



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, 2020 to January 1, 2021

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 ²) |
|---------|-------------|------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
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	Premium plus applicable sales tax

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

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

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

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

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
Premium plus applicable sales tax	\$400

Extensions: 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

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.

DECLARATIONS AND SIGNATURE

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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