How many attendees are expected? Is this open to general public?</p> <p>17. If there are more than one event, please provide details of each event.</p> <p>18. Will there be any sports or athletic activity? Any youth or children's participation? If so, pls provide the no of participants, type and nature of the event</p> <p>19. Will there be any liquor exposure? if so, are these sub-contracted? Are the servers smart serve trained and certified?</p>	
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PLEASE NOTE THAT **THE COMMON RENEWAL DATE FOR THIS PROGRAM IS MARCH 31<sup>ST</sup>** . COVERAGE WILL BE EFFECTIVE THE DAY WE RECEIVE YOUR COMPLETED APPLICATION AND PAYMENT IN FULL.  
PLEASE CONTACT AON FOR MORE INFORMATION.

**Premiums & Payment**

If you apply between March 31 <sup>st</sup> and September 30 <sup>th</sup> , circle the premium from this column	If you apply between October 1 <sup>st</sup> and March 30 <sup>th</sup> , circle the premium from this column
<b>\$625</b> Base Premium + applicable sales tax * A \$25.00 Administration fee is <b>already included</b> .	<b>\$325</b> 50 % of the Premium price + applicable sales tax * A \$25.00 Administration fee is <b>already included</b> .

Please note that your application will be reviewed in detail and an additional premium can be added for various additional exposures presented.

<p>These Provinces are subject to the following Tax:</p> <p>Ontario 8%      Quebec 9%      Other Prov. N/A      GST N/A</p> <p>Cheques are made payable to <b>Aon Reed Stenhouse Inc</b> or complete credit card information below</p> <p><b>Note: COVERAGE WILL BE IN EFFECT ONLY UPON RECEIPT OF SATISFACTORY PAYMENT AND APPLICATION.</b></p> <p><b>THE INSURANCE PREMIUMS ARE FULLY RETAINED AT THE DATE YOU APPLY FOR COVERAGE AND WILL NOT BE REFUNDED.</b></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">SUB-TOTAL</td></tr> <tr><td style="padding: 2px;">TAX</td></tr> <tr><td style="padding: 2px;"><b>TOTAL</b></td></tr> </table>	SUB-TOTAL	TAX	<b>TOTAL</b>	<p>\$.....</p> <p>\$.....</p> <p>\$.....</p>
SUB-TOTAL					
TAX					
<b>TOTAL</b>					

**AUTHORIZATION FOR CREDIT CARD CHARGE:**

VISA – M/C Account No. ....	EXPIRY: _____
SIGNATURE .....	

**Summary of Coverages**

**PROPERTY**

<i>Coverage</i>	<i>Limit</i>	<b>Deductible</b>
Contents of Every Description	\$50,000	\$1,000
Earthquake		3% or \$50,000 minimum
Flood		\$10,000
Master Key Coverage	\$20,000	
Professional Fees	\$25,000	
Accounts Receivables	\$50,000	
Contents at Newly Acquired Locations	\$250,000/ 30 days	
Personal Property of Officers and Employees	\$15,000	
Valuable Papers and Records	\$50,000	

**LIABILITY**

<i>Coverage</i>	<i>Limit</i>	<b>Deductible</b>
Bodily Injury/ Property Damage per occurrence	\$2,000,000	\$1,000 property damage
Aggregate	\$5,000,000	



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Tenant's Legal Liability	\$500,000	\$1,000
Personal Injury and Advertising Liability	\$2,000,000	
Medical Payments	\$10,000	
Non-Owned Automobile	\$2,000,000	

**CRIME**

<i>Coverage</i>	<i>Limit</i>	<b>Deductible</b>
Employee Fidelity	\$25,000	
Broad Form Money and Securities		
Inside Premises	\$10,000	
Outside Premises	\$10,000	
Messenger or Custodian Home	\$5,000	
Money Order & Counterfeit Paper	\$5,000 aggregate	
Depositors Forgery	\$5,000 aggregate	

This information is of a general nature. For more information, please contact Aon for the formal policy

**Aon Reed Stenhouse Inc.**  
Dept 700600 P.O Box/CP 3309, MIP Markham ON L3R 6G6  
Fax Number: 1-877-766-9075 Toll Free Telephone Number: 1-877-766-3104  
Vcan.insurance@aon.ca

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