

## Instructions

All information you provide is subject to the *Freedom of Information and Protection of Privacy Act*.

Fields marked with an asterisk (\*) are mandatory.

### A. Organization information

Organization category * Business or Non-profit	Number of employees range * 50+ employees	Reporting year 2020
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#### Business details

Organization legal name * The Independent Order of Foresters	Number of employees in Ontario * 772	<a href="#">Help</a>
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Business number (BN9) \*  
119556363

☒ Check if operating/business name is same as legal name

Organization operating/business name The Independent Order of Foresters	Language preference for communications * English
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Sector that best describes your organization's principal business activity \*  
52 - Finance and insurance

Subsector (if possible)	Industry group (if possible)
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#### Mailing address

Address where letters can be sent to the person responsible for coordinating the organization's AODA compliance activities.

Country \* ☒ Canada ☐ USA ☐ International

Type of address \* ☒ Street address ☐ Street address served by route ☐ Other

Unit number	Street number * 789	Street name * Don Mills
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Street type Road	Street direction	City * Toronto	Province * ON (Ontario)
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Postal code \*  
M3C 1T9

#### Business address

(Address at which letters can be sent to the company director/officer accountable for the organization's compliance with the AODA.)

☒ Check if business address is same as mailing address

Country \* ☒ Canada ☐ USA ☐ International

Type of address \* ☒ Street address ☐ Street address served by route ☐ Other

Unit number	Street number * 789	Street name * Don Mills
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Street type Road	Street direction	City * Toronto	Province * ON (Ontario)
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Postal code \*  
M3C 1T9

Use the "Add new organization" button to add additional organizations to which this accessibility report is to be applied (maximum 20).

Note: All organizations must have the same organization category, number of employees range, compliance answers and certifier, and have different business numbers, in order to file under the same form.

Organization category <a href="#">Business or Non-profit</a>	Number of employees range <a href="#">50+</a>
Filing organization legal name <a href="#">The Independent Order of Foresters</a>	
Filing organization business number (BN9) <a href="#">119556363</a>	

Fields marked with an asterisk (\*) are mandatory.

## B. Understand your accessibility requirements

Before you begin your report, you can learn about your accessibility requirements at [ontario.ca/accessibility](https://ontario.ca/accessibility)

Additional accessibility requirements apply if you are:

- [a library board](#)
- [a producer of education material \(e.g. textbooks\)](#)
- [an education institution \(e.g. school board, college, university or school\)](#)
- [a municipality](#)

## C. Accessibility compliance report questions

### Instructions

Please answer each of the following compliance questions. Use the Comments box if you wish to comment on any response.

If you need help with a specific question, click the help links which will open in a new browser window. Use the link on the left to view the relevant AODA regulations and the link on the right to view relevant accessibility information resources.

### General

1. Does your organization have written accessibility policies and a statement of commitment? *	<input checked="" type="radio"/> Yes	<input type="radio"/> No
<a href="#">Read Ontario Regulation (O. Reg.) 191/11 s. 3: Establishment of accessibility policies</a>	<a href="#">Learn more about your requirements for question 1</a>	
Comments for question 1		
2. Has your organization established, implemented and maintained a multi-year accessibility plan and posted it on your organization's website? *	<input checked="" type="radio"/> Yes	<input type="radio"/> No
<a href="#">Read O. Reg. 191/11 s. 4: Accessibility plans</a>	<a href="#">Learn more about your requirements for question 2</a>	
Comments for question 2		
3. Does your organization provide appropriate training on the AODA Integrated Accessibility Standards Regulation and the Human Rights Code as it pertains to people with disabilities? *	<input checked="" type="radio"/> Yes	<input type="radio"/> No
<a href="#">Read O. Reg. 191/11 s.7(2): Training</a>	<a href="#">Learn more about your requirements for question 3</a>	
Comments for question 3		

4. Other than the requirements cited in the above questions, is your organization complying with all other applicable requirements in effect under the General section of the Integrated Accessibility Standards Regulation? \*

☒ Yes ☐ No

[Read O. Reg. 191/11 Part 1: General](#)

[Learn more about your requirements for question 4](#)

Comments for  
question 4

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## Customer Service

5. Is your organization complying with all applicable requirements under the Customer Service Standards? \*

☒ Yes ☐ No

[Read O. Reg. 191/11 Part IV.2: Customer Service Standards](#)

[Learn more about your requirements for question 5](#)

Comments for  
question 5

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## Information and Communications

6. Does your organization ensure that its feedback processes are accessible to people with disabilities by providing or arranging for accessible formats or communication supports, upon request, and do you notify the public of this accessible feedback policy? \*

☒ Yes ☐ No

[Read O. Reg. 191/11 s. 11: Feedback](#)

[Learn more about your requirements for question 6](#)

Comments for  
question 6

7. Does your organization have a process to provide accessible formats and communication supports to people with disabilities in a timely manner and at no extra cost? \*

☒ Yes ☐ No

[Read O. Reg. 191/11 s. 12\(1\): Accessible formats and communication supports](#)

[Learn more about your requirements for question 7](#)

Comments for  
question 7

8. Does your organization make its emergency procedures, plans or safety information available to the public? \*

☒ Yes ☐ No

(If Yes, you will be required to answer an additional question.)

[Read O. Reg. 191/11 s. 13: Emergency procedure, plans or public safety information](#)

[Learn more about your requirements for question 8](#)

- 8.a. Does your organization provide its publicly available emergency procedures, plans or safety information in accessible formats to people with disabilities upon request? \*

☒ Yes ☐ No

[Read O. Reg. 191/11 s. 13: Emergency procedure, plans or public safety information](#)

[Learn more about your requirements for question 8.a](#)

Comments for  
question 8.a

9. Other than the requirements cited in the above questions, is your organization complying with all other applicable requirements in effect under the Information and Communications Standards? \*

☒ Yes ☐ No

[Read O. Reg. 191/11 Part II: Information and Communication Standards](#)

[Learn more about your requirements for question 9](#)

Comments for  
question 9

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## Employment

10. Does your organization prepare individualized workplace emergency response information for employees with disabilities? \*

☒ Yes ☐ No

[Read O. Reg. 191/11 s. 27\(1\): Workplace emergency response information](#)

[Learn more about your requirements for question 10](#)

Comments for  
question 10

11. Does your organization develop and have in place a written process for the development of documented individual accommodation plans for employees with disabilities? \* ☒ Yes ☐ No

[Read O. Reg. 191/11 s. 28\(1\): Documented individual accommodation plans](#)

[Learn more about your requirements for question 11](#)

Comments for  
question 11

12. Other than the requirements cited in the above questions, is your organization complying with all other applicable requirements in effect under the Employment Standards? \* ☒ Yes ☐ No

[Read O. Reg. 191/11 Part III: Employment Standards](#)

[Learn more about your requirements for question 12](#)

Comments for  
question 12

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### Design of Public Spaces

13. Since your organization submitted its most recent accessibility compliance report, has your organization constructed new or redeveloped existing exterior paths of travel that it intends to maintain? \* ☐ Yes ☒ No  
(if Yes, you will be required to answer an additional question.)

[Read O. Reg. 191/11 s. 80.21-80.31: Exterior paths of travel](#)

[Learn more about your requirements for question 13](#)

- 13.a. Where applicable, do your newly constructed or redeveloped exterior paths of travel meet the technical and general requirements outlined in the Design of Public Spaces Standards? \* ☐ Yes ☐ No

[Read O. Reg. 191/11 s. 80.21-80.31: Exterior paths of travel](#)

[Learn more about your requirements for question 13.a](#)

Comments for  
question 13.a

14. Since your organization submitted its most recent accessibility compliance report, has your organization constructed new or redeveloped existing outdoor public use eating areas? \* ☐ Yes ☒ No  
(if Yes, you will be required to answer an additional question.)

[Read O. Reg. 191/11 s. 80.17: Outdoor public use eating areas, general requirements](#)

[Learn more about your requirements for question 14](#)

- 14.a. Where applicable, do your newly constructed or redeveloped outdoor public use eating areas meet the general requirements outlined in the Design of Public Spaces Standards? \* ☐ Yes ☐ No

[Read O. Reg. 191/11 s. 80.17: Outdoor public use eating areas, general requirements](#)

[Learn more about your requirements for question 14.a](#)

Comments for  
question 14.a

15. Since your organization submitted its most recent accessibility compliance report, has your organization constructed new or redeveloped existing outdoor play spaces? \* ☐ Yes ☒ No  
(if Yes, you will be required to answer an additional question.)

[Read O. Reg. 191/11 s. 80.19-80.20: Outdoor play spaces](#)

[Learn more about your requirements for question 15](#)

- 15.a. Where applicable, do your newly constructed or redeveloped outdoor play spaces meet the accessibility in design and consultation requirements outlined in the Design of Public Spaces Standards? \* ☐ Yes ☐ No

[Read O. Reg. 191/11 s. 80.19-80.20: Outdoor play spaces](#)

[Learn more about your requirements for question 15.a](#)

Comments for  
question 15.a

16. Since your organization submitted its most recent accessibility compliance report, has your organization constructed new or redeveloped existing off-street parking? \* ☐ Yes ☒ No  
(if Yes, you will be required to answer an additional question.)

[Read O. Reg. 191/11 s. 80.34-80.37: Accessible parking](#)

[Learn more about your requirements for question 16](#)

- 16.a. Where applicable, does your newly constructed or redeveloped off-street parking meet the requirements outlined in the Design of Public Spaces Standards? \* ☐ Yes ☐ No

[Read O. Reg. 191/11 s. 80.34-80.37: Accessible parking](#)

[Learn more about your requirements for question 16.a](#)

Comments for  
question 16.a

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17. Since your organization submitted its most recent accessibility compliance report, has your organization constructed new service counters, (which includes replacing existing service counters)? \* ☐ Yes ☒ No  
(if Yes, you will be required to answer an additional question.)

[Read O. Reg. 191/11 s. 80.41-80.42: Obtaining services](#)

[Learn more about your requirements for question 17](#)

- 17.a. Where applicable, do your newly constructed service counters meet the requirements outlined in the Design of Public Spaces Standards? \* ☐ Yes ☐ No

[Read O. Reg. 191/11 s. 80.41-80.42: Obtaining services](#)

[Learn more about your requirements for question 17.a](#)

Comments for  
question 17.a

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18. Since your organization submitted its most recent accessibility compliance report, has your organization constructed new fixed queuing guides? \* ☐ Yes ☒ No  
(If Yes, you will be required to answer an additional question.)

[Read O. Reg. 191/11 s. 80.42: Fixed queuing guides](#)

[Learn more about your requirements for question 18](#)

- 18.a. Where applicable, do your newly constructed fixed queuing guides meet the requirements outlined in the Design of Public Spaces Standards? \* ☐ Yes ☐ No

[Read O. Reg. 191/11 s. 80.42: Fixed queuing guides](#)

[Learn more about your requirements for question 18.a](#)

Comments for  
question 18.a

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19. Since your organization submitted its most recent accessibility compliance report, has your organization constructed new or redeveloped existing waiting areas? \* ☐ Yes ☒ No  
(if Yes, you will be required to answer an additional question.)

[Read O. Reg. 191/11 s. 80.43: Waiting areas](#)

[Learn more about your requirements for question 19](#)

- 19.a. Where applicable, do your newly constructed waiting areas meet the requirements outlined in the Design of Public Spaces Standards? \* ☐ Yes ☐ No

[Read O. Reg. 191/11 s. 80.43: Waiting areas](#)

[Learn more about your requirements for question 19.a](#)

Comments for  
question 19.a

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20. Other than the requirements cited in the above questions, is your organization complying with all other applicable requirements in effect under the Design of Public Spaces Standards? \* ☒ Yes ☐ No

[Read O. Reg. 191/11 Part IV.1 Design of Public Spaces Standards](#)

[Learn more about your requirements for question 20](#)

Comments for  
question 20

Organization category <b>Business or Non-profit</b>	Number of employees range <b>50+</b>
Filing organization legal name <b>The Independent Order of Foresters</b>	
Filing organization business number (BN9) <b>119556363</b>	

Fields marked with an asterisk (\*) are mandatory.

## D. Accessibility compliance report summary

Your responses to the questions on your accessibility report indicate that your organization is in compliance with AODA standards.

Your organization may be audited to verify compliance.

## E. Accessibility compliance report certification

Section 15 of the *Accessibility for Ontarians with Disabilities Act, 2005* requires that accessibility reports include a statement certifying that all the required information has been provided and is accurate, signed by a person with authority to bind the organization(s).

**Note:** It is an offence under the Act to provide false or misleading information in an accessibility report filed under the AODA.

The certifier may designate a primary contact for the Ministry for Seniors and Accessibility to contact the organization(s); otherwise the certifier will be the main contact.

**Certifier:** Someone who can legally bind the organization(s).

**Primary Contact:** The person who will be the main contact for accessibility issues.

### Acknowledgement

- ☒ I certify that I have the authority to bind all organizations specified in Section A of this form, \*
- ☒ I certify that all the required information has been included in this report, and, \*
- ☒ I certify that the information in this report is accurate. \*

Certification date (yyyy-mm-dd) \* **2021-04-14**

### Certifier information

Last name * <b>Zanin</b>		First name * <b>Rene</b>	
Position title * <b>Other</b>	Position title other * <b>Chief Legal Officer</b>	Business phone number * <b>416-467-2530</b>	Extension <input type="checkbox"/> Check here if TTY
Email * <b>rzanin@foresters.com</b>		Alternate phone number	Extension Fax number

### Primary contact for the organization(s)

☐ Check if the primary contact is same as the certifier

Last name * <b>Breau</b>		First name * <b>Barbara</b>	
Position title * <b>Other</b>	Position title other * <b>AVP Compliance</b>	Business phone number * <b>416-467-2579</b>	Extension <input type="checkbox"/> Check here if TTY
Email * <b>bbreau@foresters.com</b>		Alternate phone number	Extension Fax number