



Intact Insurance Company

Application for Educational Institution Liability

1. Legal Name of School, College or University: _____

Address: _____

(Number) (Street) (City) (Prov.) (Postal Code)

2. The School has continuously been in existence since: _____

Institution is: Private Public

3. Number of members comprising Board of Governors, Regents or Trustees: _____

Members are elected _____, appointed _____, or both _____

If appointed, by whom: _____

Term of office of Board Members is _____ years.

4. Please attach a list of Names, occupations and official titles of all Board Members.

5. Please attach a list of Names and Official Titles of all Department Heads.

6. Please attach the most recent Audited Financial Report.

7. The following Named Individual is authorized and designated to receive any and all notices from the Company or their authorized representative(s) concerning this Insurance:

(Name) (Title)

Address: _____

(Number) (Street) (City) (Prov.) (Postal Code)



8. a) Total current budget \$ _____
b) Total current expected deficit \$ _____ or surplus \$ _____
c) Total accumulated deficit \$ _____ or surplus \$ _____
d) Total amount bond authority \$ _____ Total present bonds issued, if any \$ _____
9. a) Total current student enrollment: Full time _____ Part time _____
Expected enrollment next three years: Full time _____ Part time _____
b) Number of buildings at Main Campus: _____ Number of Branch Campuses: _____
Number of buildings at Branches: _____
c) Total number of class rooms for instruction: _____ research: _____
d) Total number of employed teachers: _____ Total number of other employees: _____
10. a) Does School currently carry General Liability Insurance? Yes No
If yes, name of Insurance Company: _____
Limits of Liability: _____
b) Does policy provide coverage for Personal Injury? Yes No
c) Does policy provide coverage for Discrimination? Yes No
11. List any disputes involving:
a) Student actions
b) Teacher's strike
c) Integration
d) Any other issues which would have fallen within the scope of this coverage.
12. No claim which, if insurance had been in force similar to that now proposed, would have fallen within the scope of such insurance has been made or is now pending against any persons proposed for insurance, except as follows (if answer is none, so state, otherwise, attach explanation):

13. No similar insurance on behalf of the School has been declined, cancelled or renewal thereof refused, except as follows. (If answer is none, so state):

14. No person proposed for this insurance is cognizant of any act, error or omission which he has reason to suppose might afford valid grounds for any future claim such as would fall within the scope of the proposed insurance, except as follows (If answer is none, so state; otherwise, attach explanation):



15. The School, its Boards, and/or its Employees have not been involved in or have any knowledge of any pending Federal, Provincial or local legal actions or proceedings against the School, its Board Members, or employees except as follows (If answer is none, so state; otherwise, attach explanation):

16. Limit of Liability: _____ Deductible: _____

17. The undersigned authorized officers of the School and/or Board declare that to the best of their knowledge, the statements set forth herein are true. Signing of this proposal does not bind the undersigned to complete the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued, and this form will be attached and become part of the policy.

Signed by: _____

Date: _____

Position: _____

Signed by: _____

Position: _____

(Two authorized signatures required.)

Broker: _____