



Federation of Ontario Cottagers' Associations



Atrons-Counsel
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COMMERCIAL GENERAL LIABILITY (CGL) APPLICATION

TO BE COMPLETED BY COTTAGE/LAKE ASSOCIATIONS

Please print clearly

SECTION A

NAME OF ASSOCIATION _____

CONTACT NAME: _____

TEL: _____

FAX: _____

E-MAIL: _____

MAILING ADDRESS: _____

POSTAL CODE: _____

Is your Association Incorporated Yes No

Location: _____
(Township/Town/Village) _____

FOCA Membership Yes No

Current Number of Members _____

REQUIRED LIMIT OF LIABILITY

	CGL	D&O
_____	\$3,000,000.	_____ \$3,000,000.
_____	\$5,000,000.	_____ \$5,000,000.

NOTE:

If D & O Coverage required: Complete Application for Non-Profit Directors & Officers Liability

SECTION B- Please complete supplementary information required where denoted as *1* (See attached sheet)

<input type="checkbox"/> Baseball Games	<input type="checkbox"/> Lake Steward	<input type="checkbox"/> Post Office (*1*)
<input type="checkbox"/> Canoe Events	<input type="checkbox"/> Water Testing	<input type="checkbox"/> Public Dock (*1*)
<input type="checkbox"/> Tennis Court	<input type="checkbox"/> Newsletter	<input type="checkbox"/> Swimming Classes(*1*)
<input type="checkbox"/> Cottage Watch	<input type="checkbox"/> Picnics	<input type="checkbox"/> Water Control Dam (*1*)
<input type="checkbox"/> Craft/Yard Sales	<input type="checkbox"/> Regatta	<input type="checkbox"/> Fire Works Display (*1*)
<input type="checkbox"/> Fishing Tournament	<input type="checkbox"/> Sailing Club	<input type="checkbox"/> Fire Fighting (*1*)
<input type="checkbox"/> Golf Tournament	<input type="checkbox"/> Rock & Shoal Markers	<input type="checkbox"/> Children's Day Camp (*1*)
<input type="checkbox"/> Hall Rental	<input type="checkbox"/> Student Workers	<input type="checkbox"/> Ski & Snowmobile Trails (*1*)
<input type="checkbox"/> Lake Map	<input type="checkbox"/> Dances	<input type="checkbox"/> Property Owned (*1*) May require supplementary Road or Land Owner application
		<input type="checkbox"/> Private Roadways (*1*) May require supplementary Road or Land Owner application

SECTION C - PRIOR INSURANCE COMPANY

Name of Insurance Company _____

Policy Number _____ Policy Term _____ to _____

COVERAGE LIMITS	EXPIRING POLICY PREMIUM
CGL Liability _____	_____
Crime _____	_____
Directors & Officers _____	_____

SECTION D - LOSS HISTORY

Date of Loss	Amount Paid	Type of Loss
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

DECLARATION

The undersigned declares that all statements made in the Application and the information contained in documents submitted with it are true. Signing of this document does not bind the Applicant or the Insurer to complete the insurance, but it is agreed that the Application shall be the basis of the contract, should a policy be issued.

SIGNED, SEALED AND DELIVERED this _____ day of _____

Association

Duly Appointed Representative



