



**Office Package Insurance Application  
For Members of Volunteer Canada  
March 31, 2011 to March 31, 2012 Renewal**



**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, please advise your required limits and Aon will obtain an alternate quotation
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



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<p>13. Number of events in a year.</p> <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.

These Provinces are subject to the following Tax:  Ontario 8%      Quebec 9%                      Other Prov. N/A                      GST N/A Cheques are made payable to <b>Aon Reed Stenhouse Inc</b> or complete credit card information below <b>Note: COVERAGE WILL BE IN EFFECT ONLY UPON RECEIPT OF SATISFACTORY PAYMENT AND APPLICATION.</b> <b>THE INSURANCE PREMIUMS ARE FULLY RETAINED AT THE DATE YOU APPLY FOR COVERAGE AND WILL NOT BE REFUNDED.</b>	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	



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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	
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