

BCHPCA Program Members Questionnaire

<u>Organization's Name:</u> (full legal name)		<u>Contact Name:</u>	
<u>Mailing Address:</u>		<u>Title:</u>	
		<u>Ph Number:</u>	
<u>Web Site:</u>		<u>Fax Number:</u>	
		<u>Email</u>	

PROPERTY UNDERWRITING DETAILS

	Location # 1	Location # 2	Location # 3
Risk Location			
Occupancy/Use - Insured			
Occupancy/Use - Others			
Exterior Wall Construction			
Building Age			
Square Footage			
Number of Stories			
Roof Joist Construction			
Heating Type/ Fuel Used			

Protection

Hydrant Protected			
Fire Hall Protected			
Sprinklered			
<u>Monitored</u> Fire Alarm			
<u>Monitored</u> Burglary Alarm			

5 year Claims History (Insured or Otherwise)

Date	Amount	Description

Statement of Values

	Location # 1	Location # 2	Location # 3
Building Value			
Contents Value			
Business Interruption Values			
Total Values			

Current Insurance Information

Type of Policy	Expiry Date	Insurance Company	Insurance Agent
General Insurance			
Other: _____			
Other: _____			

LIABILITY UNDERWRITING INFORMATION

Type of Facility - Office Administration Only - Hospice - Palliative or Respite Care
Or Services: - Thrift Shop - Other (please describe) _____

Type of Organization: - Non-Profit Society - Registered Charity

Provincial Master Insurance Plan - Do you have Government Funded Beds ? - Yes* - No
*If "Yes" please attach copy of AON Certificate through Provincial Master Insurance Plan if applicable

Years in Operation: _____ Please provide number of Employees by category:
Number of Volunteers: _____ Office Staff/Admin: _____
Total Annual Revenue: _____ Grief Counsellors: _____
Total Annual Payroll: _____ Care Aides: _____
Nurses/LPN: _____
Doctors/Psychologists: _____
Total Number of Employees: _____

Are Professional Services Staff members of a professional association: - YES - NO
Is Workers Compensation Insurance carried on all of the Applicants Employees: - YES - NO
Does the Applicant employ Contract Workers or Sub-Contract out Services: - YES - NO
If "yes", is evidence of Liability Insurance and WCB protection obtained from Sub-Contractors: - YES - NO
Fund Raising Activities: Please advise details of any fundraising activities such as Golf Tournaments, Social Events, Auctions, etc:

Abuse/Harassment Policies: Does your organization have in place written policies and procedures designed to control and respond to Abuse and/or Harassment Liability risk exposures including, but is not limited to; employee criminal background checks; pre-employment screening and reference checks; rules detailing inappropriate conduct; and procedures on how to respond to allegations. - YES - NO

Automobile Liability: Does the organization own or lease any vehicles?: - YES - NO

Types and numbers of vehicles: Private Passenger Vehicles: _____ Multi-Passenger Vans: _____
Other (describe) _____: _____ Buses: _____

Do the vehicles listed travel beyond a radius of 160 Km or into the USA?: - YES - NO
*If Umbrella Liability Coverage is required - Please attach copies of Vehicle Registration & Insurance Documents

Do you have any USA based services or operations: - Yes - No (if "yes: please provide full details)

Director's & Officer's Liability Insurance:
Do you require a quote for Director's & Officer's Liability Insurance? - Yes* - No
*If "yes" please include a copy of your organization's financial statement for the last fiscal year.

Past Activities:

- 1) Has the above named Organization ever received any inquiry, complaint or notice of hearing from any Provincial, Federal, Regulatory Authority , Legislative Committee or Board of Inquiry or has it ever been served with a statement of claim or other legal notice or been the subject of any Civil or Criminal Action. - YES - NO
- 2) Has the above named organization ever made a claim under a Professional Liability Policy or a similar type of insurance policy - YES - NO
- 3) Has there been any legal actions notices, allegations or incidents involving or arising out of issues of Abuse and/or Harassment? - YES - NO
- 4) Has there been any incident or are you aware of any facts or circumstances that may give rise to any action described in items "1" , "2" or "3" above - YES - NO
- 5) Has the Organization ever been declined, cancelled or renewal of insurance of any kind been refused. - YES - NO

Note: If you have answered "yes" to any of the above questions please give details on an attached page .

Signature: _____ Date: _____
Name: _____ Title: _____