



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, 2021  *Active Members Only	Reduced Coverage		Basic Coverage		Enhanced Coverage	
	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• 25,000 Property / 100,000 Extra Expense</li> <li>• 25,000 Crime / Fraud (Dishonesty)</li> <li>• 1,000,000 General Liability including Liquor</li> <li>• 1,000,000 Abuse Liability (1,000,000 Abuse Program Aggregate Limit)</li> <li>• 1,000,000 Directors &amp; Officers (D&amp;O) Liability (10,000,000 D&amp;O Program Aggregate Limit)</li> </ul>	<input type="checkbox"/>	<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 Liability (1,000,000 Abuse Program Aggregate Limit)</li> <li>• 1,000,000 Directors &amp; Officers (D&amp;O) Liability (10,000,000 D&amp;O Program Aggregate Limit)</li> </ul>	<input type="checkbox"/>	<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 Liability (1,000,000 Abuse Program Aggregate Limit)</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"/>	\$720 + 8% Provincial Tax = <b>\$777.60 Total</b>	<input type="checkbox"/>	\$755 + 8% Provincial Tax = <b>\$815.40 Total</b>	<input type="checkbox"/>	\$849 + 8% Provincial Tax = <b>\$916.92 Total</b>
Division 2 (150 – 249 Members*)	<input type="checkbox"/>	\$700 + 8% Provincial Tax = <b>\$756.00 Total</b>	<input type="checkbox"/>	\$735 + 8% Provincial Tax = <b>\$793.80 Total</b>	<input type="checkbox"/>	\$826 + 8% Provincial Tax = <b>\$892.08 Total</b>
Division 3 (95-149 Members*)	<input type="checkbox"/>	\$675+ 8% Provincial Tax = <b>\$729.00 Total</b>	<input type="checkbox"/>	\$710 + 8% Provincial Tax = <b>\$766.80 Total</b>	<input type="checkbox"/>	\$798 + 8% Provincial Tax = <b>\$861.84 Total</b>
Division 4 (75-94 Members*)	<input type="checkbox"/>	\$600 + 8% Provincial Tax = <b>\$648.00 Total</b>	<input type="checkbox"/>	\$635 + 8% Provincial Tax = <b>\$685.80 Total</b>	<input type="checkbox"/>	\$720 + 8% Provincial Tax = <b>\$777.60 Total</b>
Division 5 (50-74 Members*)	<input type="checkbox"/>	\$480 + 8% Provincial Tax = <b>\$518.40 Total</b>	<input type="checkbox"/>	\$515 + 8% Provincial Tax = <b>\$556.20 Total</b>	<input type="checkbox"/>	\$600 + 8% Provincial Tax = <b>\$648.00 Total</b>
Division 6 (49 Or Less Members*)	<input type="checkbox"/>	\$375 + 8% Provincial Tax = <b>\$405.00 Total</b>	<input type="checkbox"/>	\$410 + 8% Provincial Tax = <b>\$442.80 Total</b>	<input type="checkbox"/>	\$490 + 8% Provincial Tax = <b>\$529.20 Total</b>

Please **do not** send payment until you receive our invoice.

Note that Cyber Liability coverage is **No Longer Available** through this Program: Please contact our office should you be interested in a quotation.

We have obtained coverage elsewhere for our Council and we do not wish to join this insurance program:	<input type="checkbox"/>	Subject to a State Council audit to ensure adequate General Liability, Liquor Liability, Abuse and D&O coverage mid-year
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**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.

- 1) Have you reviewed the new Ontario KofC Abuse Protocol with your Members at a Council meeting? Yes  No   
If No, when will this be discussed and acknowledged with the Members of your Council? \_\_\_\_\_
- 2) Do all Members who are involved in programs with “vulnerable persons” in a formal capacity (directly involved in each activity) have reference checks and obtain criminal checks (every 3-5 years)? Yes  No
- 3) 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
- 4) Are all Member applications, criminal checks & incident reports (if applicable) kept secured indefinitely? Yes  No
- 5) For the most recent consolidated fiscal year-end, please provide the following information:

Total # Active Members for Council: \_\_\_\_\_ Total Annual Revenues: \_\_\_\_\_

***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 understand that all coverage indicated on this document is subject to the terms & conditions of the policy. 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. I request that you 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: \_\_\_\_\_

CONTACT DETAIL UPDATE:

Grand Knight Email: \_\_\_\_\_

Name of Financial Secretary \_\_\_\_\_

Financial Secretary Email: \_\_\_\_\_