

As in previous years, we are providing the following details for your easy reference. These coverages are available to all Associations, Teams and Leagues described hereafter as “Insured” and/or “Organization”.

PROPERTY INSURANCE (SECTION A)

This section provides coverage against “All Risks” of direct physical damage to the Insured’s property (subject to policy limitations). This would include office furniture, office equipment, team uniforms, or any other property belonging to the Insured. Coverage includes loss from fire and/or theft subject to a \$500.00 deductible in accordance with the conditions of the master policy filed with the Branch Office. Also included, is coverage for equipment (owned by the Organization) which has been temporarily removed from the arena/office by a responsible person to work on the Organization’s business. **Replacement cost coverage is available, however, you must send us a schedule of insured items and their replacement values.**

REMINDER: If the total value of all property is more than \$200,000.00 please contact BFL at 800-465-2842 as we must submit your file to the Insurer for approval.

REMINDER: If you own property that is located outside of your mailing location, please let us know. We will require a list of property along with the replacement values per location (complete address).

REMINDER: It is important to note that property that is borrowed or leased is not automatically covered under this program. If you rent or borrow equipment from a third party, it is important to submit a list of the property as well as the replacement values and provide the name of the entity to whom this property belongs. BFL will then contact you to advise you of the additional premium payable. You can send this information to Sports@BFLcanada.ca

DISHONESTY INSURANCE (SECTION B)

This section provides coverage for Insureds who may fall victim to their funds being stolen by an employee or volunteer, who is part of the Organization and who may have access to the Organization’s funds. **Kindly note that coverage for a \$5,000 limit is not subject to a deductible, whereas coverage for a \$10,000 limit is subject to a \$1,000 deductible.**

MONEY & SECURITIES (BROAD FORM) (SECTION C)

Associations/Teams/Leagues have access to monies collected from members or through fundraising events. This money can be insured against a hold-up or a break-in at the home of the custodian. This coverage can be very important, as it is not always possible to make bank deposits immediately following a fundraiser and such a loss could have a serious effect on the Organization’s operations. This form provides coverage against money & securities on a 24-hour basis against the perils of theft, burglary, hold-up and fire. **Coverage is limited to \$10,000 however should you require a higher limit please contact our office to discuss.**

ELECTRONIC DATA PROCESSING (SECTION D)

This coverage applies to the Organization’s computer, software and data and includes the extra expenses to reconstitute lost information as a result of a covered loss, subject to a \$500.00 deductible. The coverage has been extended to cover computer equipment while temporarily removed from the arena/office by a responsible person of the Insured to work on the Organization’s business.

LEGAL EXPENSE INSURANCE - FOR NON-PROFIT ORGANIZATIONS ONLY (SECTION E)

This insurance provides telephone legal assistance. A toll free number will give you access to a team of lawyers specializing in preventive law. If a legal situation arises, you can obtain legal advice at no charge. The number of calls you are entitled to make is unlimited.

In cases where you require more legal involvement, this insurance will provide you with financial assistance to find an amicable or judicial solution to legal disputes. This insurance covers only legal fees or judicial costs and does not provide coverage for damage. The policy limit is \$5,000 per claim with an annual limit of \$10,000. You must contact the Insurer prior to appointing a lawyer to represent you.

The annual premium is based on Gross Revenues as per the rate structure on FORM A.

CYBER RISK INSURANCE – (SECTION F):

NEW: Cyber Risk insurance is a coverage to protect your organization against lawsuits due to losses caused by the transmission of information via your web site. The Cyber exposure is composed of two defined risks: **security liability** (the unauthorized access/use) and the **privacy liability** (the violation of privacy laws or regulations that permit individuals to control the collection, access transmission, use, and accuracy of their personally identifiable medical, personal and/or financial information).

Please keep in mind that an unauthorized access could cause a privacy breach claim and it could also cause loss or corruption of data to a network, to a database. Common targets for privacy breaches could be personal information, credit card numbers and/or health card information. Unauthorized access entails “hacking”, introduction of a malicious code into your computer system (“virus”), or an unintentional programming error by an employee/volunteer.

Examples:

- 1) Credit card information is hacked: Your members may sue you if their information is stolen. They may ask for full refund of all amounts used on the cards.
- 2) Personal information is hacked: You can be sued if members' information is hacked, especially skaters that may get harassed if their home address or phone number is obtained.

We are offering a choice for the limit of insurance. You can choose either \$500,000 or \$1,000,000. For either choice, an additional limit of \$100,000 will apply for privacy breach notification costs (the cost for which a club may have to pay to correct a situation to avoid a third-party claim against it).

Note that the limit you choose will include coverage for your organization for data recreation/reconstruction should a hacker infect your computer. It will include loss of income resulting from such damage.

If you wish to obtain this coverage, please refer to the attached documentation:

FORM B: Cyber Risk application form which needs to be completed and signed. If all of your answers on this form are “yes”, for questions 1 through 11 your club will be eligible to obtain the coverage. If one or more of the answers is “no”, please contact our office at (514) 843-3632 / (800) 465-2842.

FORM C: The premium is based on your club's gross revenues. Please select the limit of insurance you wish to obtain and check the box beside your gross revenues. You then can include the amount of the premium on the BFL Application/Invoice Form in Section F.

PLEASE BE CERTAIN TO INDICATE ALL COVERAGES YOU WISH TO PURCHASE ON THE BFL APPLICATION FORM.



BFL APPLICATION FORM/INVOICE HOCKEY CANADA – HOCKEY NEW BRUNSWICK

September 11, 2011 to September 11, 2012

Association, Team or League Name:	Contact Person:	Assoc #:
Address of Entity (No., Street, P.O. Box, Suite)	City	Province
Telephone No. During the Day:	Fax No.	Email:

Use a Separate sheet to list all Claims within the past 3 years (if any) Attached Yes No

**PART 1	SECTION A - PROPERTY (EXCLUDING BUILDINGS) \$ _____ Multiplied by _____ % = _____ \$ (Replacement Cost Value of all Property owned) If value is between: \$ 0 - \$ 10,999 multiply X 2.25% \$ 21,000 - \$ 30,999 multiply X 1.75% \$ 11,000 - \$ 20,999 multiply X 2.00% \$ 31,000 - or more multiply X 1.50% * FOR REPLACEMENT COVERAGE YOU MUST ATTACH A SCHEDULE OF INSURED ITEMS	\$ _____ Premium
	SECTION B - DISHONESTY OF VOLUNTEERS, HELPERS OR EMPLOYEES Choose One (a) \$100.00 Flat Premium for a \$5,000 Limit (b) \$150.00 Flat Premium for a \$10,000 Limit* * \$1,000 deductible on the \$10,000 limit	\$ _____ Premium
	SECTION C - LOSS OF MONEY AND SECURITIES - BROAD FORM Calculate: _____ at \$70.00 per \$1,000 of Insurance Amount of Insurance *Maximum limit of \$10,000 of insurance	\$ _____ Premium
	SECTION D - ELECTRONIC DATA PROCESSING EQUIPMENT (EDP) computers \$ _____ + \$ _____ = \$ _____ Calculate at \$2.75 per Value of Hardware Value of Software Total Value: \$100 of Insurance	\$ _____ Premium

TOTAL PART 1: **Minimum premium of \$250.00	\$ _____ Premium
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PART 2	SECTION E: – LEGAL EXPENSE INSURANCE Limit \$ 5,000 (See Rate Structure – Form A)	\$ _____ Premium
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SECTION F: CYBER RISK INSURANCE (NEW) Choose One Limit = \$500,000 <input type="checkbox"/> OR Limit = \$1,000,000 <input type="checkbox"/> (See rate structure Form C)	\$ _____ Premium
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- To be returned:**
1. BFL Application Form
 2. Legal Expense Rate Structure Form A (if coverage is required)
 3. Cyber Risk Rate Structure Form C (if coverage is required)
 4. Premium Payment ❖

TOTAL PART 2:	\$ _____ Premium
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ADMINISTRATION FEE	\$ 30.00
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GRAND TOTAL: Part 1 + Part 2 + Fee	\$ _____
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❖ Premium must be made payable to: **BFL CANADA Insurance Services Inc.**; C/O 2001 McGill College, Suite 2200, Montreal, Quebec, H3A 1G1

F O R M A

**RATE STRUCTURE LEGAL EXPENSES INSURANCE FOR
NON-PROFIT HOCKEY ENTITIES (2011-2012)**

CLUB/ASSOCIATION'S GROSS REVENUES	LIMIT	
	\$5,000 per claim \$10,000 per year	<input type="checkbox"/>
LESS THAN \$25,000.	\$62	<input type="checkbox"/>
\$25,001. TO \$50,000.	\$78	<input type="checkbox"/>
\$50,001. TO \$100,000.	\$93	<input type="checkbox"/>
\$100,001. TO \$200,000.	\$109	<input type="checkbox"/>
\$200,001. TO \$300,000.	\$124	<input type="checkbox"/>
\$300,001. TO \$400,000.	\$139	<input type="checkbox"/>
\$400,001. TO \$500,000.	\$155	<input type="checkbox"/>
\$500,001. TO \$600,000.	\$171	<input type="checkbox"/>
\$600,001. TO \$700,000.	\$186	<input type="checkbox"/>
\$700,001. TO \$800,000.	\$202	<input type="checkbox"/>
\$800,001. TO \$900,000.	\$217	<input type="checkbox"/>
\$900,001. TO \$1,000,000.	\$233	<input type="checkbox"/>
\$1,000,001. TO \$1,200,000.	\$248	<input type="checkbox"/>
EXCESS OF \$1,200,000.	TO BE REFERRED	

**IF THIS COVERAGE IS REQUIRED, PLEASE REFER TO THE BFL APPLICATION FORM AND
INDICATE THE PREMIUM PAYABLE IN SECTION E**

FORM B

INSURANCE FOR CYBER, PRIVACY & MEDIA RISKS APPLICATION FORM

1. Please provide a full breakdown of your total revenue by activity: (membership, merchandise, fundraising, other.) If other please specify:

2. Please detail which of the following data types you collect:

Credit or debit card details	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Social Insurance numbers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medical Records or health information	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home addresses and phone numbers	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3. Please indicate which of the following media activities you engage in:

Online advertising	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Social media marketing	<input type="checkbox"/> Yes	<input type="checkbox"/> No

4. Do you seek explicit consent from all third parties before selling or sharing their personally identifiable data? Yes No

5. Do you have a privacy policy and terms of use on your website? Yes No
If yes, has it been legally reviewed? Yes No

6. Do your computers comply with minimum security requirements detailed below? Yes No

- Anti-virus software must be installed on all desktops and servers (excluding database servers) and updated on at least a weekly basis;
- All external network gateways must be protected by a firewall;
- All critical data must be backed up on at least a weekly basis;
- All back-ups should be stored in a secure location offsite or in a fireproof safe; and
- The integrity of all back-ups should be verified on at least a monthly basis.

If no, then please explain:

7. Do you ensure that all sensitive data is encrypted while standing and during transmission? Yes No

8. Do you outsource the handling of sensitive data to any third party? Yes No

If you have answered no to either one or more questions, numbers 4 to 5 and 7 to 8, please explain below:

9. Please provide the name and address of any third party you use for data hosting:

10, Please provide the name and address of your internet provider:

11. Have your systems been subject to a third party security audit? Yes No
If yes, have all high risk recommendations from your most recent audit been implemented? Yes No

If not all high risk recommendations have been implemented, please explain why:

Signature: _____ Date: _____

Title: _____

FORM C

RATE STRUCTURE
CYBER RISK INSURANCE (2011-2012)

ORGANIZATION'S GROSS REVENUES	LIMIT \$500,000	LIMIT \$1,000,000
UP TO \$50,000	\$105 <input type="checkbox"/>	\$140 <input type="checkbox"/>
\$50,001 to \$100,000	\$115 <input type="checkbox"/>	\$150 <input type="checkbox"/>
\$100,001 to \$200,000	\$135 <input type="checkbox"/>	\$170 <input type="checkbox"/>
\$200,001 to \$300,000	\$155 <input type="checkbox"/>	\$190 <input type="checkbox"/>
\$300,001 to \$400,000	\$175 <input type="checkbox"/>	\$210 <input type="checkbox"/>
\$400,001 to \$500,000	\$195 <input type="checkbox"/>	\$230 <input type="checkbox"/>
\$500,001 to \$600,000	\$215 <input type="checkbox"/>	\$250 <input type="checkbox"/>
\$600,001 to \$700,000	\$235 <input type="checkbox"/>	\$270 <input type="checkbox"/>
\$700,001 +	PLEASE CONTACT BFL	

**IF THIS COVERAGE IS REQUIRED, PLEASE REFER TO THE BFL APPLICATION FORM AND
INDICATE THE PREMIUM PAYABLE IN SECTION F**