

ONTARIO POLICE SERVICE BOARD Application

Certificate Holder Details	
Name of Board	Orangeville OPP Detachment Board- Dufferin County
Mailing Address	87 Broadway, Orangeville, L9W 1K1
Location of Property	Orangeville, Ontario

Property Details	
Exterior Framing Type	
Fire Protection	

Abuse Liability Questions	
Does your organization provide any of the following services: <ul style="list-style-type: none">• personal counselling• day camps• educational services• childcare• overnight care• any care for individuals with disabilities If yes, please provide details:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the organization have a written policy with regard to abuse and abuse prevention which is reviewed in detail by all employees, sub-contractors, and volunteers?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Directors & Officers Liability

During the past 5 years, has the Applicant or any directors, officers or any other person proposed for this insurance:

- | | |
|---|---|
| (a) been the recipient(s) of any cancellation or non-renewal of any liability insurance similar to that now applied for? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| (b) given or delivered written notice under the provisions of any liability insurance policy of any claim, or notice of potential claim? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| (c) been involved in any claim, which has been made or is now pending, which would fall within the scope of an insurance policy similar to that now proposed if such insurance had been in force? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| (d) been involved in any civil, criminal, administrative or regulatory investigation or proceeding? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| (e) been involved in any receivership or insolvency or bankruptcy proceeding? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
- If yes to any of the above, please attach details.**

Claims (All Coverages)

Have there been any claims under any prior insurance policies? ☒ Yes ☐ No

If Yes, please provide details:

See attached Appendix "A" and "B"

Are there any facts, circumstances or situations which could give rise to a claim which would fall within the scope of the proposed insurance? ☐ Yes ☒ No

If Yes, please provide details:

It is understood and agreed that if knowledge of any such facts, circumstances or situations exists, whether or not disclosed, any claim or action subsequently arising or developing therefrom shall be excluded from coverage under any policy issued by Economical Insurance.

FALSE INFORMATION

Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto MAY BE GUILTY OF COMMITTING A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

DECLARATIONS AND SIGNATURE

The undersigned authorized officer of the Applicant:

- (i) declares, after inquiry, that the statements and representations set forth in this Application, and all materials submitted to or requested by the Insurer in conjunction with this Application, are true;

- (ii) acknowledges that these statements, representations, and materials are relied on by the Insurer and that they shall be deemed material to the acceptance of the risk assumed by the Insurer under the insurance applied for, should the insurance be effected;
- (iii) agrees that if the information supplied in connection with this Application changes between the date of this Application and the effective date of any insurance effected pursuant to this Application, the undersigned will immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding indications, quotations and/or authorization or agreement to effect the insurance; and
- (iv) acknowledges that any personal information provided in connection with the insurance applied for, including but not limited to the information contained in this Application, has been collected in accordance with all applicable privacy legislation. The undersigned confirms that all necessary consents have been obtained for the collection, use, and disclosure of such information for the purposes of any investigation and inquiry in connection with this Application for insurance and, if applicable, investigating and settling claims, detecting and preventing fraud, and acting as required or authorized by law.

Signing of this Application does not obligate the Applicant or the Insurer to effect the insurance, but it is agreed that all materials submitted to or requested by the Insurer in conjunction with this Application are hereby incorporated by reference into this Application and made a part hereof. Terms and conditions, including limits of coverage, offered by the Insurer may differ from those applied for by the Applicant. It is further agreed that this Application and all materials submitted to or requested by the Insurer in conjunction with this Application are the basis of and are deemed attached to and incorporated into any policy effected pursuant to this Application.

PLEASE NOTE: COVERAGE CANNOT BE BOUND UNLESS THIS APPLICATION HAS BEEN FULLY COMPLETED AND DULY SIGNED AND DATED.

APPLICANT

Todd Taylor on behalf of the Board

DATE

08/10/24

SIGNATURE

Todd Taylor
Todd Taylor (Oct 7, 2024 16:35 EDT)

TITLE

Chair