



EDUCATIONAL INSTITUTION LIABILITY INSURANCE POLICY

RENEWAL APPLICATION

THIS IS A RENEWAL APPLICATION FOR A CLAIMS MADE POLICY WITH DEFENCE COSTS INCLUDED IN THE LIMIT OF LIABILITY. All questions must be answered completely. If there is no answer, write "none" or "n/a" in the space provided. Where space provided is insufficient to fully answer, please use and attach separate sheet(s).

General Information

- 1. (a) Name of Educational Entity:
(b) Address:

The Educational Entity

- 2. Since the date of the last Application:
(a) have there been any significant changes...
(i) scope of operations?
(ii) international / exchange teacher program?
(iii) student housing?
(b) has the Educational Entity been involved in any acquisition...
(c) has any school been closed or school activities disrupted?

If yes to any of the above, attach details.

- 3. (a) (i) Total current student enrolment: Full Time Part Time
(ii) Total international student enrolment: Full Time Part Time
(iii) Expected student enrolment next year: Full Time Part Time
(b) (i) Total number of teachers: (A) employed:
(B) under contract:
(ii) Total number of other employees:
(iii) Total number of volunteers:

Financial Information

- 4. (a) Total current budget: \$
(b) Current year surplus: \$ or deficit: \$
(c) Accumulated surplus: \$ or deficit: \$
5. (a) Is the Educational Entity currently, or has it at any time during the past twelve months been, in arrears in its payments to the Canada Revenue Agency...
(b) Is the Educational Entity currently protected, or has it at any time during the past twelve months sought protection, under the Companies Creditors Arrangement Act...

- (c) Is the Educational Entity currently, or has it at any time during the past twelve months been, in breach of any of its debt covenants or loan agreements, or does it anticipate any such breach occurring within the next twelve months? Yes  No

***If yes to any of the above, attach details.***

6. (a) Does the Educational Entity provide any services to outside parties (parties other than staff or students)? Yes  No
- (b) Complete the attached form, **Schedule "A"**, for all persons employed by the Educational Entity who are members of a professional corporation or association as recognized by federal or provincial legislation. This list should include doctors, nurses, psychologists, lawyers, engineers, dentists, architects and accountants, plus any other professions regulated by a recognized professional corporation or association. For those professionals who provide services to outside parties please provide a detailed description of the services provided and to whom.

#### **Employment Practices Liability Insurance**

7. (a) Total number of employees with total annual compensation greater than \$100,000: \_\_\_\_\_
- (b) Total number of employees, including officers, who have been terminated in the past year: \_\_\_\_\_
- (c) Are any layoffs or staff reduction anticipated within the next two years? Yes  No

#### **Legal Expense Coverage Extension**

8. Does the Corporation require the Legal Expense Coverage Extension? Yes  No

The Legal Expense Coverage Extension provides defence costs reimbursement coverage for claims brought against the Insured involving sexual abuse or corporal punishment of students of the Educational Entity. If these claims are successfully defended, the extension reimburses the Insured for the costs incurred in defending itself against these claims.

Limits of Coverage:        \$100,000        per Claim  
                                     \$100,000        in the aggregate per Insured  
                                     \$1,000,000     in the aggregate all Insureds

#### **Additional Information Required**

9. As a part of this Application, please submit one copy of each of the following documents:
- (i) Latest audited financial statements;
  - (ii) Latest interim financial statements; and
  - (iii) Brochures, calendar of events and/or enrolment package.

#### **PRIVACY DISCLOSURE AND CONSENT**

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The undersigned authorized representative of the Educational Entity acknowledges that any personal information provided in connection with the insurance applied for, including but not limited to the information contained in this Application, has been collected in accordance with all applicable privacy legislation. The undersigned confirms that all necessary consents have been obtained for the collection, use, and disclosure of such information for the purposes of any investigation and inquiry in connection with this Application for insurance and, if applicable, investigating and settling claims, detecting and preventing fraud, and acting as required or authorized by law.

#### **FALSE INFORMATION**

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Any person who, knowingly and with intent to defraud any insurance company or other person, files an Application for insurance containing any false information, or conceals information concerning any fact material thereto for the purpose of misleading any insurance company or other person, commits a fraudulent insurance act which is a crime.

**DECLARATIONS AND SIGNATURE**

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The undersigned authorized representative of the Educational Entity:

- (i) declares, after inquiry, that the statements and representations set forth in this Application, and all materials submitted to or requested by the Insurer in conjunction with this Application, are true;
- (ii) acknowledges that these statements, representations, and materials are relied on by the Insurer and that they shall be deemed material to the acceptance of the risk assumed by the Insurer under the insurance applied for, should the insurance be effected; and
- (iii) agrees that if the information supplied in connection with this Application changes between the date of this Application and the effective date of any insurance effected pursuant to this Application, the undersigned will immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding indications, quotations and/or authorization or agreement to effect the insurance.

Signing of this Application does not obligate the Educational Entity or the Insurer to effect the insurance, but it is agreed that all materials submitted to or requested by the Insurer in conjunction with this Application are hereby incorporated by reference into this Application and made a part hereof. Terms and conditions, including limits of coverage, offered by the Insurer may differ from those applied for by the Educational Entity. It is further agreed that this Application and all materials submitted to or requested by the Insurer in conjunction with this Application are the basis of and are deemed attached to and incorporated into any policy effected pursuant to this Application.

PLEASE NOTE: COVERAGE CANNOT BE BOUND UNLESS THIS APPLICATION HAS BEEN FULLY COMPLETED AND DULY SIGNED AND DATED.

|                    |       |
|--------------------|-------|
| Educational Entity | Date  |
| Signature          | Title |



**SCHEDULE "A"**  
**PROFESSIONAL MEMBERS**

| Name | Profession | Association / Corporation | Service Provided By The Professional | Service Provided to Outside Parties |
|------|------------|---------------------------|--------------------------------------|-------------------------------------|
|------|------------|---------------------------|--------------------------------------|-------------------------------------|