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Canadian Nursery Landscape Association (CNLA) HortProtect New Business Application

A CONTACT INFORMATION

Name of Insured (Legal Entity):

Street Address: _____ City: _____ Province: _____ Postal Code: _____

Contact Name: _____ Contact e-mail address: _____

Telephone: _____ Web Site Address: _____ Is website representative of operations and is it up to date?
 Yes No

This program is exclusive to members of CNLA only. Please confirm the Provincial Association you belong to: _____ Number of Years in Business: _____

B CURRENT INSURANCE PROGRAM

	Insurer	Expiry Date (mon/dd/yyyy)	Expiring Premium	Current Broker
Package Insurance (Property, CGL, Crime and Boiler)			\$	
Umbrella			\$	
Pollution Liability			\$	
Automobile			\$	
Other:			\$	

Has insurance for the business ever been declined, cancelled or non-renewed by an insurer? Yes No

If Yes, describe reason:

C DESCRIPTION OF OPERATIONS AND LIABILITY INFORMATION

Breakdown of Operations by type	Estimated Revenue
Landscape Maintenance	\$
Landscaping (gardens/decks/walkways)/Hardscaping	\$
Pre Construction Site Preparation/Excavation	\$
Pesticide/Herbicide	\$
Swimming Pool Installation	\$
Tree Removal/Tree Pruning	\$
Horticultural Sales (CDN)	\$
Horticultural Sales (US)	\$
Snow Plowing	\$
Other:	\$
Total	\$

NOTE: If Snow Removal Operations are applicable, the Addendum must be completed

Please confirm Limit of Liability Required

(a) Commercial General Liability	\$	Limit any One Occurrence	\$	Deductible Any One Occurrence
(b) Umbrella Liability, if applicable	\$	Limit any One Occurrence excess of Underlying CGL	\$	Self Insured Retention

List all companies to be insured, including parent, subsidiary, controlled or joint venture companies:

Number of employees
 Full Time: _____ Part Time: _____ Seasonal: _____ Annual Payroll \$ _____

Do you rent or lease equipment to others?
 Yes No If yes, please provide details:

If you hire subcontractors do you obtain certificates of insurance with the same limit that matches your current policy limit?
 Yes No

Does your operation meet the Provincial regulation with fertilizer / Pesticide regulations including the use, storage and application?
 Yes No

List all locations at which business is conducted if not covered under the Property showing whether owned or leased:

D PROPERTY

LOCATION INFORMATION

PLEASE COMPLETE, SIGN AND DATE THE ATTACHED STATEMENT OF VALUES

Location Street Address (If different from mailing address):	City:	Province:	Postal Code:
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Occupancy:
 Home Commercial Dwelling/Tenant Building Owner Greenhouse Nursery

LOCATION DETAILS

Number of Storeys:	Wall Construction: <input type="checkbox"/> Frame <input type="checkbox"/> Brick Veneer <input type="checkbox"/> Steel <input type="checkbox"/> HCB <input type="checkbox"/> Fire Resistive	Roof Construction:	Floor Construction:
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Year Built:	Square Footage:	Distance to Fire Hydrant:	Distance to Fire Hall:	Sprinklered: <input type="checkbox"/> Yes <input type="checkbox"/> No Percentage Sprinklered %
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Describe Upgrades and Year Completed (if older than 25 years):

Electrical:	Heating:	Plumbing:	Roof:
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Alarm Type:
 Local Monitored No Alarm

Occupied by Others: Yes No
 If Yes, describe business operation.

REPLACEMENT VALUES

Please Declare Current Replacement Value (without deduction for depreciation)

Property Cover	Replacement Cost	Property Cover	Replacement Cost
Buildings (excluding greenhouses)	\$	Tools (Attach listing)	\$
Computer Equipment/Office Contents	\$	Stock & Inventory	\$
Contractors Equipment (Attach listing)	\$	Laptops	\$
Do you have GPS or theft deterrent on your equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No Deductible Any One Occurrence	\$		

BUSINESS INTERRUPTION

Coverage	Limit Required
<input type="checkbox"/> Extra expense \$25,000 automatic limit	\$
<input type="checkbox"/> Annual Gross Rental Income	\$
<input type="checkbox"/> Annual Loss of Income/Gross Profits \$50,000 automatic limit	If higher limit is required, please advise limit

E CRIME

Do you require higher limits?	How many employees handle cash/cheques?
Are countersignatures required on cheques over \$1,000? <input type="checkbox"/> Yes <input type="checkbox"/> No	

F AUTOMOBILE

Third Party Liability Limit \$	<input type="checkbox"/> Statutory Accident Benefits
<input type="checkbox"/> Optional Increased Accident Benefits	

The following chart lists some, but not all of the options available to purchase other additional or increased benefits and coverages. You can also choose not to increase any benefit or coverage.

Benefit/Coverage	You can choose
Income Replacement benefit	To increase the weekly limit to \$600, \$800 or \$1,000 per week.
Caregiver benefit	To make the same amounts available in current policy for catastrophic injuries available for <u>all</u> injuries.
Housekeeping and Home Maintenance expenses	To make the same amounts available in current policy for catastrophic injuries available for all injuries.
Death and Funeral benefits	\$50,000 lump sum to an eligible spouse; \$20,000 lump sum to each dependant; maximum \$8,000 funeral benefits.
Dependant Care benefit	Up to \$75 per week for the first dependant and \$25 per week for each additional dependant to a maximum of \$150 per week.
Indexation benefit	Annual adjustment for inflation for many benefits according to the Consumer Price Index for Canada.
Third Party Liability	Options exist to increase the minimum amount.
Tort Deductible	Reduce deductible by \$10,000 regardless of annual indexation percentage increases.

⁴ Criteria include no payment by any insurer, no injuries, and damages less than \$2,000 are paid by the at-fault driver, and this provision is limited to one minor accident every three years.

⁵ If you have previously purchased any optional benefits please review your renewal documents as they may have changed.

G CLAIMS HISTORY (5 YEARS MINIMUM)
(PLEASE ATTACH INSURER LOSS RUN, IF AVAILABLE)

Date of Loss (mon/dd/yyyy)	Description of Loss	Line of Coverage (Property/Auto /etc.)	Total Claim (Open/Close)
			\$
			\$
			\$

THE APPLICANT CERTIFIES THAT THE ABOVE STATEMENTS ARE FACTUAL AND TRUE AND THAT NO INFORMATION HAS BEEN OMITTED OR MIS-STATED.

IS SNOW REMOVAL ADDENDUM ATTACHED?

DECLARATION

I/We hereby certify that the values given herein represent to the best of my/our knowledge the actual value of the property described, if to be insured on an Actual Cash Value Basis; or Cost of Replacement of the property described, if to be insured on Replacement Cost Basis. The attention of the signatory is drawn to Statutory Condition #1 which reads as follows: Misrepresentation: If a person applying for insurance falsely described the property to the prejudice of the insurer, or misrepresents or fraudulently omits to communicate any circumstance that is material to be made known to the insurer in order to enable it to judge of the risk to be undertaken, the contract is void as to any property in relation to which the misrepresentation or omission is material.

A. PRIVACY COMPLIANCE

The Client hereby acknowledges that Marsh has been retained by the Client, the Association, and/or a member of the Association, which is a Client, to provide insurance coverage and products to its members and/or to acquire or renew a policy or policies of insurance or to provide Surety, Consulting, and/or Risk Management Services for the Client, Association and/or members of the Association, under which the Client, individual Client, named individual members of the Client, named individuals in addition to the Client, or where the Client is a commercial or other entity, its employees, servants and representatives (hereafter collectively called "insured individuals") may be insured.

As part of the application for new or renewal insurance coverage(s) or to provide Surety, Consulting and/or Risk Management Services, the Client hereby authorizes and expressly consents to Marsh collecting, using or disclosing Personal Information of such insured individuals as required and as permitted pursuant to relevant privacy laws or other laws and providing such Personal Information to third parties as required, including insurance companies, intermediaries, reinsurers, other brokers, claims adjusters, the association if applicable, and other third parties involved in providing the above services as outlined in Marsh's Privacy Policy which can be viewed at www.Marsh.ca or can be forwarded to the Client on request.

Where there are insured individuals in addition to the Client, or where the Client is a commercial or other entity, the Client hereby covenants and warrants that the Client has obtained the appropriate consent from all of the insured individuals for its disclosure of their Personal Information to Marsh and to the collection, use and disclosure of their Personal Information by Marsh for these purposes and has either provided a copy of Marsh's Privacy Policy or referred the insured individuals to the Marsh.ca website. The Client agrees to indemnify and hold Marsh harmless for any claims arising from the Client's breach of this warranty.

B. PROGRAM DISCLOSURE

Your (Business Package or Product) coverages will be placed with a program administered by Marsh Canada Limited. Marsh Canada has engaged in a competitive marketing process to offer a competitive product. We have negotiated this Program (Business Package) on a group basis with insurers but we have not acted as a broker for any individual participant.

This Program may be for a term of several years and may not be negotiated annually.

SIGNATURE

Name (please print)	Title
Signature	Date (mon/dd/yyyy)

Canadian Nursery Landscape Association (CNLA) HortProtect Addendum – Snow Removal Questionnaire

1a. Does the Applicant have written contracts with customer?

Yes No If yes, provide copy.

1b. Are there hold harmless agreements in place through which you agree to indemnify your customers in relation to certain claims?

Yes No

If yes, do you limit the indemnification to claims arising only from your own breach of contract or negligence? Yes No

1c. How many years has the Applicant been in the snow removal business?

1. Estimated Annual Sales for Snow Removal, Ice Melting Products Operations:

Type of Operations	Estimated Annual Sales	Subcontracted Revenue
<input type="checkbox"/> Residential Dwellings Only	\$	
<input type="checkbox"/> Residential Condos/Apartments	\$	
<input type="checkbox"/> Commercial Parking Lots, Plazas, Institutions, Offices, etc.	\$	
<input type="checkbox"/> Industrial Lots (not open for general public)	\$	
<input type="checkbox"/> Clearing and Dumping Snowbanks (excluding Snow Plowing)	\$	
<input type="checkbox"/> All other properties (specify)	\$	

2.a What kind of areas does the Applicant clear?

Driveways Roads Parking lots Walkways Other (please describe)

3. Smart About Salt designation?

Yes No

4. Are there any verbal contracts with customers?

Yes No

5. Does the Applicant enter into Municipal or Provincial contracts?

Yes No

If yes, describe:

6. Are the Applicant's vehicles licensed for the road? Yes No

If yes, does it include unlicensed equipment such as a Bobcat etc.? Yes No

7. How many employees do snow removal?

8. Do any of your contracts specify any terms that may restrict you from conducting snow and ice removal (ie. Hours of the day) etc.?

Yes No

9. a. Do any of your contracts specify when work is to be performed? (to open a lot by a certain time, etc.)

Yes No Please specify.

9. b. do you provide "on-call" service? Yes No

If yes, does the customer assume all liability in relation to a slip and fall? Yes No

10. Do customers check and sign off (approve) the Applicant's work?

Yes No

11. Do you keep maintenance logs (weather conditions, time location etc.) for work performed at each contracted site?

Yes No

If yes, how long are these logs kept on file?

12. Do you use CNLA approved snow removal contracts?

Yes No

13. Do you use snow removal contracts other than the CNLA contracts? If yes, Please provide a copy.

Yes No

Additional Information:

***Note: Snow addendum is part of application (100916fs.doc new bus)**



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Professional Liability Addendum

Do you provide design advice/consultation and/or actual designs for a third party contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated annual revenues \$
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Do you currently have a Professional Liability policy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Insurer	Limit of liability \$
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Do you have any employed licensed architects and engineers? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, do you require evidence of Professional Liability insurance with a minimum limit of \$1,000,000? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide a copy
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Please provide a full description of your services (**attach brochures and promotional literature**):

Are your operations controlled, owned or associated with any other firm, corporation, company or individual?
 Yes No

What procedures or protocols have you implemented to limit the possibility of a professional liability claim?

Explain fully the educational requirements for your profession:

Has the applicant or any of its employees ever been investigated by, or suspended from practice by, any body governing the practice of this profession or any other body e.g. a court? Yes No

If "Yes", please provide details:

Is there any legislation currently in force governing the practice of the Applicant?
If "Yes", please attach relevant extracts

A. Please provide the following information for any person performing the professional services mentioned in question 2A, including contract employees:

Full Name	Duties/Titles	Education	Years exp.

Although the signing of this Application form does not bind the Applicant to purchase the insurance, the undersigned Applicant agrees that this form and the information furnished pursuant hereto shall be the basis of the contract should a policy be issued and this form will become part of the policy.

*Note: Professional Liability addendum is part of application (100916fs.doc new bus)



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Greenhouses Addendum

BOILER & EQUIPMENT

Type of heating equipment?			
<input type="checkbox"/> Boilers	<input type="checkbox"/> Electric Heaters	<input type="checkbox"/> Other	Number of Boilers?
		Sparing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Auto Start or <input type="checkbox"/> Manual Start	
Do you have any production machinery? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are there temperature alarms in Greenhouses? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any Coolers? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, are there Temperature Alarms on the coolers? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many Coolers are available?	
Central monitored temperature alarm systems? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Name of Company Monitoring System.	Who is contacted during a failure?	
Monitored on site? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where does the alarm go off?	What happens if owner / operator is away?	
If no, how many hours before the items start to spoil or are deemed unusable?		What other monitoring is used?	
Is there any written Contingency Plan in place for lack of Heat or Electricity? <input type="checkbox"/> Yes <input type="checkbox"/> No		Spare Cooling / Boiler Capacity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency Backup Power Supply (Generator)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Able to maintain heat, Cooling and or Ventilation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
In standby position? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, describe how spoilage could be prevented or reduced.		
Service contract in place for utility equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, type of service? Comprehensive <input type="checkbox"/> Yes <input type="checkbox"/> No		
How many rooms are in the Greenhouse? <input type="checkbox"/> Several or <input type="checkbox"/> One large room	If there are several rooms, is each room heated by a separate system? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Any computer controlled venting for cooling? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there an automated irrigation system? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Type of Product? <input type="checkbox"/> Grown <input type="checkbox"/> Stored	On the Poly, what is the warranty period? <input type="checkbox"/> 4 years <input type="checkbox"/> 6 years <input type="checkbox"/> Other	Has the warranty been registered with the manufacturer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional Information

	Building Value
Greenhouse 1	\$
Greenhouse 2	\$
Greenhouse 3	\$
Greenhouse 4	\$
Greenhouse 5	\$

Indoor Horticultural Crop

Month	Stock Value	Month	Stock Value
January	\$	July	\$
February	\$	August	\$
March	\$	September	\$
April	\$	October	\$
May	\$	November	\$
June	\$	December	\$

*Note: Greenhouse Addendum is part of application (100916fs.doc new bus)

Indoor Giftware

Month	Stock Value	Month	Stock Value
January	\$	July	\$
February	\$	August	\$
March	\$	September	\$
April	\$	October	\$
May	\$	November	\$
June	\$	December	\$

- **Minor Accident** - Insurer can no longer use a minor at-fault accident meeting certain criteria⁴ to increase your premiums. This applies to accidents occurring on or after June 1, 2016.
- **Interest Rate for Monthly Payment Plans** - Maximum that can be charged for monthly premium payments has been lowered from 3% to 1.3% for one year policies, with corresponding reductions for shorter terms.
- **Comprehensive Deductible** - The standard deductible for Comprehensive coverage has been increased from \$300 to \$500.
- **Non-Earner benefit** - The six-month waiting period for people who are not working has been reduced to four weeks. Benefits can only be received for up to two years after the accident.
- **Duration of Medical, Rehabilitation and Attendant Care benefits** - For all claimants except children, duration of this standard benefit is now five years for non-catastrophic injuries, and will be paid only as long as you remain medically eligible.

Other Options⁵: The following chart lists some, but not all of the options available to purchase other additional or increased benefits and coverages. You can also choose not to increase any benefit or coverage.

Benefit/Coverage	Current Policy	New Policy	You can choose
Income Replacement benefit	70 per cent of gross income up to \$400 per week.	No change	To increase the weekly limit to \$600, \$800 or \$1,000 per week.
Caregiver benefit	Available only for catastrophic injuries: Up to \$250 per week for the first dependant plus \$50 for each additional dependant.	No change	To make the same amounts available in current policy for catastrophic injuries available for <u>all</u> injuries.
Housekeeping and Home Maintenance expenses	Available only for catastrophic injuries: Up to \$100 per week.	No change	To make the same amounts available in current policy for catastrophic injuries available for all injuries.
Death and Funeral benefits	\$25,000 lump sum to an eligible spouse; \$10,000 lump sum to each dependant; maximum \$6,000 funeral benefits.	No change	\$50,000 lump sum to an eligible spouse; \$20,000 lump sum to each dependant; maximum \$8,000 funeral benefits.
Dependant Care benefit	Not provided	Not provided	Up to \$75 per week for the first dependant and \$25 per week for each additional dependant to a maximum of \$150 per week.
Indexation benefit	Not provided	Not provided	Annual adjustment for inflation for many benefits according to the Consumer Price Index for Canada.
Third Party Liability	\$200,000 minimum for claims as a result of lawsuits against you.	No change	Options exist to increase the minimum amount.
Tort Deductible	\$36,905.40 deductible for court awarded compensation for pain and suffering (Jan 1- Dec 31, 2016).	No change	Reduce deductible by \$10,000 regardless of annual indexation percentage increases.

⁴ Criteria include no payment by any insurer, no injuries, and damages less than \$2,000 are paid by the at-fault driver, and this provision is limited to one minor accident every three years.

⁵ If you have previously purchased any optional benefits please review your renewal documents as they may have changed.