HSC GROUP INSURANCE PROGRAM GUIDELINES

2026-27 POLICY TERM

HSC Insurance

Have questions? We’re here to help.

As a non-profit focused exclusively on housing, HSC works for the sector. Our goal is simple: to connect housing providers and tenants with expert risk management advice and to ensure that our clients are adequately and cost-effectively covered.

If you have any questions on these guidelines or your insurance coverage, please contact:

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1. HSC Group Insurance Program

HSC is mandated by the *Housing Services Act* (HSA) to provide and manage a group insurance program for prescribed housing providers. In order to provide this group insurance program, HSC has created a fully owned subsidiary called HSC Insurance Inc., a licensed Ontario insurance brokerage. All activities regulated under Ontario's *Registered Insurance Brokers Act* are undertaken by HSC Insurance Inc. Our goal is to ensure program participants receive the lowest overall cost of risk for their housing portfolios while obtaining superior insurance coverages specifically designed to meet the unique needs of the social housing sector.

The purpose of this guideline is to provide an overview of the HSC Group Insurance Program, its key features and its associated processes, procedures and deadlines.

Program Structure for 2026-27 Policy Term

The program's structure for 2026-27 will remain similar to the structure that has been in place for the past several years. To best address the needs of providers of varying sizes and to attract and negotiate the best coverage and prices from insurers, the group is divided into two streams. **Stream A** comprises of providers with total insured values under $100M. **Stream B** comprises of providers with total insured values over $100M or who manage over 10,000 units.

Common Features for both Stream A and Stream B:

Property Claims Trust Fund: Combined Stream A and Stream B Property Claims Trust Fund to control number and dollar amount of claims that are payable by insurer and to finance smaller, more common claims (see section 2)

D&O Claims Trust Fund: Combined Stream A and Stream B D&O Claims Trust Fund to manage the program impact of potential increases in volume and severity of Directors' and Officers' liability insurance claims (see section 2)

CGL Claims Trust Fund: Combined Stream A and Stream B CGL Claims Trust Fund to manage the program impact of potential increases in volume and severity of liability insurance claims (see section 2)

Claims-Made Abuse Liability Policy: Abuse Liability coverage is triggered by a claims-made policy. This means that abuse allegations must be reported it to the insurer within the same policy period that they come to light otherwise coverage will be denied.

Alternate Brokers: Available to all providers based on minimum coverage standards and price competitiveness (see section 4)

Credits: Property coverage premium credits are available to providers where providers have implemented the following risk mitigation mechanisms:

- Mandated non-smoking buildings
- Mandated tenant insurance
- Monitoring of tenant insurance
- Installation of stove top safety elements installed in every unit within an entire building

Differences between Stream A and Stream B:

Program Attribute for 2026-27	Stream A	Stream B
Property Claims Trust Fund Thresholds	Pays out insured property claims between individual provider's deductible and $1M (see section 2)	Pays out insured property claims between individual provider's deductible and $2.5M
Customer Service	Hands-on support from HSC staff; *Managing Risky Business* communications; additional learning tools and techniques for proactive risk management (e.g., webinars and guides); education on insurance fundamentals	Customer service and claims management approach that recognizes in-house risk management capacity; hands-on support from HSC staff; *Managing Risky Business* communications; in-person events focused on claims trends and emerging risks

2. Program Overview & Key Features

Social housing providers are different from private sector landlords or municipal landlords. As a sector we have residents with different needs and we operate as businesses differently – in the way we are financed, the way we are governed and the rules and regulations we must operate under. The HSC Group Insurance Program offers a comprehensive insurance service that is designed to meet the unique needs of social housing providers in Ontario.

The philosophy behind the program is twofold:

- To ensure that providers have adequate insurance coverage at the best possible price so they are protected when accidents or disasters occur.
- To help providers, and the sector as a whole, manage risk. This philosophy is embodied by the key design, processes and principles that govern HSC's group program.

Ensuring adequate coverage at the best possible price	Helping reduce risks
Established core coverages based on the business of social housing	Offer targeted training and support to help our clients reduce future claims based on historical loss information
Enable providers to opt for lowest cost coverage that meets minimum coverage standards with a clear and transparent Alternate Broker process	Support individual participants in identifying and reducing risks via advice available through HSC Insurance Inc., HSC's wholly-owned insurance brokerage
Streamed program design based on insured values enables us to attract and negotiate the best coverages and prices from insurers	Understand the unique needs of social housing providers based on historical loss information and research, providing valuable benchmarking data and insights based on claims trends
Stringent procurement processes for the broker, insurer, third-party adjuster, and preferred vendors	Offer optional coverages for providers with additional, business-specific needs

Participants benefit from the power of the group to leverage the best rates possible

Comprehensive Core Coverage: How it protects you

The HSC Group Insurance Program delivers six basic core coverages that are automatically included when we issue your insurance quote. These core coverages represent our minimum coverage standards and are focused on helping protect your building asset and protecting your organization and people when emergencies occur.

Protecting your building asset

Property Insurance: Covers you for damage to, or the loss of your buildings, contents and equipment and the loss of income and extra expenses indirectly resulting from an insured peril such as fire or water damage. Additional insurance is in place to assist tenants with their Additional Living Expenses following insured events.

Equipment Breakdown Insurance (also called Boiler & Machinery): Covers most equipment breakdowns, including mechanical and electrical systems and those that are under pressure in your building (e.g., boilers, electrical transformers, HVAC systems, fire alarm and security systems and backup generators).

Protecting your organization and people

Commercial General Liability (CGL) Insurance: Protects you against liability for bodily injury, including death, and third-party property damage arising out of the premises and its operations.

Umbrella Liability Insurance: Protects your assets and future income in addition to your primary policies. Unlike excess insurance, which goes into effect only when *all* underlying policies are totally exhausted, umbrella liability is able to "drop down" to fill coverage gaps in underlying policies.

Directors' & Officers' (D&O) Liability Insurance: Provides coverage for corporate directors and officers against claims for financial loss arising from any alleged wrongful act in directing the business of a corporation. It covers the associated legal, accounting, adjusting and investigation expenses, compensatory damages and punitive or exemplary damages.

Comprehensive Crime Insurance: Provides coverage for employee dishonesty, forgery or alteration, computer fraud, funds transfer fraud, kidnapping, ransom or extortion, money and securities, money orders and counterfeit currency.

In addition to these core coverages, HSC also offer a full suite of optional coverages to meet specialized needs. A listing of these is included in **Appendix A**.

HSC Group Insurance Program Trust Funds: How they work and their benefit to you

Property Claims Trust Fund

Since the 2011-12 policy term, HSC has incorporated a Property Claims Trust Fund into its program design. The Property Claims Trust Fund works like a group deductible to pay the expected level of property insured claims. Insurers only pay for (i) larger catastrophic property insured claims in excess of the per claim limit ($1M for Stream A and $2.5M for Stream B); and (ii) all further claims in the event that the Property Claims Trust Fund is fully depleted during the policy term.

There are many benefits to having a Property Claims Trust Fund:

- Mitigates overall cost of risk of the group program by funding the smaller, more common claims
- Transfers the cost of insuring and funding the larger unexpected claims to the insurer
- Reports can be generated from loss data, providing members with information regarding claim frequency and type that may guide and support risk control
- Enables targeted risk management support for the type of claims that are most common in the program

By gaining a better understanding of the types of claims and working with providers to develop risk management strategies, there is an opportunity to reduce claims and thereby create a surplus that remains with the group for the benefit of program participants.

The Property Claims Trust Fund relates only to the property insurance component of your insurance. A portion of your property premium is paid directly to the Property Claims Trust Fund. Your premium invoice will identify your Property Claims Trust Fund contribution amount. Contributions into the Property Claims Trust Fund are non-refundable and are held in trust by HSC and used by the adjusters to pay claims.

The amount of the Property Claims Trust Fund is determined annually by the insurer based on projected claims for the upcoming policy term considering the claims history of the program and greater insurance industry trends and benchmarks. The program broker negotiates with the insurer on behalf of the providers to identify a Property Claims Trust Fund amount that provides the most competitive program premiums for providers. Generally speaking, the aggregate Fund amount will be an amount that is projected to cover the majority of expected claims during the policy term, resulting in a lower premium charged by the insurer for excess coverage.

Funds in the Property Claims Trust Fund are held in an interest-bearing account and all interest earned is credited to the Fund's balance. Funds for each policy term are held separately. The Property Claims Trust Fund is used exclusively to pay for insured property claims occurring during the applicable policy period.

CGL Claims Trust Fund

Like the Property Claims Trust Fund, the CGL Claims Trust Fund works like a group deductible to pay the expected level of liability insured claims. Insurers only pay for (i) larger liability insured claims in excess of the per claim limit ($100K for Stream A and for Stream B); and (ii) all further claims in the event that the CGL Claims Trust Fund is fully depleted during the policy term.

The CGL Claims Trust Fund relates only to the CGL insurance component of your insurance. A portion of your CGL premium is paid directly to the CGL Claims Trust Fund. Your premium invoice will identify your CGL Claims Trust Fund contribution amount. Contributions into the CGL Claims Trust Fund are non-refundable and are held in trust by HSC and used by the adjusters to pay claims.

D&O Claims Trust Fund

The D&O Claims Trust Fund manages the program impact of potential increases in volume and severity of directors' and officers' liability insurance claims. It is to be used exclusively to offset the impact of insured claims within the program. Any D&O Claims Trust Fund surpluses are to be used for the benefit of the group in the same way as surpluses for the Property Claims and CGL Trust Funds (discussed below).

The D&O Claims Trust Fund relates only to the directors' and officers' liability component of your insurance. Your premium invoice will identify your D&O Claims Trust Fund contribution amount. Contributions into the D&O Claims Trust Fund are non-refundable and are held in trust by HSC in an interest-bearing account and all interest earned is credited to the Fund's balance.

Claims Trust Fund Surpluses

In the event that there is a surplus in the Property Claims Trust Fund, the CGL Claims Trust Fund or the D&O Claims Trust Fund, surplus funds will be used for the benefit of the group through one or more of the following applications:

- Credits made available to all members during the applicable policy term who have continued to be members to the present date, uninterrupted
- Credits made available to all members during the applicable policy term who have continued to be members to the present date, uninterrupted, and who did not make a claim during the applicable policy year
- Retention to increase the size of the specific Trust (as applicable) to offset premium increases in subsequent years
- Retention to offset the impacts of extreme and out of the ordinary claims in subsequent years
- Such other use as is determined to be in the best interests of the group, in consultation with the sector-led Insurance Reference Group

Decisions regarding the use of end-of-term surpluses from Property Claims Trust Fund, the CGL Claims Trust Fund and D&O Claims Trust Fund are made by HSC in the best interests of the group. The Insurance Reference Group will be consulted prior to any decision regarding the use of a surplus.

HSC periodically provides updates on the status of the Claims Trust Funds via its quarterly program communication, *Managing Risky Business*. In addition, the Program's Insurance Reference Group monitors the Claims Trust Funds and provides advice and support to HSC on developing risk management strategies to best utilize the Funds.

If you have any questions on the Trust Funds, please contact HSC at insurance@hscorp.ca.

Insurance Reference Group

The Insurance Reference Group is an advisory committee made up of member representatives (including Service Managers and housing providers of different sizes) and risk management experts. The Insurance Reference Group works to continually improve the quality of the HSC Group Insurance Program by providing focused feedback based on user experiences. The Group will meet at least twice per year and provide advice, recommendations and insights to HSC related to the following:

- The Property Claims Trust Fund, the CGL Claims Trust Fund and D&O Claims Trust Fund (i.e., operating rules, structure and surpluses)
- Proposed changes to the HSC Group Insurance Program and related policies
- Marketing and communications strategies

Members of the Insurance Reference Group are appointed by HSC for a 3-year term and are eligible for reappointment. A list of current members can be found on HSC's website. In carrying out its duties, the Insurance Reference Group is supported by HSC staff, as necessary.

How we obtain competitive rates and adequate coverage for you

To ensure that we can secure the coverages that housing providers need and our insurance rates are as affordable and competitive as possible, HSC meets with insurers annually to review program claim trends, risk management initiatives and negotiate ratings and premiums for the program. Premium pricing is then applied based on the settled premium allocation model.

HSC regularly reviews the performance of its program broker, third-party claims adjuster, and preferred program vendors, issuing a public Request for Proposal (RFP) for these services.

3. Renewals Process and Timelines

At the start of the renewal process, providers receive a renewal application to complete online. Providers are required to review this information and update their application regarding any changes.

Maintaining up-to-date information each year allows the program broker to form a clear understanding of the risks facing your buildings and the 'exposures' in question – that is, the specific buildings and organization that will be covered. It is also critical for the program broker to know if you have bought or sold properties in the last year as this will impact your insurance coverage. The complete information on file for you is what is used to determine your premium for the next year.

It is essential that you update your information, even if you plan on getting a quote from an alternate broker. This helps HSC compare coverage and improve our program. It also helps us understand and provide advice to the Province and Service Managers on broader trends in the sector. If you intend to obtain a quote from an alternate broker, we recommend that you contact them at the same time as you are completing the HSC renewal process. Alternate broker quotes will need to reflect the program's minimum coverage standards in order to be eligible (see **Appendix B**). Therefore, you should provide the alternate broker with the program minimum coverage standards for their use in generating their quote.

Help us help you get the best insurance rates and ensure you are adequately protected.

- Complete the renewal application when you receive it
- Ensure that your data is correct as it will be used to determine your premium
- Notify us of any changes to your data before mid-July

Alternate Broker Renewal Process & Timelines

If your renewal date is **November 1, 2026**, then please use the following timelines:

May	July	September	October	November 1
• Renewal packages sent to providers for update • Providers send information to alternate broker if they wish to seek an alternate quote	• Renewal information updates due by **July 31, 2026** • Broker begins to solicit quotes from insurance marketplace for both streams	• Program renewal sent to providers by **September 25, 2026** • Provider must submit alternate broker quote to HSC by **September 30, 2026**	• Providers using an alternate broker must submit Alternate Broker Coverage Form by **October 9, 2026** LHCs must submit LHC form by **October 9, 2026**	• Insurance Renewal – Coverage Commences

If your renewal date is not November 1, 2026 then please use the following timelines:

May	2 Months Before Renewal Date	35 Days Before Renewal	14 Days Before Renewal	Renewal Date
• Renewal packages sent to providers for update • Providers send information to alternate broker if they wish to seek an alternate quote	• Renewal information updates due 2 months prior to renewal date • Broker begins to solicit quotes from insurance marketplace for both streams	• Program premium quote sent to providers **35 days prior to renewal date** • If provider wishes to submit alternate broker quote to HSC, we must receive it **35 days prior** to renewal date	• If a provider wishes to use an alternate broker, they must submit an Alternate Broker Coverage Form • LHCs must submit LHC form (Service Manager waiver)	• Insurance Renewal – Coverage Commences

Forms are available on our Renewals webpage.

4. 2026-27 Alternate Broker Process

THE PROCESS BELOW DOES NOT APPLY TO LOCAL HOUSING CORPORATIONS (LHCs).

LHCs have a different alternate broker process and MUST contact HSC directly to discuss the steps involved.

HSC's alternate broker process ensures that you get the insurance you need at the lowest cost:

- Prescribed providers have the option to solicit and pursue a quote from an alternate broker
- Providers may bind coverage with an alternate broker where the broker offers equivalent coverage to those included in the HSC quote at a lower price
- You will be automatically bound with the group program unless you submit notification of an alternate broker through the submission of the **Alternate Broker Coverage Form** as noted below.

Minimum Coverage Standards

HSC sets minimum coverage standards for its program on an annual basis. These standards have been developed to ensure that providers have adequate coverage to protect their assets. In cases where a provider wishes to use an alternate broker, it will be necessary for them to ensure that the broker confirms that the insurance coverage they are providing meets these minimum standards (see **Appendix B**). When soliciting an alternate broker quote, please ensure that you provide the broker with these minimum standards.

Alternate Broker Process

The following process must be followed if you wish to purchase your insurance coverage through an alternate broker.

If obtaining a quote from an alternate broker, provide the broker with HSC's Coverage Checklist. Review this checklist with the broker to ensure that they are providing equal

or better coverage to you. Please ensure that the values reported to the alternate broker are the same values as those reported to the HSC program broker so that an accurate comparison can be made.

At least 35 days prior to renewal or initial purchase of coverage, you must submit a copy of the quote from the alternate broker to HSC.

If you have been offered equivalent coverage at a lower price and have decided to bind coverage with the alternate broker, these additional documents must be sent to HSC at least 14 days before your scheduled renewal (for a November 1, 2026 renewal, these documents are due by October 14, 2026):

- **A completed Alternate Broker Coverage Form:** This form contains a Statement of Terms and Fees that will help us ensure that the alternate broker has provided a lower price for coverage that is equal or better and obligates said broker to forward the provider's claims history. It also confirms your alternate broker did their due diligence in explaining the coverage they are offering.
- **LHCs only:** Please contact insurance@hscorp.ca to discuss the alternate broker process and approvals required for your organization.

The Coverage Checklist and required forms are available on our Renewals webpage.

Claim Information

HSC needs to maintain accurate and complete data on all prescribed providers and to monitor insurance trends in order to provide helpful sector advice and guidance to the Province. Therefore, providers who use an alternate broker are also required to provide HSC with information on their annual claims experience in order that HSC may maintain accurate and complete data on the claims history of prescribed providers. This information must include:

- Type of Claim
- Insurance Line of Business
- Date
- Total Incurred Cost
- Deductible

As part of the alternate broker process under the HSC Group Insurance Program, your broker is required to provide this information to HSC on a regular basis.

Where Alternate Broker Quote is More Expensive

HSC is committed to ensuring that providers have adequate coverage at the lowest rates. If upon reviewing the alternate quote HSC finds that the coverage is not equivalent or is more expensive than the quote by the program broker:

- HSC will inform the provider in writing that they are required to bind their coverage with the program broker and will be expected to provide binding instructions to the program broker, with a copy to HSC. Copies of this correspondence will also be sent to the relevant Service Manager for their information.

Administration Fee

- An administration fee is only applicable where a provider binds coverage with an alternative broker.
- The fee is 2.5% of the total premium for the HSC identified core coverages.
- This fee is purely administrative and supports the legislated role that HSC plays in establishing and managing the group insurance program.
- When reviewing quotes from an alternate broker, the comparison should be premium to premium, however **providers should recognize that they will have to pay the 2.5% administration fee.**
- Providers will be invoiced by HSC directly and required to remit this fee to HSC.
- **Any outstanding arrears related to this administration fee must be addressed by providers seeking a return to the HSC program.**

Services covered by the fee include:

- Publicly procuring the program broker, third-party claims adjuster and program insurer
- Negotiating on behalf of program participants in the insurance marketplace
- Setting minimum coverage limits to ensure that all providers are adequately protected

- Maintaining building and claims data for all prescribed providers
- Providing education, training and online resources to assist providers in their day-to-day risk management
- Providing customer service support and working to improve the risk profile of Ontario’s social housing sector

5. Changing Insurer Mid-Term

HSC recognizes that there may be extenuating circumstances that could lead a provider to change its insurer mid-way through the insurance term. Where this is the case, providers are asked to submit a written request to HSC at insurance@hscorp.ca at least 30 days before they wish to leave the program stating their reason. HSC will then be in touch with the provider to process this request.

Providers will receive a net refund of their premium as follows:

- Total premium pro-rated for the number of months that they were in the program,
- less the portions of the premium that went into the Property Claims Trust Fund, the CGL Claims Trust Fund and D&O Claims Trust Fund,
- less the short-rate cancellation penalty (see below)

Please note that the Claims Trust Fund portion of the premium is non-refundable.

The short-rate cancellation penalty relates to the costs associated with cancelling the contract prior to its normal expiry. Mid-term cancellations involve additional administration because most of the work done to bind insurance is done at the beginning of the term – such as underwriting, premium calculations and document issuance. This penalty is calculated based on standardized rates established in an insurance industry cancellation wheel and applied according to where you are in your insurance term.

6. Appendix A: Optional Coverage

Accident Coverage for Board Members and Volunteers: Coverage for accidental death and dismemberment.

Automobile Insurance: Basic and optional coverage for vehicle loss or damage and third-party liability coverage.

Abuse Insurance: Protects against liability due to physical abuse/neglect, emotional abuse, sexual abuse/harassment or exploitation.

Builders' Risk Insurance: Covers construction, renovation, installation, repair, scaffolding, hoarding, excavation, landscaping and site problems that are beyond the scope of the Builders' Risk Insurance already included in your core coverage up to $5M. If your renovation or new construction project will go over $500K, you may wish to purchase this additional coverage.

Cyber Fraud Insurance: This insurance protects you from losses resulting from your activity of communicating and conducting business online.

Excess Property and Excess Liability Insurance: Provides coverage in excess of the primary property or umbrella liability limits described in the underlying insurance limits of coverage.

Garage Keepers' Legal Liability Insurance: Protects garage keepers against liability for damage caused by specified perils to vehicles in their care and control.

Miscellaneous Errors and Omissions: Covers the activities of nurses, social workers, family counsellors, massage therapists and physiotherapists.

Property Managers' Errors and Omissions: Covers property management services that are performed for another housing provider for a fee.

Storage Tank Third-Party Liability and Clean-up: Protects owners and/or operators of aboveground and underground fuel and oil storage tank systems against claims should the tanks cause environmental contamination. Also pays for the cleanup of your own property.

Well Water Coverage: The Ontario *Safe Drinking Water Act*, 2002 imposes strict requirements on providers to test and treat tenants' water. Well water liability coverage protects you against claims made by a third party as a result of inadequate testing, whether it is done by you or by a company you hire.

7. Appendix B: HSC Minimum Coverage Standards

Please note that in the details, limits and deductibles column, there are places where specific values are not identified. These values will depend on your insured values and the coverage choices you decide to make. If you're uncertain about your insured values or coverage needs, contact HSC for advice.

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.

TYPE OF COVERAGE	DETAILS, LIMITS AND DEDUCTIBLES
Covered Perils	ALL RISKS including flood and earthquake
Property of Every Description including Office Contents	**LIMIT OF INSURANCE** Buildings: Contents:
Gross Rentals: Actual Loss Sustained 12 months or 24 months (insured values and indemnity period)	Gross Rental: Indemnity Period:
Revenues (other than housing rental income): Actual Loss Sustained	Additional Revenue:
Policy Deductibles Basic Deductible: $25,000 each loss (Various deductible options to choose from for losses other than earthquake and flood)	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 Zone 1 (Ottawa, Kingston, Cornwall, Hawkesbury area): - 5% or $250,000 (the greater) FLOOD: $25,000 each loss or other deductible SEWER BACKUP: $25,000 each loss or other deductible, Specify: $ ALL OTHER LOSSES: Basic deductible: $10,000 or other deductible, Specify: $

	Note: CRESTA zones are based on the observed and expected seismic activity, as well as on other natural disasters, such as droughts, floods and storms. See www.cresta.org for more information
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)	Sub-limit: $1,000,000
Extra Expense and Expediting Expenses	Included
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)	Sub-limit: $1,000,000
Basis of Loss Settlement	Full Replacement Cost on the same site or on another site without any co-insurance provision or penalty
Automatic coverage for newly acquired properties	Sub-limit: $10,000,000 Where the value of the newly acquired property exceeds $1,000,000, coverage is provided, subject to Insured reporting to the insurer within 120 days of acquisition.
By-Laws Coverage: including cost of demolition and increased cost of construction	Included – No Sub-limit
Additional time required due to By-laws	Included – No Sub-limit
Professional and Auditors Fees	Sub-limit: $5,000,000
Fine Arts	Included – Declared Value
Valuable Papers	Included – $250,000
Accounts Receivable	Sub-limit: $5,000,000
Lawn, Trees and Shrubs	Sub-limits: $250,000

Landscaping or Land Improvements	Sub-limits: $250,000
Blanket Glass: Interior and Exterior	Included – No Sub-limit
Signs: Attached and Freestanding	Included – No Sub-limit
Electronic Data Processing Equipment:	Included – No Sub-limit
Master Keys	Included – No Sub-limit
Property in Transit	Included –Sub-limit $500,000
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
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
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
Consequential loss: as a result of an insured peril	Included – No Sub-limit
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
Interruption by Civil Authority: to retard or prevent a conflagration or other catastrophe or a result of a covered peril	4-week limitation
Vacancy: To cease operations in, and for any individual 'buildings" to remain vacant for 30 days	If vacancy exceeds 30 days, coverage converts to Specified Perils only, excluding riot, vandalism, malicious acts and theft and basis of loss settlement is on Actual Cash Value

Controlled Drugs and Substances	Sub-limit: $250,000
Additional Living Expenses	Sub-limit: $10,000 per unit to a maximum of $2,500,000 per occurrence incurred by tenants while repairs are being made as a result of an insured peril
First Party Pollution Clean-Up – Land & Water	Sub-limit: $1,000,000 per occurrence and aggregate
Automatic Builders' Risk coverage: for routine repair and renovation work	Sub-limit: $500,000
Builders' Risk for Property in Course of Major Construction or Renovation: must be reported and rated individually	Available if required
Joint Loss Agreement: Between Property and Boiler & Machinery Insurer	Included
Salvage and Sue and Labour: Insurer shall contribute pro rata towards any reasonable and proper expenses in connection with steps taken by the Insured to prevent further damage	Included
Limited Fungi and Spores Coverage	Sub-limit $250,000 per occurrence and aggregate
Resulting Mold	Sub-limit $5,000,0000 per occurrence and aggregate
Immediate Repairs Permission	Included

Unintentional Errors 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."	Sub-limit: $5,000,000
Green Building Upgrade Extension: to rebuild/replace with upgrade to "Green" alternatives	25% of the value of loss to a maximum of $2,500,000
Pre-Existing Green Building Extension: any additional costs and expenses, including "Green" certified Consultants required to maintain or re-attain the same pre-loss "Green Building" designation	Included up to values reported
Contamination Clean Up and Removal	$1,000,000 per occurrence and aggregate
Notice of Cancellation or Non-Renewal	**90 days**

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.

TYPE OF COVERAGE	DETAILS, LIMITS AND DEDUCTIBLES
Covered Perils	Sudden and accidental breakdown of all boilers, pressure vessels, electrical and mechanical equipment plus production machines and electronic equipment
Combined direct Damage and Business Interruption (Gross Rents, Profits as per Values declared and Extra Expense)	Limit: $50,000,000 any one accident
Deductibles	Direct Damage: $25,000 or other deductible, specify: $ Gross Rents & Extra Expense: 24-hour waiting period Course of Construction (Delayed Start Up): 96 hours waiting period Spoilage: $1,000
Extra Expense	Sub-limit: $1,000,000
Coinsurance	Nil
Basis of Loss Settlement	Direct Damage – Repair or Replacement including By-Laws (Demolition and Increased Cost of Construction due to By-laws)
Replacement cost if damaged property is repaired or replaced within 24 months after the date of the Accident	Number of months: 24
Broad definition of “Accident”	Included
Broad definition of “Object”	Included
Expediting Expenses	Included

Ammonia Contamination	Sub-limit: $1,000,000
Water Damage	Sub-limit: $1,000,000
Hazardous Substance (including Mould)	Sub-limit: $1,000,000
Spoilage	Sub-limit: $50,000
Data and Media Restoration	Sub-limit: $50,000
Green Coverage	Sub-limit: $50,000
Contingent Business Interruption	Sub-limit: $25,000
Error and Omissions	Sub-limit: $5,000,000
Demolition and Increased Cost of Construction due to By-laws	Included – No Sub-limit
Contingent Loss caused by Service Interruption – All Utilities	Included – No Sub-limit
Professional fees	Included – No Sub-limit
Civil Authority or Denial of Access	8 weeks

COMPREHENSIVE CRIME INSURANCE – Mandatory Coverage

TYPE OF COVERAGE	DETAILS, LIMITS AND DEDUCTIBLES
Employee Dishonesty/Fidelity Coverage Employee Theft Employee Theft of Client Property	Limit: $250,000 Limit: $250,000
Loss of Money Inside Premises	Limit: $250,000
Loss of Money Outside Premises	Limit: $250,000
Computer Crime/Computer Fraud	Limit: $250,000

Money Order and Counterfeit Currency	Limit: $250,000
Forgery or Alteration Coverage	Limit: $250,000
Funds Transfer Fraud	Limit: $250,000
Personal Accounts Protection Coverage	Sub-limit: $50,000
Claims Expense Coverage	Sub-limit: $25,000
Social Engineering Coverage	Limit : $250,000
Priority of Payment	Included
Employee extended to include non-compensated directors and officers, volunteers, students, independent property managers while working on behalf of the insured	Included
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
Ex-Employees	90 days
Loss caused by unidentifiable employees	Included
Cancellation or Non-Renewal	90 days
Discovery Clause	Included – 2 years
Audit Expenses	Sub-limit: $25,000
Prior Fraud (Employee)	Tolerance level: $25,000
Third-Party Theft	Sub-limit: $100,000

Consolidation Merger Acquisition	Included
Definition of “Employee” states that “Employee of one Named Insured shall be considered an employee of any other Named Insured”	Included

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.)

LIMITS OF LIABILITY	LIMITS OF LIABILITY
Bodily Injury and Property Damage	Limits: $5,000,000 per occurrence
Products & Completed Operations	Limit & Aggregate $5,000,000
Employee Benefits Liability	Sub-limit & Aggregate: $5,000,000
Non-Owned Automobile Liability excluding long-term leased vehicle (SEF #99)	Sub-limit: $5,000,000
SEF #94, Damage to Hired Vehicles	Sub-limit: $100,000
Advertising Injury Liability	Sub-limit: $5,000,000
Tenants' Legal Liability	Sub-limit: $5,000,000 Coverage: All Risks
Sudden and Accidental Pollution Coverage	Time Element Pollution – 240 hours Discovery / 240 hours Reporting
Elevator Collision	Sub-limit: $5,000,000
Deductibles: **Annual General Aggregate**	Basic Deductible: $5,000 per loss or other deductible; Specify: $15,000,000 or $30,000,000 Specify:
Occurrence Basis	Included
Broad Form Property Damage	Included
Owners' & Contractors' Protective Liability	Included
Intentional Injury to Protect Persons and/or Property	Included
Employers' Liability	Included

Defence Costs	EXCLUSIVE OF DEDUCTIBLE
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 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
Severability of Interests	Included
Blanket Contractual Liability	Included
Claims-Made and Reported Form. Physical and Sexual Abuse (physical	Limit & Aggregate $2,000,000 or $3,000,000

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.	
Medical Payments	Limit $2,000,000
Contingent Incidental Medical Malpractice	Included
Bodily Injury Definition	Includes bodily injury, shock, mental anguish, mental injury, sickness or disease sustained by a person, including incidental medical malpractice Injury.
Notice of Cancellation or Non-Renewal	90 days
Non-Owned Watercraft	Maximum 15 metres
Restricted Worldwide Territory	Included
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
Fumigation and Extermination Operations	Limit: $5,000,000
Non-Municipal Water Supply Testing Liability	Any one Accident or Occurrence $100,000 Annual Aggregate $250,000

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

Applicant: Consult with HSC and alternate brokers (if applicable) to select suitable limits of liability for your organization and your directors and officers

TYPE OF COVERAGE	DETAILS, LIMITS AND DEDUCTIBLES
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: $10,000
Employed Lawyer Wrongful Act Coverage	Limit: $1,000,000
Workplace Violence Expense Coverage	Limit: $250,000 for all crisis events, amount is part of and not in addition to the limit of liability
Crisis Management Expense Coverage	Limit: $50,000 for all crisis events, amount is part of and not in addition to the limit of liability
Pay on behalf of D&O and Corporation	Included
Defence costs	Inclusive in limits
Entity Coverage for wrongful act, and loss/costs where permitted by law to indemnify the D&O	Included
Full prior acts	Included
Duty to defend even if groundless, false or fraudulent	Included
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

Automatic coverage of newly elected or appointed Directors and Officers	Included
Limited Outside Directorship at the request of the Corporation subject to request and underwriting	Specify:
Joint Loss Agreement	Included
Extended Reporting Period	Additional premium percentage of 75% for an additional 12 months
Notice of Cancellation	90 days
Punitive Damages	Included

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 dismissal, breach of employment contracts, violation of employment discrimination laws, failure to employ or promote, negligent evaluation, invasion of privacy and infliction of emotional distress.

Organizations of all sizes are increasingly faces 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.

LIMITS OF LIABILITY **Provided as part of the D&O Policy**	**Included in the D&O 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

Mandatory Coverages, where applicable

EXCESS LIABILITY – For housing providers seeking limits > $5,000,000 up to $20,000,000
Excess Liability can be secured via a straight excess of CGL policy, an Umbrella policy or via a stand-alone Excess policy. Under the HSC program Excess Liability coverage is offered on a stand-alone basis through Marsh over the Umbrella coverage.

TYPE OF COVERAGE	DETAILS, LIMITS AND DEDUCTIBLES
EXCESS LIABILITY Limits in excess of Primary and Umbrella insurance can be purchased through Marsh subject to completion of application form.	Limits:
Coverage	Follow-form Umbrella

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	DETAILS, LIMITS AND DEDUCTABLES
LIMITS OF LIABILITY Limits in excess of $2,000,000 can be purchased through Marsh. Deductible options from $1,000 to $10,000	LIMITS OF LIABILITY $2,000,000 any one claim; $2,000,000 annual aggregate Basic Deductible: $1,000 or Other, specify $
Basis of Insurance	Claims-made
Retroactive Date (subject to underwriting and agreement by the Insurer)	Specify:
Provision for Optional Discovery Coverage	One year; subject to additional premium

Duty to defend and pay-on behalf of the Insured	Included
Defence costs	Inside the limits of liability
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

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

TYPE OF COVERAGE	DETAILS, LIMITS AND DEDUCTABLES
LIMITS OF LIABILITY Limits in excess of $2,000,000 can be purchased through Marsh. Deductibles options from $1,000 to $10,000	LIMITS OF LIABILITY $2,000,000 each claim $2,000,000 annual aggregate Basic Deductible: $1,000 or Other Deductible: $
Basis of insurance:	Claims-made
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. If you are designated in the Declarations as 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 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 executive officers, psychiatrists, or physicians, including but not limited to nurses and 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 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.
Retroactive Date (subject to underwriting and agreement by the Insurer)	Specify:
Provision for Optional Discovery Coverage	One year subject to additional premium
Duty to defend and Pay-on-behalf of the Insured	Included
Defence Costs	Inside the limits of liability
Medical Malpractice	Available where applicable and declared by housing provider.

8. Contact Information

If you have any questions on these guidelines or insurance coverages, please contact:

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