



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, 2020

	Basic Coverage		Enhanced Coverage	
	<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 (1,000,000 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 (1,000,000 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"/>	\$730 + 8% Provincial Tax = \$788.40 Total	<input type="checkbox"/>	\$814 + 8% Provincial Tax = \$879.12 Total
Division 2 (150 – 249 Members)	<input type="checkbox"/>	\$710 + 8% Provincial Tax = \$766.80 Total	<input type="checkbox"/>	\$791 + 8% Provincial Tax = \$854.28 Total
Division 3 (95-149 Members)	<input type="checkbox"/>	\$685+ 8% Provincial Tax = \$739.80 Total	<input type="checkbox"/>	\$763 + 8% Provincial Tax = \$824.04 Total
Division 4 (75-94 Members)	<input type="checkbox"/>	\$610 + 8% Provincial Tax = \$658.80 Total	<input type="checkbox"/>	\$685 + 8% Provincial Tax = \$739.80 Total
Division 5 (50-74 Members)	<input type="checkbox"/>	\$490 + 8% Provincial Tax = \$529.20 Total	<input type="checkbox"/>	\$565 + 8% Provincial Tax = \$610.20 Total
Division 6 (49 Or Less Members)	<input type="checkbox"/>	\$385 + 8% Provincial Tax = \$415.80 Total	<input type="checkbox"/>	\$455 + 8% Provincial Tax = \$491.40 Total
Optional Additional Coverage Available	Basic Cyber Coverage • 50,000 Aggregate Limit		<input type="checkbox"/>	\$175 + 8% Provincial Tax = \$189.00 Total Additional
	Enhanced Cyber Coverage • 100,000 Aggregate Limit		<input type="checkbox"/>	\$250 + 8% Provincial Tax = \$270.00 Total Additional

First Party Cyber Coverages Included In Limit Above: Incident Response Expense, Data Recovery Expenses, Business Interruption as a result of cyber attack and Extortion / Ransomware.

Third Party Cyber Coverage Included In Limit Above: Network Security & Privacy Liability, Internet Media Liability and Regulatory Expenses.

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

Subject to a State Council audit to ensure adequate General Liability, Liquor Liability, Abuse and D&O coverage mid-year

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 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

Are all Members directly involved with “vulnerable persons” required to complete abuse training via Praesidium (safe environment program)? 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 Member applications, criminal checks & incident reports (if applicable) kept secured indefinitely? Yes No

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. 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: _____