



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, 2023 *Billable Members Only	Reduced Coverage		Basic Coverage		Enhanced Coverage	
	<input type="checkbox"/>	<ul style="list-style-type: none"> NO PROPERTY COVERAGE 25,000 Crime / Fraud (Dishonesty) 1,000,000 General Liability including Liquor 1,000,000 Abuse Liability (2,000,000 Abuse Program Aggregate Limit) 1,000,000 Directors & Officers (D&O) Liability (10,000,000 D&O Program Aggregate Limit) 	<input type="checkbox"/>	<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 Liability (2,000,000 Abuse Program Aggregate Limit) 1,000,000 Directors & Officers (D&O) Liability (10,000,000 D&O Program Aggregate Limit) 	<input type="checkbox"/>	<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 Liability (2,000,000 Abuse Program Aggregate Limit) 2,000,000 Directors & Officers (D&O) Liability (10,000,000 D&O Program Aggregate Limit)
Division 1 (250 Or More Members*)	<input type="checkbox"/>	\$725 + 8% Provincial Tax = \$783.00 Total	<input type="checkbox"/>	\$815 + 8% Provincial Tax = \$880.20 Total	<input type="checkbox"/>	\$909 + 8% Provincial Tax = \$981.72 Total
Division 2 (150 – 249 Members*)	<input type="checkbox"/>	\$705 + 8% Provincial Tax = \$761.40 Total	<input type="checkbox"/>	\$795 + 8% Provincial Tax = \$858.60 Total	<input type="checkbox"/>	\$886 + 8% Provincial Tax = \$956.88 Total
Division 3 (95-149 Members*)	<input type="checkbox"/>	\$680 + 8% Provincial Tax = \$734.40 Total	<input type="checkbox"/>	\$770 + 8% Provincial Tax = \$831.60 Total	<input type="checkbox"/>	\$858 + 8% Provincial Tax = \$926.64 Total
Division 4 (75-94 Members*)	<input type="checkbox"/>	\$605 + 8% Provincial Tax = \$653.40 Total	<input type="checkbox"/>	\$695 + 8% Provincial Tax = \$750.60 Total	<input type="checkbox"/>	\$780 + 8% Provincial Tax = \$842.40 Total
Division 5 (50-74 Members*)	<input type="checkbox"/>	\$485 + 8% Provincial Tax = \$523.80 Total	<input type="checkbox"/>	\$575 + 8% Provincial Tax = \$621.00 Total	<input type="checkbox"/>	\$660 + 8% Provincial Tax = \$712.80 Total
Division 6 (49 Or Less Members*)	<input type="checkbox"/>	\$380 + 8% Provincial Tax = \$410.40 Total	<input type="checkbox"/>	\$470 + 8% Provincial Tax = \$507.60 Total	<input type="checkbox"/>	\$550 + 8% Provincial Tax = \$594.00 Total

Our Invoice requesting payment will be sent to Councils at the end of January 2023. Please DO NOT send payment prior to receiving our invoice.

Note that Cyber Liability coverage is not available through the program: If you would like us to obtain a Cyber Liability Quote, please check this box

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 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 not, when will this be discussed and acknowledged with the Members of your Council? _____
***Reviewing & acknowledging the Abuse Protocol with your participating members annually is a mandatory requirement.**
- 2) Will all Members who are involved in programs with “vulnerable persons” formally (directly involved in each activity) obtain the necessary screening & background criminal checks (such as via the Office of Youth Protection / Praesidium) 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 (State Office) and to appropriate authorities (Police)? Yes No
- 4) Are all Member applications, abuse protocol acknowledgements, 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 (Billable) 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: _____