



**RENEWAL APPLICATION  
2010 – 2011**

Social Housing Services Corporation Insurance Program  
SoHo Insurance Inc., a SHSC affiliate



**SHOULD YOU REQUIRE ANY CHANGE TO THE PRE-FILLED INFORMATION PROVIDED, PLEASE CROSS OUT THE INCORRECT INFORMATION AND WRITE THE REQUIRED CHANGE CLEARLY ON THE FORM. IF YOU REQUIRE ADDITIONAL SPACE, PLEASE ADD AN EXTRA SHEET TO THIS APPLICATION INDICATING THE REQUIRED CHANGE.**

**1. GENERAL UNDERWRITING INFORMATION**

Name of Non-Profit Housing Corporation \_\_\_\_\_ Certificate No. - \_\_\_\_\_

Address of Housing Corporation \_\_\_\_\_

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

Contact Person \_\_\_\_\_ Position \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Name of any subsidiaries or affiliates (if applicable) \_\_\_\_\_

Does your Corporation use a Property Management company?  Yes  No

If **Yes**, are you required to have your Property Management company added as an Additional Insured?  Yes  No

Name of Property Management Company \_\_\_\_\_

Mailing Address of Property Management Company: \_\_\_\_\_ City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Is this your mailing address?  Yes  No

Contact Person \_\_\_\_\_ Position \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Does your property management company carry General Liability Insurance?  Yes  No

Has your corporation been added to your property management company's Commercial General Liability policy as Additional Insured?  Yes  No

Does your property management company carry Errors and Omissions?  Yes  No

Is your corporation involved with any operation other than housing?  Yes  No

If **Yes**, please provide complete description of non-housing operations: \_\_\_\_\_

Has the nature of your operations changed in the past year, or any new program added to your current operation?  Yes  No

If **Yes**, please describe: \_\_\_\_\_

**2. PROPERTY / COMMERCIAL GENERAL LIABILITY**

Total No. of Units: \_\_\_\_\_

Do you require rental income insurance for:  12  24 months NOTE: The policy's standard is a 12-month indemnity period.

Is your water supplied by:  Municipality  Other If **Other**, please explain: \_\_\_\_\_

If your water is supplied by wells, do you require Non-Municipal Water Supply coverage?  Yes  No If **Yes**, contact us as you will need to complete an application for Non-Municipal Water Supply.

Do you require abuse coverage?  Yes  No If **Yes**, contact us as you will need to complete and return an Abuse Declaration form with a copy of your corporation's Abuse Protocols.

Do you have any vacant property?  Yes  No If **Yes**, describe condition, time frame, action being taken:

NOTE: Vacancy of a unit(s) is not necessarily considered vacant property. Refer to the Definitions for a detailed description of vacant property.

**3. DIRECTORS' AND OFFICERS' LIABILITY**

Indicate the estimated Gross Annual Revenue for the upcoming policy term: \_\_\_\_\_

**4. TANK GUARD COVERAGE**

Do you have any fuel or oil storage tanks in any one of your properties? (e.g.: for generators)  Yes  No

Do you require Tank Guard Coverage to cover any leaks from those tanks?  Yes  No

If **Yes**, contact us as you will be required to complete a Tank Guard Coverage application.

Certificate: -





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**Please review your current coverages, limits and deductibles to ensure that they are adequate. If a change is required, indicate the change in the Desired Coverage Column below. NOTE: Any changes to current coverages, limits and/or deductibles are subject to the insurer's approval.**

**Core Coverages**

	Current Coverage			Desired Coverage		
	Units	Limits	Deductibles	Units	Limits	Deductibles
<b>Property</b>						
Boiler and Machinery						
Commercial General Liability						
Abuse						
<b>Non-Municipal Water Supply Coverage</b>						
No. of wells						
<b>Umbrella</b>						
<b>Auto Umbrella Liability</b>						
No. of Vehicles						
<b>Crime</b>						
<b>Directors' and Officers' Liability</b>						
<b>Miscellaneous Professional Liability</b>						
No of Counsellors						
No. of Massage Therapists						
No. of Physiotherapists						
No. of Registered Nurses						
No. of Registered Nurses (Extended Class) or Nurse Practitioners						
No. of Practical Nurse Assistants						
No. of Personal Support Workers						
<b>Property Managers</b>						
<b>Errors and Omissions</b>						
No. of Third Party Units						

**Non-Core Coverages**

*Note: These coverages are not part of the Core Program, but are available if you wish to purchase them. If you require a quote, please contact us for an application.*

	Current Coverage		Desired Coverage	
	Limits	Deductibles	Limits	Deductibles
Excess Property				
Excess Liability				
Tank Guard Coverage				
Automobile				
Accident Benefits for Board Members and Volunteers				

## **DEFINITIONS**

### **EXPLANATION**

The following explanation of coverages should assist you in determining values for the Statement of Values. The Statement of Values is used for the purpose of premium calculation and does not cap the insurable value per property. It should be completed with reasonable accuracy to the best of your ability as it is the basis for the amounts of insurance.

### **BUILDING AND BYLAWS**

Replacement cost amounts should be based on the estimated cost of new construction with like kind and quality including additional costs which would be imposed to meet the current bylaw requirements. Consideration should be given to current inflation trends when reviewing the amounts of insurance. If you are unable to determine the replacement cost, we recommend that you obtain the opinion of a general contractor or professional appraiser.

### **CONTENTS**

Contents should be valued at the new cost to replace with the same kind and quality.

### **DATA PROCESSING EQUIPMENT AND MEDIA**

- **Hardware:** Property owned or leased should be included for its replacement value under contents. Damaged property may be replaced by property of greater or more efficient processing ability, but you will have to pay the difference in cost for the upgrade.
- **Software:** The actual cost of replacing media or reproducing lost information including the cost of gathering or assembling data should be considered when establishing amounts of insurance required.
- **Fine Arts:** The difficulty in settling a loss involving these properties is that one cannot easily quantify it without having a prior appraisal. Consideration should be given to having fine arts appraised and declaring these amounts specifically prior to a loss.

### **RENTAL INCOME**

Rental Income represents the money paid or payable to the Insured by tenants in respect of rental of the premises, the estimated rental value of the unoccupied portion(s) of the buildings, a fair rental value of the portion(s) of the buildings occupied by the Insured and the Rent-Geared-to-Income subsidy.

### **INDEMNITY PERIOD**

The indemnity period is the period beginning with the loss and ending not later than the number of months selected during which the results of your business is affected as a result of an insured peril. The period decided upon should represent the full estimated time during which your income might be affected as a result of damage to your premises and you are unable to house residents. You can choose to purchase 12 months or 24 months.

### **GROSS ANNUAL REVENUE**

Gross Annual Revenue is the total revenue from all sources before deduction for expenses.

### **ADDITIONAL BUSINESS INCOME**

Additional Business Income represents the money paid or payable to the Corporation resulting from your operations other than housing, (i.e.: day-care / outreach programs) for which the Corporation is receiving income

### **ABUSE**

Abuse means, but is not limited to, any act, threat or allegation involving molestation, harassment, corporal punishment, assault, battery or any other form of physical, sexual, mental, psychological or emotional abuse.

### **VACANT PROPERTY**

Vacant Property is defined as devoid of occupants or contents. Limitation of coverage applies to "vacant" building, so a vacant unit(s) in multi-tenanted buildings is not considered as vacant property.

### **TENANT SUPPORT AND ASSISTED CARE SERVICES**

Tenant Support and Assisted Care Services coverage applies to those providers who employ staff to provide support and assisted care services to their tenants in addition to housing. This covers bodily injury arising out of the rendering of, or failure to render professional services in the practice of your business.

Examples of the types of assisted care services that fall under this category of coverage include life skills training, personal care assistance, counselling, and are provided by Registered Nurses (Extended Class) or Nurse Practitioners, Registered Practicing Nurses, Registered Nursing Assistants, Personal Support Workers, Counsellors, Physiotherapists, Psychiatrists and Psychologists. If you are unsure if you require this coverage, contact our office.