



CENTRE FOR STUDY OF INSURANCE OPERATIONS  
CENTRE D'ÉTUDE DE LA PRATIQUE D'ASSURANCE

**MINUTES**  
**Forms Workgroup**  
110 Yonge St., Suite 500, Toronto, ON  
April 22, 2010 & May 20, 2010

**ABOUT THE FORMS WORKGROUP**

The CSIO Forms Workgroup offers a forum for volunteer Brokers, Companies and Vendors, to discuss revisions to existing CSIO forms and design new forms. This group also identifies related Standards issues that require either a Maintenance Request or Implementation Guideline. If you would like to participate or be added to the distribution list, please e-mail Francine Davis at [fdavis@csio.com](mailto:fdavis@csio.com).

**ATTENDEES:**

Carol Ambrose	Applied Systems	
Roula Page	Aviva	
Francine Davis	CSIO (Chair)	
Connie Strange	CSIO	
Ida Sauro	CSIO (Montreal)	
Anne-Marie Novek	CSIO (Montreal)	
Anne Carswell	Darling Insurance Brokers	
Amy Graham	Dominion	
Jackie Murison	Farmer's Mutual	
Brenda Rose	FCA Insurance Brokers	
René Hepburn	IBC	Afternoon only
Nancy Holland	Intact	Tel
Ana-Maria Mille	Jevco	
Helen Temelkovski	Pembridge	
Suzanne McLean	Pembridge	
John Penner	Portage Mutual	Tel
Shelley-Ann McAnuff	RSA	
Ingrid Marroquin	Sinclair Cockburn	Tel

**Next Forms Meeting** – November 18, 2010 - CSIO 110 Yonge Street, Toronto  
**Register at** <http://www.csio.com/en/calendar/events.html>

CSIO thanks all the people who volunteer to work on the forms. Everyone's knowledge and participation is necessary for this process to be successful and to provide forms that will be useful to the industry. Your time and knowledge is very much appreciated.



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### **Payment Authorization and Pre-Authorized Debit Agreement**

Reviewed draft of Consent and Disclosure section from last Forms Workgroup meeting dated February 25, 2010. The following changes are being made:

- 1) I/We have been provided with details of and understand the terms and conditions of the payment plan by automatic withdrawals from my/our financial institution account and/or ~~my/our~~ credit card.
- 3) I/We understand that this authorization may be cancelled by me/us upon written notice, subject to a period which shall not exceed 30 days. ~~The payor(s)-I/We~~ may obtain a sample cancellation form, or further information on ~~their-my/our~~ right to cancel a payment authorization agreement at ~~their-my/our~~ financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca).
- 6) ~~I/We agree that~~, if there is a change in premium due to a change in coverage, ~~rate~~, or upon renewal, the amount of the monthly withdrawal will automatically be changed.
- 7) I/We will ensure that funds are available on each due date and understand that ~~Non-Sufficient-Dishonoured~~ Funds transactions may result in one or all of the following:
  1. **A second presentation or attempt to withdraw funds**
  2. **A second withdrawal notice**
  3. **Cancellation of ~~my/our-the~~ policy**

Remove statement "By placing my/our initial(s) in the field(s) provided, I/We confirm that I/we have read the above statements and understand these terms and conditions. Initial Initial"

On the bottom of the page, on the right hand bottom corner, add "**Continued on Page 2**".

- 18) **I/We have received a copy of this authorization and have read and understand these terms and conditions.** (This term has been moved from term 8 to the last term on this form just above the signature lines and the note and needs to be bolded. This will become term 18.)
- 8) I/We acknowledge that the ~~rights and obligations provided in accordance with the~~ Canadian Payments Association Rule H1 concerns only pre-authorized debits, not recurring charges to credit cards.
- 9) ~~I/We agree that~~, for pre-authorized debits, only the insured shall receive written notice from the Insurer of the amount to be debited and the due date, at least 10 calendar days prior to the date of the first payment, ~~or-and~~ any change in the amount or date of the payment.
- 10) **~~I/We waive the right to obtain written notice from Insurer, of the amount to be debited and the due date(s) of debiting, at least 10 calendar days prior to the date of the first payment, even when there is a change in the amount or payment date(s). (This was added and must be bolded.)~~**
- 11) I/We undertake to inform ~~my/our~~ the insurer, in writing, of any change in the account information provided in this authorization 10 ~~calendar~~ days prior to the next payment due date.



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**Payment Authorization and Pre-Authorized Debit Agreement (continued...)**

- 12) The account that my/our financial institution is authorized to draw upon is indicated above. A specimen cheque ~~has been~~ marked "void" or bank issued account information form ~~and is~~ attached to this authorization.
- 13) I/We acknowledge that ~~my/our the~~ Insurer is not required to verify that the pre-authorized debit was issue in accordance with the particulars of the Payor's Authorization including, but not limited to, the amount.
- 15) I/We authorize ~~my/our the~~ Insurer to collect or use my/our personal information for the purpose of this authorization for automatic withdrawals for payment of ~~my/our the~~ insurance premiums. I/We authorize ~~my/our the~~ Insurer to disclose any personal information contained in this authorization form to its financial institution to the extent disclosure is directly related to and necessary for the proper execution of the pre-authorized debit transaction for the policy number noted above.
- 16) I/We may obtain a copy of or ask questions about ~~my/our the~~ broker's and the Insurer's personal information policies by contacting their respective privacy officers.
- 17) I/We may withdraw my/our consent to collect, use or disclose my/our personal information for the purpose of this authorization for automatic withdrawals for payment of ~~my/our the~~ insurance premiums. Withdrawal of my/our consent will result in cancellation of this authorization for automatic withdrawals for payment of ~~my/our the~~ insurance premiums, in which case ~~I/we the insured~~ must make other arrangements for payment of ~~my/our the~~ insurance premiums.
- ~~18) — I/We understand that the terms and conditions may vary between insurance companies.~~

AUTHORIZED ~~/INSURED'S~~ SIGNATURE

This form is now complete and is going to ballot.

**Certificate of Liability Insurance**

After the last meeting in February, we thought this form was complete, however, there were some new requests from IBC. We reviewed the following requests from IBC:

1. IBC was wondering if it wouldn't make sense to include a Property section to this form and rename it as Certificate of Insurance. The group discussed this and still want two separate certificates. One Certificate of Liability Insurance specific to Liability and a separate Certificate of Property Insurance specific to Property. There are many coverages on both forms and they would rather keep them separate.
2. IBC suggested moving Non-Owned Automobiles and Hired Automobiles under the Automobile Liability section. Group discussed and asked that they be kept in the CGL section but separated by a line within that section.



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### **Certificate of Liability Insurance (continued...)**

3. IBC wanted reference to Form IBC 2313 added to the Pollution Liability Extension. Group said that we are not in the habit of referencing forms within our forms and that they didn't feel that we should start doing that. Also, not all companies are members of IBC and may have their own forms. If we reference the IBC form, then it's going to limit the use of this form.
  
4. IBC wanted a disclaimer below the Additional Insured Name and Mailing Address as follows: "If this Certificate indicates that the Certificate Holder is an Additional Insured, the policy(ies) must either be endorsed or contain specific language providing the Certificate Holder with Additional Insured status. The Certificate Holder is an Additional Insured only to the extent indicated in such policy language or endorsement." The group felt that anything that is completed on this form would have the same implications. This is not limited to the Additional Insured section. They felt that the disclaimer at the top of the form is sufficient and did not agree to add this statement.

This form is now complete and is going to ballot.

### **Certificate of Property Insurance**

We moved to start looking at the Habitational Insurance Application changes first because one of the participants had come specifically for the Habitational in the afternoon. This form was scheduled to be looked at afterwards and we didn't have time to review it. This will be scheduled for the next meeting.

### **Habitational Insurance Application**

We reviewed the various change requests received by the members.

Request to add Kind of Loss field in the Loss History section of the Application. Because there are multiple rows for Kind of Loss but the Loss History is one row per loss, it doesn't make sense to include the Kind of Loss on the Application. This request was rejected.

Request to add an Outbuilding section on the Application to capture the following information about the Outbuildings. Building Number, Use, Construction, Heating Apparatus and Fuel used, and Value. Allow for up to 3 buildings per risk location.

Request to add a flag somewhere on the Application to identify that Personal Articles Floater is also included. There was a discussion about this with various concerns. If we include this flag, then there will be all sorts of other flags that we will probably be asked to include. We ended up taking a vote within the group on whether to include the flag or not. The majority voted not to include this flag. This request was rejected.

Request to add the word "continuous" to the question, "Since what date has the applicant had "continuous" habitational insurance with any insurance company?". After some discussion, it was decided that rather than adding the word continuous, we would add a new question following this question that reads "Has it been continuous?". This way it won't change the meaning of this question should anyone have understood it differently.



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**Habitational Insurance Application (continued...)**

Request to add "Number of Families" under the Occupant Details section of the Application. Number of Families already exists for that risk location. No one felt that there was a need to include it again under Occupant Details. This request was rejected.

Request to add "Shuttle Tanker Service" under Fire Protection. Group agreed to include this with a check box to select.

Request to add "Tank Material", "Gauge", "Make" and "Refurbished" fields under the Oil Tank section of the Application. Group suggested that all this information would normally be requested under a separate questionnaire should they see that there is an Oil Tank. This request was rejected.

Request to add "Home Renovations" under the Updates done to the home section of the Application. The group felt that this question would be too confusing to someone completing the form. They could change a carpet in the house and say that they did a partial update. Group chose to reject this request.

Request to add "Date of Birth of Eldest Occupant" in the Occupant Details sections of the Application. This field will be added.

Request to move the Full Disclosure and Personal Information Consent to the end of the form in order to keep the signature of the Applicant after the completion of the Application. During discussions, it was agreed that the Premium Information and Broker/Agent Questionnaire should also be moved to the end of the Application to keep this information where it has more relevance and to keep all the signatures together.

Request to add Foundation Type to the Rating Information section of the Application. IBC will be providing the values they would expect in this field.

There were more requests from IBC. IBC will prepare a document listing the fields and expectations and provide more details. They will then get together with CSIO to review these requests prior to the next meeting. CSIO will prepare a draft to be reviewed by the members at the next meeting and determine what will be accepted and what will be rejected. The group felt that it's easier when working from a draft.

The other fields are:

Finished Basement (including percentage finished)

Material Types (e.g. floor coverings, ceiling & wall surfaces)

Number of above and below grade kitchens and quality of finishes

Number of bathrooms

Garage / carport or other attached structures (identifying sizes) - could include size/area as part of the new Outbuildings section being added.



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**Habitational Insurance Application (continued...)**

Interior Wall Height

Special Access (e.g. island, remote/northern location, etc.)

**Personal Lines Umbrella Insurance Application**

At the May20th workgroup, CSIO presented one more change to the Personal Lines Umbrella Insurance Application. Nowhere on the application does it have space to list the risk locations, which is fine since the information is not required on an Umbrella policy. However, in the Liability Loss History section of the application (section 7), there was a field to list the location number of the loss. This field is irrelevant on this form since the locations are not listed. CSIO recommended that this field be removed from this section. Group approved.

**New Form Change Requests received from our members to date**

**Habitational Policy Change Request Form** – complete review

**Commercial Insurance Application and Commercial Insurance – Package Policy Form**

The ORBiT group are discussing whether revisions are required to these forms as part of a project they are working on. We may need to hold some meetings to address their concerns.

They determined that individual companies should send in their own separate requests directly to CSIO. No requests received to date.

**Automobile Policy Change Request Form** - complete review

**Farm Policy Change Request Form** – does not exist – new form required

**Personal Floater Supplement** – review request for amendment

Next scheduled National Forms Workgroup – Thursday November 18, 2010