

Please answer the following questions on behalf of your organization and fax to 905-764-9618

| 1. General Information | |
|---|--|
| Name of Broker & Producer | JD SMITH INSURANCE BROKERS - ATTN: CHURCH DEPARTMENT |
| Full Name of Place of Worship | |
| Risk Location Address | Postal Code |
| Mailing Address of Risk (if different from above) | Postal Code |
| Name & Mailing Address of Mortgagee / Loss Payee | Postal Code |
| Web Site Address | |
| Effective Date | (mm/dd/yyyy) |
| Contact Name (& title) and Telephone Number | |
| E-Mail address of Contact person | |

| 2. Coverage Requirements – Property / Religious Income / Liability | | | |
|---|------------------------------------|----------------------------------|---------------------------------|
| Please indicate product selected - FAITH PROTECT PLUS or ___ FAITH PROTECT ___ Please refer to the product highlight brochure for explanation on loss settlement, coverage highlights and Automatic Extensions of coverage Included in each product. | | | |
| | Building # 1 (Place of worship) | Building # 2 (Detached Manse) | Building # 3 (Detached Hall) |
| Building Limit (Including Tenant's Improvements) | \$ | \$ | \$ |
| Building Loss Settlement Basis: -Replacement Cost or Agreed Value: (Functional Replacement Cost or Market Salvage Value) | | | |
| Contents Limit (excluding pipe organ, stained glass and religious artifacts) | \$ | \$ | \$ |
| Pipe Organ Limit | \$ | NOT APPLICABLE | \$ |
| Stained Glass Limit | \$ | \$ | \$ |
| Religious Artifacts Limit | \$ | \$ | \$ |
| Personal Contents of Manse Resident(s) | NOT APPLICABLE | \$ | NOT APPLICABLE |
| Deductible: \$1,000 ___ \$2,500 ___ \$5,000 ___ \$10,000 ___ Other ___ Flood Coverage? Yes ___ No ___ Earthquake Coverage? Yes ___ No ___ | | | |

| 3. Loss Of Religious Income | | | |
|--|---|--|------------------------------------|
| Coverages | Limits Included in 'Faith Protect Plus' | Higher Limits required? (Insert Limit) | Limits Included in 'Faith Protect' |
| Loss of Religious Income – Including Rents | \$50,000 inclusive limit | \$ | \$10,000 |
| Extra Expense | For basket of business | \$ | \$2,500 |
| Professional Fees | Interruption coverages | \$ | \$2,500 |
| Expediting Expenses | As hi-lited | \$ | \$2,500 |
| Additional Living Expense for Manse Resident | Included in basket | \$ | Maximum \$5,000 |

| 4. Crime | | | |
|--|---|--|------------------------------------|
| Coverages | Limits Included in 'Faith Protect Plus' | Higher Limits required? (Insert Limit) | Limits Included in 'Faith Protect' |
| Broad Form Money & Securities (Inside) | \$20,000 | \$ | \$2,500 |
| Broad Form Money & Securities (Outside) | \$20,000 | \$ | \$2,500 |
| Money Orders & Counterfeit paper Currency | \$20,000 | \$ | \$2,500 |
| Depositor's Forgery | \$20,000 | \$ | \$2,500 |
| Employee Dishonesty | \$20,000 | \$ | \$2,500 |
| Increase in Broad Form Money - Religious Holidays/Special Events | 50% of Insured Limit | \$ | NIL |

| 5. Liability | |
|---------------------------------------|---|
| Coverages | Limits |
| Commercial General Liability | \$ (Occurrence/Aggregate) |
| Tenant's Legal Liability (Broad Form) | \$250,000 limit automatically included Higher Limit required? \$ _____ |

Please Refer To Product Highlight Brochure For Coverages Which Are Automatically Included

6. Property Risk Information – Building #1 (Please complete supplement(s) for additional buildings)

Building occupied as _____ Year Built _____
 Number of Storeys _____ Total Area _____ square meters

Is building protected by a Burglary alarm? Yes ___ No ___
 If Yes, is it monitored? Yes ___ No ___ (rings to off site station), or Local ___ (rings only at premises)

Is building protected by a Fire alarm system? Yes ___ No ___
 If yes, is it monitored? ___ or Local ? ___

Building Construction (Select one, if mixed, indicate percentage applicable to each type)

| | |
|---|--|
| Fire Resistive (concrete walls, roof, floors) | |
| Non- Combustible (masonry Walls, steel deck roof, concrete floors) | |
| Masonry (Masonry walls, wood floors/roof) | |
| Brick Veneer (frame walls with brick veneer, wood roof/floors) | |
| Frame (walls, roof/floor all of combustible materials) | |

| | |
|---|---|
| Distance to fire hydrants _____ meters Distance to full-time Firehall _____ kilometers OR Distance to Volunteer Firehall _____ kilometers | Is building sprinklered: Yes _____ No _____ If yes, what percentage of building is protected? _____% Is system monitored ? Yes ___ No ___ |
|---|---|

Type of heating system (select one) : Steam ___ Hot Water ___ Forced Air ___ Electric ___
 Other (Describe) _____
 Type of secondary heating system, if any: _____

| | |
|---|---|
| Is Building Historically listed? Yes ___ No ___ | Any cooking on premises? Yes ___ No ___ If yes, is there a CO2 extinguishing system with a semi-annual maintenance contract in place? Yes ___ No ___ |
|---|---|

Does building have Stained Glass windows? Yes ___ No ___ Is yes, total area _____ square meters

6. Property Risk Information – Building # 1 (continued)

Does building have wooden pews? Yes ___ No ___ If yes, type of wood _____ Number _____ length _____

Does building have a Pipe Organ? Yes ___ No ___ If yes, name of manufacturer _____

Serial # _____ Number of stoppers _____

Is Boiler And Machinery Coverage Required? Yes ___ No ___ (if yes complete below)

Any pressure vessels over 24-inch in diameter? Yes ___ No ___

If Yes please provide details:

Is food spoilage coverage required? Yes ___ No ___ If yes, maximum value of contents \$ _____

Any major equipment breakdowns or claims within last 5 years? Yes ___ No ___

If Yes please provide details:

7. Crime Coverage Information

Are cheques counter-signed? Yes ___ No ___ Maximum amount of cash kept on premises at any one time \$ _____

Is cash and other securities kept in a money- safe with a combination lock? Yes ___ No ___

8. Liability Risk Information

Please advise the number of people attending your place of worship on a weekly basis in the following categories:

Clergy ___ Congregation in full _____ Annual Operating Budget : \$ _____

Do you operate any income generating activities ? Yes ___ No ___ (example: wedding receptions; banquets)

If Yes, please provide full details:

Do you rent out space to community groups? Yes ___ No ___

If yes, please provide details:

If premises rented to third parties for banquets what are annual revenues generated? \$ _____

Is liquor served? Yes ___ No ___ If yes, please provide the following information :

i) Is liquor permit obtained by third party? Yes ___ No ___

ii) Who serves liquor? _____

iii) Is proof of liquor liability insurance provided? Yes ___ No ___

iv) What type of functions is liquor served at (eg. weddings, banquets etc) ? _____

Day-care or School operated (Other than Sunday school) ? Yes ___ No ___ If yes, please complete separate supplement

Is there a cemetery? Yes ___ No ___

Summer Camp? Yes ___ No ___ If yes, please complete camp supplement

8. Liability Risk Information (continued)

Outreach or overseas missionary programmes? Yes ___ No ___

If yes, please provide details – on separate sheet if necessary:

Are fees charged for counselling services? Yes ___ No ___

Do any persons other than ordained religious leaders provide counselling? Yes ___ No ___

If yes, please provide details:

9. Non-Owned Automobile Information

Do employees/volunteers regularly use their personal vehicles for religious institution business? Yes ___ No ___

Are 15 seat passenger vans rented or borrowed? Yes ___ No ___

If yes, do you confirm that a minimum of \$2 Million third party liability is in force? Yes ___ No ___

Are buses rented/loaned or chartered? Yes ___ No ___

If yes, do you confirm that a minimum of \$5 Million third party liability is in force? Yes ___ No ___

Any U.S.A. exposure? Yes ___ No ___

If yes, please provide details:

Do you check motor vehicle abstracts for people who will be transporting passengers on religious institution trips? Yes ___ No ___

IF YOU REQUIRE QUOTATION(S) FOR UMBRELLA LIABILITY, DIRECTOR'S & OFFICER'S LIABILITY OR ABUSE COVERAGES PLEASE COMPLETE SEPARATE APPLICATIONS

10. Previous Insurance and Claims Experience Information

Name of Prior Insurer _____

Policy Number _____ Number of Years Insured with Prior Insurer _____

Expiry date of Policy (mm/dd/yyyy) Expiring Premium _____

Has any Insurance Company cancelled or declined to renew an insurance policy for applicant? Yes ___ No ___

If yes, please provide details of the circumstances:

Please provide information for all claims in the last five years. If no claims, please check

| Date of claim | Description | Amount Paid or reserved |
|---------------|-------------|-------------------------|
| (mm/dd/yyyy) | | |
| (mm/dd/yyyy) | | |
| (mm/dd/yyyy) | | |

Broker Information – Is this new business to your office ? Yes ___ No ___

Please attach colour photographs of each building to be insured – one each of front and rear and a copy of the most recent building appraisal if the building is to be insured

To Be Completed by Applicant

The undersigned authorized officer of the organization declares that, to the best of his/her knowledge, the statements set forth herein are true. Signing of this proposal does not bind the Insurer to offer, nor the applicant to accept insurance, but, it is agreed that this form shall be the basis of the contract should a policy be issued.

Date (mm/dd/yyyy) Signature of Officer _____ Title _____