

## Contingent Fireworks Coverage Application

### Section 1: Broker Details

1.1 Please complete the following information pertaining to your brokerage:

Brokerage Name: _____	
Address: _____ _____	
City: _____	Postal Code: _____
Telephone: _____	Website: _____
General email: _____	Contact E-mail: _____
Contact Name: _____	

### Section 2: Risk Details

2.1

Policy period required from _____ to _____ (effective date) (expiry date)
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2.2 Mailing information

Name of Insured as it is to appear on policy: _____
Address of Insured: _____ _____

2.3 Provide complete descriptions of the Applicant's business or operations:

_____ _____ _____
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2.4 Is there a formal written policy for the employees and volunteers that prohibits abuse?

Yes  No

If yes, provide / attach full details.

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2.5 What procedures do you follow to screen prospective employees and volunteers?

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2.6 Give details of the procedures for handling allegations or complaints made about employees and volunteers?

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2.7 Do all employees receive venerable person and background checks prior to hiring?

Yes  No

2.8 What is your biggest exposure to abuse allegations within your business operations?

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2.9 What training is provided to your employees and volunteers regarding the handling and reporting of abuse allegations in the workplace?

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2.10 What training is provided to your employees and volunteers regarding child abuse prevention and awareness training?

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2.11 Have any allegations of abuse been made against you, your employees, volunteers or any other person associated with your organization during the past 10 years?

Yes  No

If yes, provide / attach full details.

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- 2.12 Give details of all claims arising from abuse made against you, your employees, volunteers or any other person associated with your organization during the past 10 years:

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**Section 3: Declarations**

This application does not bind the applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the bases of the contract should a policy be issued.

It is mutually agreed between the Company and the applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the applicant in any respect.

**IMPORTANT NOTICE:** As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning various risk characteristics. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

I understand that this Application Form will be relied upon by the insurance company in determining whether to provide a quotation for insurance coverage. I hereby warrant, represent and confirm that I have read all of the questions and answers on the Application Form and that, to the best of my knowledge, all information provided in this form is complete, true and correct.

Signed: _____	Full Name: _____
Position Held: _____	Date: _____

**Section 4: Additional Information**

Additional Information: