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Form SO-46
 Council Comprehensive
 Insurance Coverage

Name of Council: _____

Address of Council: _____

City & Province: _____ Postal Code: _____

Email Address: _____ Phone #: _____

Advise on the Insurance Coverage you wish to purchase for your Particular Council:

By Checking any of these Boxes note that Insurance Coverage will be Issued Effective January 1, 2018

	Basic Coverage	Enhanced Coverage
	<ul style="list-style-type: none"> • 25,000 Property / 100,000 Extra Expense • 25,000 Crime / Fraud (Dishonesty) • 3,000,000 General Liability including Liquor • 1,000,000 Abuse • 1,000,000 Director / Board Liability 	<ul style="list-style-type: none"> • 25,000 Property / 100,000 Extra Expense • 50,000 Crime / Fraud (Dishonesty) • 5,000,000 General Liability including Liquor • 1,000,000 Abuse • 2,000,000 Director / Board Liability
Division 1 (250 Or More Members)	<input type="checkbox"/> \$680 + 8% Provincial Tax = \$734.40 Total	<input type="checkbox"/> \$774 + 8% Provincial Tax = \$835.92 Total
Division 2 (150 – 249 Members)	<input type="checkbox"/> \$660 + 8% Provincial Tax = \$712.80 Total	<input type="checkbox"/> \$751 + 8% Provincial Tax = \$811.08 Total
Division 3 (95-149 Members)	<input type="checkbox"/> \$635 + 8% Provincial Tax = \$685.80 Total	<input type="checkbox"/> \$723 + 8% Provincial Tax = \$780.84 Total
Division 4 (75-94 Members)	<input type="checkbox"/> \$560 + 8% Provincial Tax = \$604.80 Total	<input type="checkbox"/> \$645 + 8% Provincial Tax = \$696.60 Total
Division 5 (50-74 Members)	<input type="checkbox"/> \$440 + 8% Provincial Tax = \$475.20 Total	<input type="checkbox"/> \$525 + 8% Provincial Tax = \$567.00 Total
Division 6 (49 Or Less Members)	<input type="checkbox"/> \$335 + 8% Provincial Tax = \$361.80 Total	<input type="checkbox"/> \$415 + 8% Provincial Tax = \$448.20 Total

We have obtained coverage elsewhere for our Council and we do not wish to join the program:

We also have a Hall or Corporation with a fixed Liquor Licence:
 (note that this risk exposure is not included in the above program coverage & rates)

Please contact us for a separate quote on our Hall or Corporation with a fixed Liquor Licence:

Total Number of Members in my Particular Council: _____ Approximate Total Annual Revenues for my Council (Previous Year): _____

Are any Council Members or Volunteers ever left alone with a non-family member Child or Youth individual under the age of 18? Yes No

“Abuse” means any act or threat involving molestation, harassment, corporal punishment or any other form of physical, sexual or mental abuse. If an incident of inappropriate behavior or alleged incident of Abuse occurs are you promptly reporting this to the appropriate authorities? (Police, Children’s Aid, etc.) Yes No

Do you securely keep all Member applications, criminal checks & incident reports? Yes No

Privacy Disclosure and Consent: The undersigned, on behalf of their council, declares that it has obtained the necessary consent for the collection, use and disclosure by the Insurer of any personal information provided above or in connection with this application for the purposes of placing coverage. I declare that the statements made above in this application are in every respect true and hereby apply for a contract of insurance to be based upon the said statements (if I have checked the appropriate box noted above). Please forward proof of coverage as well as an invoice for the total amount owing however I understand that coverage is not bound until confirmation is provided.

Signature of Grand Knight: _____

Print Full Name of Grand Knight: _____ Date Signed: _____

PLEASE RETURN APPLICATION FORM TO kocinsurance@jdimi.com OR FAX TO (416) 259-7178