



RENEWAL QUESTIONNAIRE

GENERAL INFORMATION

Full Legal Name of Organization: _____ Policy Number: CPP-_____

Mailing Address: _____

Telephone Number(s): _____

E-mail Address(es): _____ Website: _____

Authorized Contact person to discuss your insurance account: _____

Street / Legal Address of all current premises you own or rent	Owned or Rented	Occupancy / Activities at this location
1. _____	<input type="checkbox"/> Owned <input type="checkbox"/> Rented	_____
2. _____	<input type="checkbox"/> Owned <input type="checkbox"/> Rented	_____
3. _____	<input type="checkbox"/> Owned <input type="checkbox"/> Rented	_____

Please complete a spreadsheet addendum to this form if you have more than three (3) owned and/or rented locations.

Has the organization's charitable status been revoked, suspended, or annulled? Yes No

If yes, please provide full details: _____

Since your original application, has your organization's legal named been changed, or have you merged, acquired another charity, or formed a parallel foundation, charity, not-for-profit, or for-profit? Yes No

If yes, please provide full details: _____

DIRECTORS AND OFFICERS LIABILITY COVERAGE (if you have this coverage option in your policy)

Annual Operating Revenue: Previous Fiscal Year \$ _____ Current Fiscal Year \$ _____

Has the organization sustained operating deficits (expenses > revenue) in the past 2 years? Yes No

Does the organization have negative net equity/fund balance (liabilities > assets)? Yes No

Does the organization have any affiliated or subsidiary entities within or outside Canada that it controls through share capital or board appointments? Yes No

Is your organization involved directly or indirectly in the development of land, property, housing, life-lease, or condominium projects? Yes No

Have you terminated, laid off, or not renewed an employment contract in the last 12 months? Yes No

Has the organization amended its corporate bylaws or constitution? Yes No

Does the organization have any knowledge of any actual or alleged act, error, omission, misstatement, misleading statement, breach of duty or employment practice matter that might give rise to a future claim? Yes No

If yes to any of the above, please provide full details below and copies of your most recent financial statements and amended bylaw/constitution attached to this questionnaire. _____

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ABUSE LIABILITY COVERAGE (if you have this coverage option in your policy)

IMPORTANT NOTICE: This is a reminder that it is your board and senior management's responsibility to ensure that you are operating in accordance with the policies, procedures, and screening measures contained in the most recent *Abuse Prevention Declaration* form filed by your organization. These apply to any and all programs, ministries, events, travel, or transportation by or on behalf of your organization on or off premises, involving any minors and vulnerable adults. Your Abuse Liability coverage is subject to compliance with these policies, procedures, and screening measures. Please contact our office or your servicing broker if you require another copy of your filed and signed declaration form for review.

SHORT-TERM MISSIONS / MINISTRY TRAVEL

Does your organization sponsor any missionaries and/or short-term mission trips and/or ministry travel outside of your province? Yes No
If yes, please provide the following details:

Total Number for each;	Other Provinces	United States of America	Outside Canada or USA*
Sponsored Missionaries / Expats:			
Ministry Travel (staff / volunteers):			
Short Term Missions Trip Participants**: (Anticipated for next 12 months)			

*For missionaries / expats outside of Canada or USA, please attach a schedule including current number by country

**For short-term mission trips and participants – Please check (✓) the box(es) that best describe activities / work on trip:

Evangelism Teaching Medical Disaster Relief Agriculture Construction Recreation Other _____

We declare with respect to any travel outside province or country, we require the following 5 checked items: Yes No

- Proof of out of country / out of province Travel Emergency Medical or Expat Health Insurance with no exclusions for intended travel destinations or for known pre-existing medical health conditions
- Travellers must check with physician to confirm they are safe to travel based on their personal medical history and pre-existing health conditions, and for recommended inoculations and medication for intended destinations
- Organization must check with Government of Canada to avoid travel to Level 4 warning destinations (AVOID ALL TRAVEL), or short-term mission trips to Level 4 or Level 3 warning destinations (AVOID NON-ESSENTIAL TRAVEL)

NOTE: Exceptions can be made for professionals providing essential services for organizations who provide or arrange professional security.

- All travellers must sign informed consent identifying specific risks for the trip, travel and destination, and a waiver of any liability against your organization and its leaders for such risks
- Parental permission and child travel consent letters for travel by minors / no billeting in unscreened homes

Please confirm whether there will be any travel outside Canada by minors (i.e. under 18 years old): Yes No

If yes, please confirm the total number, destination(s) and activities on trip(s): _____

NOTE: This is a reminder if your organization sponsors or supervises any travel by minors, and if your organization has qualified for optional Abuse Liability Coverage, your coverage for actual or alleged abuse, molestation, or harassment claims is only valid if you are in compliance with all policies, procedures and screening measures during travel, as per your most recent Abuse Prevention Declaration form filed with Robertson Hall Insurance Inc.

GENERAL LIABILITY COVERAGE (if you have this coverage option in your policy)

Has your organization added, modified or expanded your programs, operations, ministries or events on or off premises? Yes No

If yes, please check (✓): Food Bank Soup Kitchen Thrift / Free Store Meals on Wheels Day Camp / VBS Overnight Camp

In from the Cold Transitional / Emergency Housing Daycare / Nursery / Preschool School Bible College

Provide full details: _____

Have there been any new locations purchased or rented (i.e. satellite congregations, offices, manses, vacant land)? Yes No

If yes, please provide address(es) and describe: _____

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GENERAL LIABILITY COVERAGE (if you have this coverage option in your policy) ...continued

Does your organization operate any of the following:

- Skateboard Equipment Trampoline Ropes Courses / Zip Line Bouncy Castles / Inflatables
 Skating Rink (winter) Playground Climbing Walls Fireworks Displays

If any boxes are checked, please describe: _____

NOTE: For any of the above-noted features not previously added to your policy, there may be an additional premium charge and/or eligibility and risk management requirements and/or safety and inspection certification requirements.

Are any of your facilities rented to third parties (weddings, parties, meetings, other organizations)? Yes No

If yes, are certificates of insurance required including naming your organization as Additional Insured? Yes No

Number of third-party/personal rentals: _____ Annual revenue from rental of your facilities: \$ _____

Do you obtain certificates of liability insurance from any contractor, business or individual doing construction, renovations, maintenance, janitorial work, or landscaping on your premises? Yes No

Do you hire a professional snow removal and de-icing contractor during the winter season to clear snow and ice from your premises if snowfall is 1" or more, or if any ice from freeze/thaw conditions, to avoid slip and fall claims for members, staff and visitors; and collect proof of liability insurance from the contractor, and either you or the contractor keep a written log of days/times of snow and ice removal? Yes No

Does your organization rent buses, van, or automobiles in its name? Yes No If yes, how many times a year? _____

Type and number of vehicles? _____ Furthest destination? _____

FACILITIES AND PROPERTY (if you have Building, Contents or Property coverage)

Updates to your owned building(s) including whether Partial or Full, Year Replaced, Description):

	Location 1 _____	Location 2 _____	Location 3 _____
Roof / Roof Materials			
Electrical Panels / Wiring			
Furnaces / Heat Pumps / Boilers			
Plumbing System			
Water Heater(s)			

*Note: We confirm that we have no live "knob and tube" type electrical wiring in our building(s) Yes No

Do you own an oil or gas fired pressure boiler to heat your building? Yes No

If yes, please confirm age _____ type _____ manufacturer _____ and operating pressure _____ p.s.i.

Do your owned premises have the following water damage protection/prevention features?

- Sump pump with check valve Sump pump backup (generator, battery, water pressure or second pump)
 In-drain backflow Valve Backflow valve installed on main/lateral sewer line
 Tankless water heater Steel braided hoses connected to all appliances
 Monitored sump alarm Automatic shut-off valve with water sensor

Are downspouts connected to weeping tiles, or disconnected but extend 6 ft. or more from building? Yes No

Is lawn and landscaping graded to drain water away from all exterior walls? Yes No

Do you have ice and water shield (ice guard) under roof shingles and along eave edges and valleys? Yes No

Do you have exterior roof, soffit, and gable vents to allow warm air to escape building? Yes No

Any recent major purchase of contents and equipment, or leasehold improvements in rented locations? Yes No

If yes, please advise the type and total replacement cost to add this value to your coverage: \$ _____

Any recent construction or installation of garages, storage sheds, pavilions, or other structures on any premises? Yes No

If yes, please advise the type and total replacement cost to add this value to your coverage: \$ _____

Any recent installation of elevators or chair lifts; solar panel equipment; security, CCTV, fire detection, or sprinkler systems; or any sound, audio visual or other equipment in any building? Yes No

If yes, please describe and provide a full description _____ and total replacement cost to add this value to your coverage \$ _____

Have you obtained a recent appraisal or inventory valuation of your building(s) and/or contents? Yes No

If yes, please attach to this completed questionnaire. Thank you.

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RENEWAL COVERAGE LIMITS REQUIRED

Renew all locations included on our current policy with the existing coverage amounts plus the standard minimum Cost Index factor.

Or:

Renew as follows:

(Include **ALL** owned or rented locations and attach an addendum to this form if you have more than three (3) owned and/or rented locations).

Location Address and Building Name	Building Replacement Cost (or Leaseholds Replacement)	Contents Replacement Cost (includes Equipment & Stock)	Loss of Income Amount (includes Rental Income)
1 _____	\$ _____	\$ _____	\$ _____
2 _____	\$ _____	\$ _____	\$ _____
3 _____	\$ _____	\$ _____	\$ _____

Please attach a copy of the replacement cost appraisal or qualified contractor's opinion the above Building (or Leaseholds) Replacement Cost amount(s) is based, or inquire with our office about obtaining a no-cost replacement valuation.

The undersigned authorized officer of the organization declares to the best of their knowledge that the statements set forth in this Renewal Questionnaire are complete and true. Signing of this questionnaire does not bind the participating insurers to offer, nor the applicant to accept insurance, but it is agreed that this form shall be the basis of the renewal contract should a renewal policy be issued.

Signature of Authorized Officer _____ Date _____, _____, 20_____

PRINT NAME AND TITLE OF OFFICER SIGNING APPLICATION _____