



CORNERSTONE INSURANCE PROGRAM Masonic Temple Application

Please answer the following questions on behalf of your organization

1. General Information	
Full Name of Temple _____	
Risk Location Address _____	Postal Code _____
Mailing Address of Risk (if different from above) _____	Postal Code _____
Name & Mailing Address of Mortgagee / Loss Payee _____	Postal Code _____
Internet Web Site Address _____	
Effective Date _____ (mm/dd/yyyy)	
Contact Name _____ Title _____ Telephone Number _____	
2. Coverage Requirements – Property	
Please refer to the product highlight brochure for explanation on loss settlement, coverage highlights and Automatic Extensions of coverage	
Property Coverages	Building # 1 (Risk Location) Building # 2 (other Location)
Building Limit	\$ _____ \$ _____
Contents of Every Description (check one) <input type="checkbox"/> \$25,000 minimum OR <input type="checkbox"/> limit requested:	\$ _____ \$ _____
Optional Coverages <input type="checkbox"/> Extra Expense \$50,000 limit included limit requested: \$ _____ <input type="checkbox"/> Rental Income limit requested: \$ _____	\$ _____ \$ _____
Deductible: <input type="checkbox"/> \$1,000 minimum <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$5,000	
3. Liability	
Coverages	Limits (check one)
Commercial General Liability	<input type="checkbox"/> \$1,000,000 (Occurrence) Minimum <input type="checkbox"/> \$4,000,000 (Occurrence) <input type="checkbox"/> \$2,000,000 (Occurrence) <input type="checkbox"/> \$5,000,000 (Occurrence) <input type="checkbox"/> \$3,000,000 (Occurrence) \$5,000,000 Aggregate Limit included
Tenant's Legal Liability	<input type="checkbox"/> \$250,000 included <input type="checkbox"/> \$750,000 <input type="checkbox"/> \$1,000,000
Please Refer To Cornerstone Program Extensions for Liability coverage highlights	
4. Property Risk Information – Building #1	
Building occupied as Temple <input type="checkbox"/> Yes <input type="checkbox"/> No Year Built _____	
Number of Storeys _____ Total Area _____ <input type="checkbox"/> square meters <input type="checkbox"/> square feet	
Is building protected by a Burglary alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, is it monitored? <input type="checkbox"/> Yes <input type="checkbox"/> No (rings to off site station), or Local _____ (rings only at premises)	
Is building protected by a Fire alarm system? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is it monitored? _____ or Local?	
If building is over 20 years, provide year of renovations or upgrades to the following areas: Roof _____ Electrical Wiring _____ Plumbing _____ Heating _____	
Building Construction (Select one, if mixed, indicate percentage applicable to each type)	
Fire Resistive (concrete walls, roof, floors)	%
Non- Combustible (masonry Walls, steel deck roof, concrete floors)	%
Masonry (Masonry walls, wood floors/roof)	%
Brick Veneer (frame walls with brick veneer, wood roof/floors)	%
Frame (walls, roof/floor all of combustible materials)	%
Distance to fire hydrants _____ meters Distance to full-time Firehall _____ kilometers OR Distance to Volunteer Firehall _____ kilometers	Is building sprinklered: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what percentage of building is protected? _____ % Is system monitored? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Crime Coverage Information	
Are cheques counter-signed? <input type="checkbox"/> Yes <input type="checkbox"/> No Maximum amount of cash kept on premises at any one time \$ _____	
Is cash and other securities kept in a money- safe with a combination lock? <input type="checkbox"/> Yes <input type="checkbox"/> No	

6. Boiler & Machinery (Equipment Breakdown) Risk Information

Is Boiler and Machinery coverage required? Yes No (if Yes complete below)

Is food spoilage coverage required? Yes No If yes, maximum value of contents \$ _____

Any pressure vessels over 24-inch in diameter? Yes No If yes, please provide full details: _____

Any major equipment breakdowns or claims within the last 5 years? Yes No
If yes, please provide full details: _____

Deductible: \$1,000 minimum \$2,000 \$5,000

7. Liability Risk Information

Annual Revenues \$ _____

Any operations other than as a Masonic Temple or Building owner? Yes No
If yes, please provide full details: _____

Please list all Occupants/Tenants (Other than Masonic Tenants) of the Building:

Are certificates of insurance obtained from all occupants/tenants? Yes No

Does the Temple operate any income generating or Off-premises activities? Yes No (example: wedding receptions; banquets; concerts; events, other)
If Yes, please provide full details: _____
Indicate an average number of times in one year that the Premises would be rented to others as above:
Does the Temple obtain certificates of insurance from the third parties using the facilities? Yes No

Does the Temple rent out space to community groups? Yes No
If Yes, please provide full details: _____

Is liquor served on the Premises? Yes No If yes please complete the following

a) Is liquor served at Third Party Functions on the Premises (other than Lodge meetings)? Yes No
if yes provide details: _____

b) Is liquor sold to the General Public by the Temple or tenants? Yes – Temple sells Yes - Tenants sells No – none sold

c) Is a liquor permit obtained by Third Party's using the premises? Yes No

d) Who is responsible for serving the liquor at Third Party functions? _____

e) Are servers trained with "Smart Serve"? Yes No

Is premises Ice & Snow Removal Contracted? Yes No If yes, are Certificates of Insurance obtained from the contractor? Yes No

8. Non-Owned Automobile Information

If the Temple members use their own vehicles for Temple businesses, does the Temple confirm that members have valid automobile insurance in place? Yes No

Number of employees/volunteers/members who regularly use their personal vehicles for Temple business _____

Are passenger vans or buses rented or chartered to take Lodge members on trips? Yes No
If Yes, please provide details including any trips to the U.S.A. _____

If Yes, does the Lodge confirm that a minimum \$2 Million Third Party Liability Policy is in force? Yes No

**IF YOU REQUIRE QUOTATION(S) FOR DIRECTOR'S & OFFICER'S LIABILITY OR PHYSICAL SEXUAL ABUSE
COMPLETION OF SEPARATE APPLICATIONS IS REQUIRED**

9. Previous Insurance and Claims Experience Information

Name of Prior Insurer _____

Policy Number _____ Number of Years Insured with Prior Insurer _____

Expiry date of Policy _____ (mm/dd/yyyy) Expiring Premium _____

Has any Insurance Company cancelled or declined to renew an insurance policy for applicant? Yes No
If yes, please provide details of the circumstances: _____

Please provide information for all claims in the last five years. If no claims, please check

Date of claim (mm/dd/yyyy)	Description (type of loss: property or liability)	Amount Paid or reserved (\$)

Broker Information – Is this new business to your office? Yes No

**Please attach colour photographs of each building to be insured – one each of front and rear and
(if available) a copy of the most recent building appraisal if the building is to be insured**

The undersigned authorized officer of the organization declares that, to the best of his/her knowledge, the statements set forth herein are true. Signing of this proposal does not bind the Insurer to offer, nor the applicant to accept insurance, but, it is agreed that this form shall be the basis of the contract should a policy be issued.

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this form) has been collected in accordance with applicable privacy legislation and this information shall only be used or shared by the Company to assess, underwrite and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with regulatory or legal requirements.

Date _____ (mm/dd/yyyy) Signature of Officer _____ Title _____