



**Please forward application to:**  
 RDA Inc.  
 290 Rowntree Dairy Road  
 Woodbridge, Ontario L4L 9J7  
 Telephone 905-652-8680  
 Facsimile 905-652-8688  
 Toll Free 800-479-6450  
 www.rdainsurance.com

# Application

Commercial General Liability Insurance  
 and/or Property and Crime Insurance for the  
 Members of the Ontario Professional  
 Planners Institute (OPPI)

January 1, 2018 to January 1, 2019

## COMMERCIAL GENERAL LIABILITY INSURANCE

1. (a) Name of Applicant: \_\_\_\_\_

(b) Business Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

Email: \_\_\_\_\_ OPPI Membership No.: \_\_\_\_\_

3. Form of Business:  Individual  Partnership  Corporation  
 Other (please explain) \_\_\_\_\_

4. List all locations at which business is conducted, providing details indicated below:

| Address | Rent or Own | Area (m <sup>2</sup> ) |
|---------|-------------|------------------------|
| _____   | _____       | _____                  |
| _____   | _____       | _____                  |
| _____   | _____       | _____                  |

5. Does the Applicant lease or rent equipment or tools (other than office equipment) from others? YES  NO

If yes, please provide details: \_\_\_\_\_

6. If business is other than an individual, provide employee information by classifications indicated below:

|           | Number of Employees | Annual Payroll |
|-----------|---------------------|----------------|
| Executive | _____               | _____          |
| Clerical  | _____               | _____          |
| Other     | _____               | _____          |

7. Indicate the number of employees domiciled in the United States: \_\_\_\_\_

8. Provide the following information regarding annual sales, for each type of product or service:

| Type of Product/Service | Past Fiscal Year | Estimated Current Fiscal Year | Estimated Next Fiscal Year |
|-------------------------|------------------|-------------------------------|----------------------------|
| _____                   | _____            | _____                         | _____                      |
| _____                   | _____            | _____                         | _____                      |
| _____                   | _____            | _____                         | _____                      |

9. For any work or service performed on behalf of the Applicant by other contractors, provide (a) estimates of the annual cost of such work; (b) details of insurance which the Applicant contractually requires these contractors to carry; and (c) whether these contractors are requested to provide evidence of such insurance:

\_\_\_\_\_

\_\_\_\_\_

10. If services are rendered or products distributed outside Canada, provide a breakdown of sales for Canada, United States and foreign (indicate country): \_\_\_\_\_

\_\_\_\_\_

11. Has any insurer cancelled, declined or refused to renew or issue insurance of the type applied for? YES  NO

If yes, please provide reason: \_\_\_\_\_

**12. Claims History**

Have there been any liability claims or potential claims that have come to the Applicant’s attention during the past three years? YES  NO

If yes, for each incident, detail the date of the loss, nature and cause of the claim, amount claimed, costs actually incurred (claim investigation, defence costs and damages), and status of the claim. Please use additional paper if necessary.

\_\_\_\_\_

\_\_\_\_\_

**13. Coverage Options**

|                                    |             |   |
|------------------------------------|-------------|---|
| <input type="checkbox"/> Option A: | \$1,000,000 | Commercial General Liability (per occurrence and aggregate limit) |
|                                    | \$1,000     | Property Damage Deductible  |
|                                    | \$160       | <b>Premium plus applicable sales tax</b>                          |

|                                    |             |   |
|------------------------------------|-------------|---|
| <input type="checkbox"/> Option B: | \$2,000,000 | Commercial General Liability (per occurrence and aggregate limit) |
|                                    | \$1,000     | Property Damage Deductible  |
|                                    | \$180       | <b>Premium plus applicable sales tax</b>                          |

|                                    |             |   |
|------------------------------------|-------------|---|
| <input type="checkbox"/> Option C: | \$3,000,000 | Commercial General Liability (per occurrence and aggregate limit) |
|                                    | \$1,000     | Property Damage Deductible  |
|                                    | \$200       | <b>Premium plus applicable sales tax</b>                          |

|                                    |             |   |
|------------------------------------|-------------|---|
| <input type="checkbox"/> Option D: | \$5,000,000 | Commercial General Liability (per occurrence and aggregate limit) |
|                                    | \$1,000     | Property Damage Deductible  |
|                                    | \$400       | <b>Premium plus applicable sales tax</b>                          |

## PROPERTY AND CRIME INSURANCE

Complete this section only if you wish to receive a quotation for this coverage.

CGL coverage must be purchased with this insurance

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### 14. Property Description and Protection Information

#### Construction

1. Fire Resistive
2. Non-Combustible with Masonry Walls
3. Non-Combustible with Non-masonry Walls
4. Masonry
5. Masonry Veneer
6. Frame and all Other

#### Public Protection

- Less than 305 metres (1,000 feet) to a hydrant
- Greater than 305 metres (1,000 feet) to a hydrant, but less than 8 kilometres (5 miles) to a fire hall
- Greater than 8 kilometres (5 miles) to a fire hall

Percentage of Building Sprinklered: \_\_\_\_\_%

Occupancy (other than by client): \_\_\_\_\_

Year Built: \_\_\_\_\_ How many mortgages are on this property? \_\_\_\_\_

If built before 1965, indicate the latest year each of the following systems was "completely" updated:

Roof: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Sprinklers: \_\_\_\_\_ Heating: \_\_\_\_\_ Electrical: \_\_\_\_\_ Air Conditioning: \_\_\_\_\_

Building Type:  High Rise  Enclosed Mall  Strip Plaza  Stand-alone  Other \_\_\_\_\_

Heat:  Forced Air  Gas  Electric  Oil  Other \_\_\_\_\_

Air Conditioning:  Central Air  Roof Top  Other \_\_\_\_\_

Alarms:  No Alarm Protection  ULC Approved Monitoring System

Local Burglar Alarm  ULC Approved Central Station

Other, please describe: \_\_\_\_\_

Details for physical protection for all windows, doors and other openings: \_\_\_\_\_

### 15. Type of Property and Coverage Particulars

|  |              |
|--|--------------|
| Property (Main) Deductible                     | \$1,000      |
| Building Replacement Value                     | NIL          |
| Business Contents (Excluding Laptop Computers) | \$30,000     |
| Miscellaneous Property Floater                 | \$5,000      |
| <b>Premium plus applicable sales tax</b>       | <b>\$400</b> |

|  |          |
|--|----------|
| <b>Extensions:</b> Business Contents (Excluding Laptop Computers) Temporarily off Premises or in Transit | \$25,000 |
| Accounts Receivable  | \$25,000 |
| Valuable Papers and Records (Data Files)   | \$25,000 |
| Professional Fees  | \$25,000 |

## APPLICANT'S CONSENT TO THE TRANSMISSION OF THE INFORMATION CONTAINED IN THE APPLICATION FORM

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I hereby acknowledge that the information collected in the Application form is acquired by my insurance broker to be transmitted to ENCON Group Inc. for the sole purpose of obtaining an insurance policy, and will be kept confidential.

Moreover, I authorize ENCON Group Inc., its insurers or service providers to:

- conduct verification, using outside sources, of the information contained in the Application form, in attached documentation and in subsequently provided documentation;

- in the event of a claim, transmit the submitted and verified information to loss adjusters, lawyers or other similar offices for the purposes of investigating, defending, negotiating or settling any claims, as required.

For more information on ENCON's privacy policy, please contact [privacy-officer@encon.ca](mailto:privacy-officer@encon.ca).

## **DECLARATIONS AND SIGNATURE**

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The undersigned Applicant for this insurance declares that, to the best of their knowledge and belief, the statements set forth herein are true and correct, and that reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this Application form. The undersigned agrees that, if any significant change in the condition of the Applicant is discovered between the date of this Application form and the effective date of the policy, which would render this Application form inaccurate or incomplete, notice of such change will be reported immediately in writing to the Insurance Manager.

Although the signing of this Application form does not bind the Applicant to purchase the insurance, the undersigned Applicant further agrees that this form and the information furnished pursuant hereto shall be the basis of the contract should a policy be issued and this form will become part of the policy.

\_\_\_\_\_  
Name of Applicant (please print)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date (dd/mm/yyyy)

### **Premium Calculation and Payment**

CGL Premium: \$ \_\_\_\_\_

Property and Crime Premium: \$ \_\_\_\_\_

The following provinces are subject to provincial tax. All other provinces are exempt. Subtotal: \$ \_\_\_\_\_

Ontario 8%, Quebec 9% and Manitoba 8% Tax: \$ \_\_\_\_\_

Total Enclosed: \$ \_\_\_\_\_

All cheques payable to RDA Inc.

### **Please forward application and payment to the Broker:**

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