

SECTION 1: APPLICANT INFORMATION

- Official / Legal Name of Organization:
- Address:

	Street Number	Street Name	Apartment / Suite Number
City:	Province:	Postal Code:	
- Phone: Fax:
- Website Address :
- Will you require an Additional Insured to be added to the policy? Yes No
If "Yes", please provide name and mailing address:

SECTION 2: INSURANCE INFORMATION

- Policy period From: To:
- Limit required: \$1,000,000 \$2,000,000 \$5,000,000 Other
- Are you aware of any incident which may result in a claim against you? Yes No
If "Yes", please provide details:
- Previous Carrier: Renewal Offered? Yes No
If "No", please explain in detail the reason for non-renewal:
- Loss History, please provide details below (attach additional page(s) if necessary):

Coverage	Limit Carried	Premium	Total Losses
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SECTION 3: UNDERWRITING INFORMATION

- Type of Camp: Band Art Drama Other _____
- Years the organization has been operating: _____
- Number of locations, complete address of and complete details of all activities:
Camp:
Auditions:

Concerts/Special Events:

4. Please describe in full details of supervision:
5. Are all special events and concerts supervised by the organization? Yes No
6. Are there police background checks done on all staff members?
If "No", please explain. Yes No
7. Number of participants: Under 13 years: _____ From 14 to 18 years: _____ Over 19 years: _____
Total Number of Participants: _____
8. Total number of: Volunteers _____ Directors _____ Teachers _____
9. Will there be any travel outside of Canada? Yes No
10. Who is certified for first aid training?
11. Who will be administering first aid and/or medication?
12. Who will be providing food?
13. Will you be providing travel arrangements for the participants? Yes No
14. Will there be supervised/non supervised swimming? Yes No
15. Will participants be attending day camp or overnight camps? Please describe:

SECTION 4: ABUSE DEFENCE COST QUESTIONNAIRE

1. Please provide details in any previous abuse claims, including settlement amounts or reserves.
2. Are you aware, or been made aware, of any possible abuse claims that may arise over the next 12 months?

*Any pending abuse claims or possible pending claims know to the insured prior to the effective date of this policy is excluded.

**There is a minimum \$2,500 legal expense coverage for abuse (as defined by the wordings) inclusive in this policy. Greater amounts in \$3,000 increments can be purchased up to \$25,000.

SECTION 5: OTHER INFORMATION

1. Please provide any other information you feel would assist in the evaluation of your application:
2. To assist us in becoming more knowledgeable about your association we require the following information:
 - a) Copy of your letter patent (if incorporated)
 - b) Copy of insurance face sheet from current insurer
 - c) Copy of registration form
 - d) Copy of any waiver/release forms in use

SECTION 6: DECLARATION

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to Cambrian Special Risks Insurance Limited until accepted by Cambrian Special Risks Insurance Limited but that the information contained herein shall be the basis of the contract should a policy be issued.

I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. I/We understand and agree that this application shall form part of any policy issued.

Applicant Name:

Applicant Signature:

Date:

BROKER CONTACT INFORMATION			
Agent Name:		Address:	
Broker Name:			
E-Mail:		City:	
Phone:		Province:	
Fax:		Postal Code:	