COVERAGE CHECKLIST

For the period November 1, 2026 – October 31, 2027

The alternate broker is required to review and discuss the coverage standards set out herein with housing providers and ensure the alternate quote meets or exceeds these standards.

Alternate Broker Coverage Form is required to purchase insurance from any alternate broker

IMPORTANT NOTE FOR PRESCRIBED PROVIDERS:

Providers who are binding coverage with an alternate broker instead of with the HSC Group Insurance Program must ensure the alternate coverage meets or exceeds the coverage outlined below. It is the alternate broker's responsibility to review the coverage outlined below and discuss any coverage differences with the housing provider.

The Alternate Broker Coverage Form must be submitted within the required time frames or your coverage in the HSC Group Insurance Program will be bound.

Under the *Housing Services Act, 2011*, prescribed non-profit housing providers (including Local Housing Corporations [LHCs]) are required to participate in HSC's insurance program. These providers must either purchase coverage through HSC's program broker or obtain equal or superior coverage from an alternate broker at a lower price.

The purpose of the Coverage Checklist is to assist you in determining whether your alternate broker's coverage is equal or superior to the HSC program broker's coverage. The first set of columns on the following pages outline key highlights of the Program's coverage requirements. Your alternate broker must review and confirm the second set of columns. The checklist is a guide to ensure the alternate quote meets or exceeds the HSC program broker's coverage.

Insurance policy language is complex and may vary substantially from insurer to insurer. Two policies with the same coverage highlights can differ significantly in terms of actual coverage, extensions, limitations and conditions. The coverage offered by the HSC program broker may or may not be adequate for an individual housing provider or LHC. Consult any potential broker to determine whether you need additional coverage. Underinsured or uninsured situations could arise if a housing provider purchases coverage with exclusions, limitations or conditions that are not suitable for its circumstances.

It is the responsibility of the alternate broker to review both coverage offerings and ensure the coverage is equal or superior to the HSC's minimum mandatory coverage standards. It is also the alternate broker's responsibility to ensure they are providing adequate coverage. Meeting the minimum does not mean the provider has sufficient coverage for their particular risk.

Please speak to your potential broker to determine whether you need additional coverage for your particular risk.

HSC Insurance Minimum Coverage Standards & Checklist

You and your Alternate Broker can use the following as a guideline to make sure any proposed insurance meets the minimum coverage requirements.

Instructions for Alternate Broker:

1. Complete appropriate boxes as follows:
   - **M** Alternate coverage meets HSC program coverage
   - **E** Alternate coverage exceeds HSC program coverage
   - \- Alternate coverage does not meet HSC program coverage
2. Complete the applicable limits and deductibles coverage
3. Add comments where applicable

Please note: the **Coverage Checklist** below does not need to be returned to HSC.

PROPERTY INSURANCE AND BUSINESS INTERRUPTION – Mandatory Coverage If your buildings and boiler & machinery equipment are covered under a separate insurance program such as Condominium Insurance, you only need to purchase property insurance for all your contents and loss of income.

PLEASE NOTE THAT THE TOTAL INSURED VALUES (TIVs) REPORTED TO THE ALTERNATE BROKER MUST BE THE SAME AS THE TIVs REPORTED TO THE PROGRAM BROKER.

TYPE OF COVERAGE **Applicant: Discuss your insurance needs with your broker including proper limits and deductibles that suit your circumstances. You may need more than the HSC program coverage.**	**DETAILS, LIMITS AND DEDUCTIBLES** **Applicant: Enter the applicable details, limits, sub-limits and deductibles for comparison.**	**M (Meets) / E (Exceeds)/ - (Does not meet)**	**ALTERNATE QUOTATION** **LIMITS/DEDUCTIBLES** **Broker: Please enter the specific limits, sub-limits, deductibles and coverage where applicable for comparison.**	**ALTERNATE QUOTATION** **COMMENTS** **Broker: Please enter any additional coverage specifications or comments that will help the applicant make an informed decision.**
Property of Every Description including Office Contents	**LIMIT OF INSURANCE** Buildings: Contents		**LIMIT OF INSURANCE** Buildings: Contents:	
Covered Perils	ALL RISKS including flood and earthquake and sewer back-up		Specify:	
Deductibles	**EARTHQUAKE:** 3% or $50,000 (the greater) for properties valued < $3,000,000; 3% or $100,000 (the greater) for properties valued ≥$3,000,000 *With respect to CRESTA Zones (Ottawa, Kingston, Cornwall,*		Sub-limit: **EARTHQUAKE:**	

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	Hawkesbury area): 5% or $250,000 for all other properties			
	FLOOD: $25,000 each loss		**FLOOD:**	
	SEWER BACKUP: $25,000 each loss or other deductible, Specify: $		**SEWER BACKUP:**	
	ALL OTHER LOSSES: Basic deductible: $10,000 Other deductible, specify: $		**ALL OTHER LOSSES:**	
Gross Rentals: Actual Loss Sustained 12 months or 24 months (insured values and indemnity period)	Indemnity Period:		Indemnity Period:	

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Contingent Gross Rentals: (Loss caused by interruption of utility services due to a covered loss at their facilities except for damage to off-premises transmission or distribution lines)	Included – No Sub-limit		Specify:	
Revenues (other than housing rental income): Actual Loss Sustained	Limit:		Limit:	
Extra Expense	Included – No Sub-limit		Sub-limit:	
Contingent Extra Expense: (Loss caused by interruption of utility services due to a covered loss at their facilities except for damage to off-premises transmission or distribution lines)	Included – No Sub-limit		Specify:	
Basis of Loss Settlement	Full Replacement Cost on the same site or on another site without a co-insurance provision. Margin Clause 115%		Specify:	
Automatic	Where the value of		Specify	

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Coverage for newly acquired properties	the newly acquired property exceeds $1,000,000. coverage is provided, subject to Insured reporting to the insurer within 120 days of acquisition, and is limited to $10,000,000			
By-Laws Coverage: including cost of demolition and increased cost of construction	Included – No Sub-limit		Specify:	
Additional time required due to By-laws	Included – No Sub-limit		Specify:	
Professional and Auditors Fees	Sub-limit $1,000,000		Sub-limit:	
Expediting Expenses	Included – No Sub-limit		Sub-limit:	
Fine Arts	Included – Declared Value		Sub-limit:	
Valuable Papers and Records	Sub-limit $250,000		Sub-limit:	
Accounts Receivable	Sub-limit $5,000,000		Sub-limit:	
Blanket Glass: Interior and Exterior	Included – No Sub-limit		Sub-limit:	
Signs: Attached and Freestanding	Included – No Sub-limit		Sub-limit:	

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Electronic Data Processing: EDP Equipment including laptops EDP Media & EDP Breakdown	Included in declared contents limits		Sub-limit: Laptop coverage:	
Property in Transit	Sub-limit $500,000		Sub-limit:	
Debris Removal: includes removal of debris of property not covered under policy (i.e., property blown by windstorm upon a location)	15% of the Declared Building & Contents Limit, subject to a maximum of $10,000,000		Specify:	
Service Interruption (Physical Damage): Loss caused by interruption of utility services due to a covered loss at their facilities except for damage to off-premises transmission or distribution lines	Included – No Sub-limit		Specify:	
Defence Costs: for claims or suits related to loss or damage to property of others in the custody of the Insured	Included – No Sub-limit		Specify:	
Consequential loss: as a result of an insured peril	Included – No Sub-limit		Specify:	

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Ingress and Egress Coverage: when ingress to or egress from the insured's premises is prevented or impaired as a result of a covered peril	4-week limitation		Specify:	
Interruption by Civil Authority: to retard or prevent a conflagration or other catastrophe or a result of a covered peril	4-week limitation		Specify:	
Vacancy	Cease operations in, and for any individual 'buildings" to remain vacant for 30 days. If vacancy exceeds 30 days, coverage converts to Named Perils only and basis of loss settlement is on Actual Cash Value;		Specify:	
Notice of Cancellation or Non-Renewal	**90 days**		Specify:	
Additional Living Expenses	Sub-limit: $10,000 per unit to a		Sub-limit:	

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	maximum of $2,500,000 per occurrence incurred by tenants while repairs are being made as a result of an insured peril			
Contamination Clean Up and Removal	Annual Aggregate: $1,000,000		Sub-limit:	
Automatic Builders Risk for alterations, repairs and additions	Sub-limit $500,000		Specify:	
Joint Loss Agreement: with Boiler and Machinery Insurer	Included		Specify:	
Salvage and Sue and Labour: Insurer's pro rata contribution	Included		Specify:	
Controlled Drugs and Substances Coverages	Sub-Limit $250,000		Specify:	
Resulting Mold	Sub-limit: $5,000,000 per occurrence and annual aggregate			
Immediate Repairs Permission	Included		Specify:	
Unintentional Errors	Sub-limit		Specify:	

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and Omissions: "Failure of the Insured to disclose all hazards existing as of the inception date of the Policy, or improper, or inaccurate, or wrong descriptions of premises, products, contracts or otherwise shall not invalidate or in any way affect the coverage afforded by this Policy provided such failure or any error or omission was not intentional and notice is given to the Broker, for transmission to the Insurer(s) as soon as such error or omission comes to the knowledge of the Insured."	$5,000,000			
Business Interruption	Actual Loss Sustained and Extra Expense resulting from an order by a Civil or Military Authority restricts or prohibits partial or total access to an			

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	insured location			
Green Building Upgrade Extension	25% of the value of loss to a maximum of $2,500,000 to rebuild/replace with upgrade to “Green” alternatives.			
Pre-Existing Green Building Extension: Additional costs and expenses, including “Green” certified Consultants required to maintain or re-attain the same pre-loss “Green Building” designation	Included in Values as reported and shown in the attached Schedule of Locations			

EQUIPMENT BREAKDOWN (Boiler & Machinery) – Mandatory Coverage for Housing Providers that have Boiler and Machinery Equipment If your buildings and boiler & machinery equipment are covered under a separate insurance program such as the Condominium Insurance, you only need to purchase property insurance for all your contents and loss of income.

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Combined Limit per Accident (Property Damage/Business Interruption/Extra Expense)	Limit: $50 million per accident		Limit:	
Deductibles	Direct Damage: Spoilage: Gross Rents & Extra Expense: 24-hour waiting period		Direct Damage: Spoilage: Gross Rents & Extra Expense:	
Extra Expense	$1,000,000		Sub-limit:	
Coinsurance	Nil		Specify:	
Perils Insured	Sudden and accidental breakdown of all boilers, pressure vessels, electrical and mechanical equipment plus production machines and electronic equipment		Specify:	

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Basis of Loss Settlement	Direct Damage – Repair or Replacement including By-Laws (Demolition and Increased Cost of Construction due to By-laws)		Specify:	
Replacement cost if damaged property is repaired or replaced within 24 months after the date of the Accident	Number of months: 24		Number of months:	
Broad definition of “Accident”	Included		Specify:	
Broad definition of “Object”	Included		Specify:	
Expediting Expenses	Included		Sub-limit:	
Ammonia Contamination	Sub-limit: up to $1,000,000 (no charge)		Sub-limit:	
Water Damage from Refrigerating Systems	Sub-limit: up to $1,000,000 (no charge)		Sub-limit:	
Hazardous Substance	Sub-limit: up to $1,000,000 (no charge)		Sub-limit:	
Spoilage	Sub-limit: $50,000		Sub-limit:	
Data and Media Restoration	Sub-limit: $50,000		Sub-limit:	

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Demolition and Increased Cost of Construction due to By-laws	Included – No Sub-limit		Specify:	
Contingent Loss caused by Service Interruption – All Utilities	Sub-limit: $25,000,000		Specify:	
Professional fees	Included – No Sub-limit		Sub-limit:	

CRIME INSURANCE – Mandatory Coverage

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Employee Dishonesty	Limit: $250,000		Limit:	
Inside Money & Securities	Limit: $25,000		Limit (Inside):	
Outside Money & Securities	Limit: $25,000		Limit (Outside):	
Computer Crime/Computer Fraud	Limit: $250,000		Limit:	
Money Order and Counterfeit Currency	Limit: $250,000		Limit:	
Forgery or Alteration Coverage	Limit: $250,000		Limit:	
Funds Transfer Fraud	Limit: $250,000		Limit:	
Claims Expense Coverage	Sub-Limit: $25,000		Limit:	
Social Engineering Coverage	Limit: $250,000		Limit:	
Employee extended to include non-compensated directors and officers, volunteers, students, independent property managers while working on behalf of the insured	Included		Specify:	

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Named Insured includes any Employee Benefit Plan or Trust sponsored by the Insured (subject to information being provided on application form). Employee includes any natural person while in the service of any Employee Benefit Plan as fiduciary, trustee, administrator, officer or employee and any other natural person required to be bonded by law.	Included		Specify:	
Ex-Employees	90 days		Specify:	
Loss caused by unidentifiable employees	Included		Specify:	
Cancellation or Non-Renewal	90 days		Specify:	
Discovery Clause	Included – 2 years		Specify:	
Audit Expenses	Sub-limit: $25,000		Sub-limit:	
Prior Fraud (Employee)	Tolerance level: $25,000		Amount:	
Third-Party Theft	Sub-limit: $100,000		Sub-limit:	

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Consolidation Merger Acquisition – Automatic coverage if total assets of newly acquired subsidiary is 25% or less of total assets (report within 90 days)	Included		Specify:	
Definition of “Employee” states that “Employee of one Named Insured shall be considered an employee of any other Named Insured”	Included		Specify:	

COMPREHENSIVE GENERAL LIABILITY (CGL) – Mandatory Coverage Minimum Required Limits: $5,000,000 (HSC Program offers CGL coverage of $5,000,000. Excess Liability of up to $15,000,000, for a total of $20,000,000 is available on an individual basis.)

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LIMITS OF LIABILITY	**LIMITS OF LIABILITY**		**LIMITS OF LIABILITY**	
Bodily Injury and Property Damage	Limits: $5,000,000 per occurrence		Limits:	
Products & Completed Operations	Limit & Aggregate $5,000,000		Limits:	
Employee Benefits Liability (Claims Made)	Limit $5,000,000 Deductible: As indicated in the individual Program Declaration of Insurance		limits:	
Non-Owned Automobile Liability excluding long-term leased vehicle (SEF #99)	Sub-limit: $5,000,000 Deductible: As indicated in the individual Program Declaration of Insurance		Sub-limit:	
SEF #94, Damage to Hired Vehicles, All Perils	Sub-limit: $100,000 Deductible: As indicated in the individual Program Declaration of Insurance		Sub-limit: Deductible:	
Advertisers' Liability	Sub-limit: $5,000,000		Sub-limit:	
Tenants' Legal Liability	Sub-limit: $5,000,000		Sub-limit:	

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	Coverage: All Risks		Coverage:	
Sudden and Accidental Pollution Coverage	Time Element Pollution – 240 hours Discovery/ 240 hours Reporting		Specify coverage: Sub-limit:	
Elevator Collision	Limit $5,000,000		Sub-limit:	
Deductible **Annual General Aggregate**	**DEDUCTIBLE:** Basic Deductible: As indicated in the individual Program Declaration of Insurance $15,000,000 or $30,000,000 Specify $		**DEDUCTIBLE:** Specify:	
Occurrence Basis	Included		Specify:	
Broad Form Property Damage	Included		Specify:	
Owners' & Contractors' Protective Liability	Included		Specify:	
Intentional Injury to Protect Persons and/or Property	Included		Specify:	
Employers' Liability	Included		Specify:	
Defence Costs	EXCLUSIVE OF DEDUCTIBLE			

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Broad Definition of "Insured"	"Insured" includes: - The Named Insured; - Any partner, officer, director, trustee, volunteer, committee member, employee spouse or shareholder or any other person while acting on behalf of the Insured and any partner or former partner with respect to liability arising out of the partnership or former partnership; - Each person, firm, corporation or government body for whom the Named Insured has contracted to provide insurance and mortgagee but only with respect to liability which arises out of the operations of the Named Insured; - Owners of property leased to the Named Insured where the terms of the agreement require the Named Insured to provide insurance on behalf of the owner, but only with respect to liability which arises out of the occupancy by the		Specify:	

TYPE OF COVERAGE Applicant: Discuss your insurance needs with your broker including proper limits and deductibles that suit your circumstances. You may need more than the HSC program coverage.	DETAILS, LIMITS AND DEDUCTIBLES Applicant: Enter the applicable details, limits, sub-limits and deductibles for comparison.	M (Meets) / E (Exceeds)/ - (Does not meet)	ALTERNATE QUOTATION LIMITS/DEDUCTIBLES Broker: Please enter the specific limits, sub-limits, deductibles and coverage where applicable for comparison.	ALTERNATE QUOTATION COMMENTS Broker: Please enter any additional coverage specifications or comments that will help the applicant make an informed decision.
	Named Insured of such property; -Any social or recreational association or club operated for the benefit of the Named Insured's staff and residents and their families and any members while participating in their organized activities; -Any person or firm acting as your real estate manager – Where working arrangements or joint ventures have been made by the Insured with other firms, corporations or individuals, the Insured shall be protected within the terms of this policy for any claim made against the Insured arising directly or indirectly from such arrangements or joint ventures.			
Cross Liability	Included		Specify:	
Severability of Interests	Included		Specify:	
Blanket Contractual Liability	Included		Specify:	

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Claims-Made and Reported Form. Physical and Sexual Abuse (physical abuse, physical neglect, emotional abuse, sexual abuse, molestation, sexual harassment and sexual exploitation) **Please note: this extension of coverage is optional and is subject to the completion of the "Abuse Protocol Application" and approval by your insurance carrier.**	Limit & Aggregate $2,000,000 or $3,000,000 Deductible: 20% of loss, minimum as indicated in the individual Program Declaration of Insurance		Specify definition: Limit:	
Medical Payment	Limit $2,000,000		Limits:	
Bodily Injury Definition	Includes bodily injury, death, shock, mental anguish, mental injury, sickness or disease sustained by a person, including incidental medical malpractice Injury.		Specify definition:	
Notice of Cancellation or Non-Renewal	90 days		Specify:	
Non-Owned Watercraft	Maximum 8 metres		Specify coverage:	
Restricted Worldwide Territory	Included		Specify:	

TYPE OF COVERAGE **Applicant: Discuss your insurance needs with your broker including proper limits and deductibles that suit your circumstances. You may need more than the HSC program coverage.**	**DETAILS, LIMITS AND DEDUCTIBLES** **Applicant: Enter the applicable details, limits, sub-limits and deductibles for comparison.**	**M (Meets) / E (Exceeds)/ - (Does not meet)**	**ALTERNATE QUOTATION** **LIMITS/DEDUCTIBLES** **Broker: Please enter the specific limits, sub-limits, deductibles and coverage where applicable for comparison.**	**ALTERNATE QUOTATION** **COMMENTS** **Broker: Please enter any additional coverage specifications or comments that will help the applicant make an informed decision.**
Unintentional Errors and Omissions Clause: “Failure of the Insured to disclose all hazards existing as of the inception date of the policy, or improper, or inaccurate, or wrong descriptions of premises, products, contracts or otherwise shall not invalidate or in any way affect the coverage afforded by this policy provided such failure or any error or omission is not intentional.”	Included		Specify:	
Pesticide Spray Liability	Limit: $1,000,000		Specify:	
Non-Municipal Water Supply Testing Liability ** Special Endorsement	Any one Accident or Occurrence $100,000 Annual Aggregate $250,000		Specify:	

DIRECTORS' & OFFICERS' LIABILITY – Mandatory Coverage Minimum Required Limits: $2,000,000

Applicant: Consult with your broker to select suitable limits of liability for your organization and your directors and officers

TYPE OF COVERAGE **Applicant:** Discuss your insurance needs with your broker including proper limits and deductibles that suit your circumstances. You may need more than the HSC program coverage.	**DETAILS, LIMITS AND DEDUCTIBLES** **Applicant:** Enter the applicable details, limits, sub-limits and deductibles for comparison.	**M (Meets) / E (Exceeds)/ - (Does not meet)**	**ALTERNATE QUOTATION** LIMITS/ DEDUCTIBLES **Broker:** Please enter the specific limits, sub-limits, deductibles and coverage where applicable for comparison.	**ALTERNATE QUOTATION** **COMMENTS** **Broker:** Please enter any additional coverage specifications or comments that will help the applicant make an informed decision.
LIMITS OF LIABILITY ($2,000,000 with optional limits of $3,000,000, $5,000,000 and $10,000,000)	D&O LIMITS OF LIABILITY Specify limits per claim and annual aggregate: Entity Coverage Deductible: As indicated in the individual Program Declaration of Insurance		D&O LIMITS OF LIABILITY Specify limits per claim and annual aggregate: Deductible:	
Pay on behalf of D&O and Corporation	Included		Specify:	
Defence costs	Inclusive in limits		Specify:	
D&O Coverage for wrongful act and statutory liability	Included		Specify:	
Entity Coverage for wrongful act, and loss/costs where permitted by law to indemnify the D&O	Included		Specify:	
Full prior acts	Included		Specify:	

TYPE OF COVERAGE **Applicant:** Discuss your insurance needs with your broker including proper limits and deductibles that suit your circumstances. You may need more than the HSC program coverage.	**DETAILS, LIMITS AND DEDUCTIBLES** **Applicant:** Enter the applicable details, limits, sub-limits and deductibles for comparison.	**M (Meets) / E (Exceeds)/ - (Does not meet)**	**ALTERNATE QUOTATION** LIMITS/ DEDUCTIBLES **Broker:** Please enter the specific limits, sub-limits, deductibles and coverage where applicable for comparison.	**ALTERNATE QUOTATION** **COMMENTS** **Broker:** Please enter any additional coverage specifications or comments that will help the applicant make an informed decision.
Duty to defend even if groundless, false or fraudulent	Included		Specify:	
Insured includes past, present and future directors, officers, trustees, employees, volunteers and committee members – spouses covered only if named as a co-defendant in a claim against an insured.	Included		Specify:	
Automatic coverage of newly elected or appointed Directors and Officers	Included		Specify:	
Limited Outside Directorship at the request of the Corporation subject to request and underwriting	Specify:		Specify:	
Joint Loss Agreement	Included		Specify:	
Extended Reporting Period	Options for 12 months and 72 months, subject to additional premium		Specify:	
Notice of Cancellation	90 days		Specify:	
Punitive Damages	Included, where required by law		Specify:	

Pages 29-37 refer to Optional Coverages available through HSC's Group Insurance Program

PROPERTY MANAGERS' ERRORS AND OMISSIONS and MISCELLANEOUS ERRORS AND OMISSIONS LIABILITY INCLUDING MEDICAL MALPRACTISE LIABILITY (excluding physicians, psychiatrists and nurses) – Mandatory where applicable.
Applicant: "Where applicable" means that the housing provider (or a third-party on its behalf) offers the applicable services to others such as property management, counselling, social work, education, medical care, personal care, day care, food catering, etc. This does not include the services provided by others through working arrangements. The General Liability coverage protects you from bodily injury and property damage losses suffered by others resulting from an accident. The Professional Liability or Errors and Omissions Liability coverage protects you from financial or economic losses and also injury suffered by others (without the presence of an accident) caused by your error or omission in performing or failing to perform your professional duties. This coverage can be offered within the CGL policy or as a stand-alone policy. Under the HSC program, E&O and Professional Liability coverages are offered on a stand-alone policy basis.

PROPERTY MANAGERS' ERRORS AND OMISSIONS – This coverage is required for Providers who perform property management activities for third parties.

TYPE OF COVERAGE **Applicant: Discuss your insurance needs with your broker including proper limits and deductibles that suit your circumstances. You may need more than the HSC program coverage.**	**DETAILS, LIMITS AND DEDUCTIBLES** **Applicant: Enter the applicable details, limits, sub-limits and deductibles for comparison.**	**M (Meets) / E (Exceeds)/ - (Does not meet)**	**ALTERNATE QUOTATION** **LIMITS/DEDUCTIBLES** **Broker: Please enter the specific limits, sub-limits, deductibles and coverage where applicable for comparison.**	**ALTERNATE QUOTATION** **COMMENTS** **Broker: Please enter any additional coverage specifications or comments that will help the applicant make an informed decision.**
LIMITS OF LIABILITY Limits in excess of $2,000,000 can be purchased through Marsh.	LIMITS OF LIABILITY $2,000,000 any one claim; $2,000,000 annual aggregate Basic Deductible: As per individual Program Declaration of Insurance		**LIMITS OF LIABILITY** Deductible:	

TYPE OF COVERAGE **Applicant: Discuss your insurance needs with your broker including proper limits and deductibles that suit your circumstances. You may need more than the HSC program coverage.**	**DETAILS, LIMITS AND DEDUCTIBLES** **Applicant: Enter the applicable details, limits, sub-limits and deductibles for comparison.**	**M (Meets) / E (Exceeds)/ - (Does not meet)**	**ALTERNATE QUOTATION** **LIMITS/DEDUCTIBLES** **Broker: Please enter the specific limits, sub-limits, deductibles and coverage where applicable for comparison.**	**ALTERNATE QUOTATION** **COMMENTS** **Broker: Please enter any additional coverage specifications or comments that will help the applicant make an informed decision.**
Basis of Insurance	Claims-made		Specify:	
Retroactive Date (subject to underwriting and agreement by the Insurer)	Specify:		Specify:	
Provision for Optional Discovery Coverage	One year; subject to additional premium		Specify:	
Duty to defend and pay-on behalf of the Insured	Included		Specify:	
Defence costs	Inside the limits of liability		Specify:	

TYPE OF COVERAGE **Applicant: Discuss your insurance needs with your broker including proper limits and deductibles that suit your circumstances. You may need more than the HSC program coverage.**	**DETAILS, LIMITS AND DEDUCTIBLES** **Applicant: Enter the applicable details, limits, sub-limits and deductibles for comparison.**	**M (Meets) / E (Exceeds)/ - (Does not meet)**	**ALTERNATE QUOTATION** **LIMITS/DEDUCTIBLES** **Broker: Please enter the specific limits, sub-limits, deductibles and coverage where applicable for comparison.**	**ALTERNATE QUOTATION** **COMMENTS** **Broker: Please enter any additional coverage specifications or comments that will help the applicant make an informed decision.**
Broad Named Insured including any current or former partner, executive officer, or director, employees or independent contractors of the Named Insured solely while providing Professional Services on behalf of the Named Insured, and any heirs, executors, administrators, assigns and legal representatives in the event of death, incapacity or bankruptcy.	Included		Specify:	

TENANT SUPPORT SERVICES ERRORS AND OMISSIONS LIABILITY INCLUDING MEDICAL MALPRACTISE LIABILITY (excluding physicians, and psychiatrists) – Mandatory where applicable

TYPE OF COVERAGE **Applicant:** Discuss your insurance needs with your broker including proper limits and deductibles that suit your circumstances. You may need more than the HSC program coverage.	**DETAILS, LIMITS AND DEDUCTIBLES** **Applicant:** Enter the applicable details, limits, sub-limits and deductibles for comparison.	**M (Meets) / E (Exceeds) / - (Does not meet)**	**ALTERNATE QUOTATION** **LIMITS/DEDUCTIBLES** **Broker:** Please enter the specific limits, sub--limits, deductibles and coverage where applicable for comparison.	**ALTERNATE QUOTATION** **COMMENTS** **Broker:** Please enter any additional coverage specifications or comments that will help the applicant make an informed decision.
LIMITS OF LIABILITY Limits in excess of $2,000,000 can be purchased through Marsh.	LIMITS OF LIABILITY $2,000,000 each claim $2,000,000 annual aggregate Basic Deductible:		LIMITS OF LIABILITY Deductible:	
Basis of insurance:	Claims-made		Specify:	
Definition of Insured:	If you are designated in the Declarations as: - a partnership or joint venture, you are an insured, including your members, your partners, and their spouses, but only with respect to the conduct of your business, but not in their professional capacity as physicians and psychiatrists. - an organization other than a partnership or joint venture, you are an insured. Each of the following is also an insured but only with respect to their duties in the conduct		Specify:	

TYPE OF COVERAGE **Applicant:** Discuss your insurance needs with your broker including proper limits and deductibles that suit your circumstances. You may need more than the HSC program coverage.	DETAILS, LIMITS AND DEDUCTIBLES **Applicant:** Enter the applicable details, limits, sub-limits and deductibles for comparison.	M (Meets) / E (Exceeds) / - (Does not meet)	ALTERNATE QUOTATION LIMITS/DEDUCTIBLES **Broker:** Please enter the specific limits, sub--limits, deductibles and coverage where applicable for comparison.	ALTERNATE QUOTATION COMMENTS **Broker:** Please enter any additional coverage specifications or comments that will help the applicant make an informed decision.
	of your business: executive officers, directors, governors, trustees, administrators and members of the named insured's Medical Advisory Boards or Committees. Each of the following is also an insured: - Your employees, other than your physicians, including but not limited to technicians, but only for acts within the scope of their employment by you; - All volunteer workers, and assistants, and members of hospital auxiliaries, medical, or other, students, medical personnel and technicians while engaged in research for you regardless of the source of remuneration; - Your legal representative if you die, but only with respect to duties as such. - Any organization you newly acquire or form, other than			

TYPE OF COVERAGE **Applicant:** Discuss your insurance needs with your broker including proper limits and deductibles that suit your circumstances. You may need more than the HSC program coverage.	**DETAILS, LIMITS AND DEDUCTIBLES** **Applicant:** Enter the applicable details, limits, sub-limits and deductibles for comparison.	**M (Meets) / E (Exceeds) / - (Does not meet)**	**ALTERNATE QUOTATION** **LIMITS/DEDUCTIBLES** **Broker:** Please enter the specific limits, sub--limits, deductibles and coverage where applicable for comparison.	**ALTERNATE QUOTATION** **COMMENTS** **Broker:** Please enter any additional coverage specifications or comments that will help the applicant make an informed decision.
	partnership or joint venture, and over which you maintain ownership or majority interest, will be deemed to be a named insured if there is no other similar insurance available to that organization – Grace period of 90 days.			
Covered Acts	Means legal liability because bodily injury arising out of the rendering of or failure to render, professional services in the practice of the business described in the Declarations.		Specify:	
Retroactive Date (subject to underwriting and agreement by the Insurer)	Specify:		Specify:	
Provision for Optional Discovery Coverage	One year subject to additional premium		Specify:	
Duty to defend and Pay-on-behalf of the Insured	Included		Specify:	
Defence Costs	Inside the limits of liability		Specify:	

TYPE OF COVERAGE **Applicant:** Discuss your insurance needs with your broker including proper limits and deductibles that suit your circumstances. You may need more than the HSC program coverage.	**DETAILS, LIMITS AND DEDUCTIBLES** **Applicant:** Enter the applicable details, limits, sub-limits and deductibles for comparison.	**M (Meets) / E (Exceeds) / - (Does not meet)**	**ALTERNATE QUOTATION** **LIMITS/DEDUCTIBLES** **Broker:** Please enter the specific limits, sub--limits, deductibles and coverage where applicable for comparison.	**ALTERNATE QUOTATION** **COMMENTS** **Broker:** Please enter any additional coverage specifications or comments that will help the applicant make an informed decision.
Medical Malpractice	Available where applicable and declared by housing provider.		Specify:	

EMPLOYMENT PRACTISE LIABILITY INSURANCE (EPLI) – Highly Recommended coverage

Stand-alone policy or as part of Directors' & Officers' Policy

Applicant: EPLI protects your organization against the rapidly emerging employment-related lawsuits. EPLI policies typically cover "wrongful acts" that include wrongful termination, breach of employment contracts, violation of employment discrimination laws, failure to employ or promote.

Organizations of all sizes are faced with EPL lawsuits. This coverage is not a Required Coverage but is highly recommended to protect your organization from potential employee lawsuits and high defense costs. If EPLI is provided as an extension of the D&O policy, both the D&O and EPLI coverages will share the same annual aggregate limit of availability.

TYPE OF COVERAGE **Applicant:** Discuss your insurance needs with your broker including proper limits and deductibles that suit your circumstances. You may need more than the HSC program coverage.	**DETAILS, LIMITS AND DEDUCTIBLES** **Applicant:** Enter the applicable details, limits, sub-limits and deductibles for comparison.	**M (Meets) / E (Exceeds)/ - (Does not meet)**	**ALTERNATE QUOTATION** **LIMITS/ DEDUCTIBLES** **Broker:** Please enter the specific limits, sub-limits, deductibles and coverage where applicable for comparison.	**ALTERNATE QUOTATION** **COMMENTS** **Broker:** Please enter any additional coverage specifications or comments that will help the applicant make an informed decision.
LIMITS OF LIABILITY Provided as part of the D&O Policy	Included in the D&O Policy		Specify Policy Type and Limits (included in D&O or Stand Alone Policy):	
Coverage:	Discrimination (age, race, religion, sex) Sexual Harassment Wrongful Termination Failure to Employ/ Promote Breach of Employment Contract Wrongful Discipline Equal Pay Violations Deprivation of Career Opportunity Negligent Evaluation Invasion of Privacy Defamation Wrongful Infliction of Emotional Distress Retaliation Misrepresentation		Specify Coverage:	

OTHER OPTIONAL COVERAGES AVAILABLE THROUGH HSC'S GROUP INSURANCE PROGRAM

CYBER INSURANCE – Available Coverage via Program Broker

Applicant: This insurance protects you from losses resulting from your activity of communicating and conducting business online. Online communication tools could, for example, result in claims alleging breaches of privacy rights, infringement or misappropriation of intellectual property, employment discrimination, violations of obscenity laws, the spreading of computer viruses and defamation. **Coverage is available subject to request and completion of the application form.**

AUTOMOBILE INSURANCE – Available Coverage via Program Broker

Coverage is available subject to request and completion of the automobile application form(s).

TANK GUARD LIABILITY– Available Coverage via Program Broker

Coverage is available subject to request and completion of the Tank Guard Liability application form(s).

Summary of Comparison of Coverages and Premiums

APPLICABLE COVERAGES Applicant and Broker: Enter only the principal limits (or Total Insured Value) and deductibles for each type of coverage.	HSC Program Broker's Premium	HSC Program Broker's Limits /Deductibles	Alternate Broker's Premium	Alternate Broker's Limits /Deductibles	Meets or Exceeds HSC Program Coverage (√ or √√)
Property					
Equipment Breakdown (Boiler & Machinery)					
Comprehensive Crime					
Comprehensive General Liability					
Directors' & Officers' Liability					
TOTAL PREMIUM					

This coverage checklist form <u>DOES NOT</u> need to be returned to HSC