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Form SO-46  
 Council Comprehensive  
 Insurance Coverage

Name and # of Council: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City & Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address for Council (Meeting Place): **The Same As Above**  **Or, If Not, Please Provide Address:** \_\_\_\_\_

City & Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**By Checking any of these Boxes I Hereby Apply for Insurance Coverage Effective January 1, 2019**

Basic Coverage	Enhanced Coverage
<ul style="list-style-type: none"> <li>• 25,000 Property / 100,000 Extra Expense</li> <li>• 25,000 Crime / Fraud (Dishonesty)</li> <li>• 3,000,000 General Liability including Liquor</li> <li>• 1,000,000 Abuse</li> <li>• 1,000,000 Directors &amp; Officers (D&amp;O) Liability (10,000,000 D&amp;O Program Aggregate Limit)</li> </ul>	<ul style="list-style-type: none"> <li>• 25,000 Property / 100,000 Extra Expense</li> <li>• 50,000 Crime / Fraud (Dishonesty)</li> <li>• 5,000,000 General Liability including Liquor</li> <li>• 1,000,000 Abuse</li> <li>• 2,000,000 Directors &amp; Officers (D&amp;O) Liability (10,000,000 D&amp;O Program Aggregate Limit)</li> </ul>

Division 1 (250 Or More Members)	<input type="checkbox"/>	\$705 + 8% Provincial Tax = <b>\$761.40 Total</b>	<input type="checkbox"/>	\$799 + 8% Provincial Tax = <b>\$862.92 Total</b>
Division 2 (150 – 249 Members)	<input type="checkbox"/>	\$685 + 8% Provincial Tax = <b>\$739.80 Total</b>	<input type="checkbox"/>	\$776 + 8% Provincial Tax = <b>\$838.08 Total</b>
Division 3 (95-149 Members)	<input type="checkbox"/>	\$660 + 8% Provincial Tax = <b>\$712.80 Total</b>	<input type="checkbox"/>	\$748 + 8% Provincial Tax = <b>\$807.84 Total</b>
Division 4 (75-94 Members)	<input type="checkbox"/>	\$585 + 8% Provincial Tax = <b>\$631.80 Total</b>	<input type="checkbox"/>	\$670 + 8% Provincial Tax = <b>\$723.60 Total</b>
Division 5 (50-74 Members)	<input type="checkbox"/>	\$465 + 8% Provincial Tax = <b>\$502.20 Total</b>	<input type="checkbox"/>	\$550 + 8% Provincial Tax = <b>\$594.00 Total</b>
Division 6 (49 Or Less Members)	<input type="checkbox"/>	\$360 + 8% Provincial Tax = <b>\$388.80 Total</b>	<input type="checkbox"/>	\$440 + 8% Provincial Tax = <b>\$475.20 Total</b>
We have obtained coverage elsewhere for our Council and we do not wish to join the program:				<input type="checkbox"/>
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)				<input type="checkbox"/>
Please contact us for a separate quote on our Hall or Corporation with a fixed Liquor Licence:				<input type="checkbox"/>

**Abuse Information:**

“**Vulnerable persons**” means individuals who, because of age, disability, or other circumstances, whether temporary or permanent, are in a position of dependence on others or are otherwise at a greater risk than the general public of being harmed by a person in a position of authority or trust relative to them. This includes children, youth, senior citizens, people with physical, developmental, social, emotional or other disabilities, as well as people who are victims of crime or harm. Such vulnerability may be a temporary condition or permanent.

“**Abuse**” means any act or threat of molestation, harassment or any other form of physical, sexual or mental abuse.

Do all Member involved with ‘vulnerable persons’ complete applications, have reference checks & obtain criminal checks (every 5 years) Yes  No

Are all Member applications, criminal checks & incident reports kept secured indefinitely? Yes  No

Are all Members involved with "vulnerable persons" required to complete abuse training  
Annually? How Often? \_\_\_\_\_ Yes  No

Are all incidents of inappropriate behaviour and alleged incidents of Abuse required to be  
promptly reported to designated person(s) in your organization and to appropriate  
authorities (Police)? Yes  No

Are all incident reports (if applicable) kept secured indefinitely? Yes  No

Are copies of old Insurance Policies kept secured indefinitely? Yes  No

**Financial Information:**

(a) Is the Organization in arrears of its payments of monies payable to the Canada Revenue Agency or the provincial ministry of revenue, including source deductions, G.S.T. & P.S.T.? Yes  No

(b) Is the Organization currently, or has it at any time during the past year, been in breach of any of its debt covenants or loan agreements? Yes  No

(c) During the past three years has any auditor rendered a "going concern" opinion for the financial statements or position of the Council? Yes  No

**If YES to any of the above three (3) financial questions, please attach full details.**

(d) For the most recent consolidated fiscal year-end, please provide the following information:

Total # Active Members for Council: \_\_\_\_\_ Total Annual Revenues: \_\_\_\_\_  
Fiscal Year End Date: \_\_\_\_\_ Total Assets: \_\_\_\_\_  
Total Liabilities: \_\_\_\_\_ Net Income: \_\_\_\_\_

***Privacy Disclosure & Consent: The undersigned, on behalf of their Council, declares that it has obtained the necessary consent for the collection, use & disclosure by the Insurer of any personal details provided above or in connection with this application for the purposes of placing & providing coverage (details of our privacy policy can be provided upon request). I declare that the statements made above are in every respect true and hereby apply for a contract of insurance to be based upon the said statements. 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: \_\_\_\_\_