

Please read carefully: this is an application form for a claims made policy. If a policy is issued, it will cover only **claims** first made against the **insured** and reported to the insurer during the **policy period**. The limit of liability will not be reduced by **defence costs**.

A. General Information

1. Organization: _____

2. Mailing Address
(incl. Postal Code): _____

3. Date of Incorporation: _____

4. Jurisdiction: _____

5. Web-Site Address: _____

6. Check one of the following categories that best describes your operations:

Condominium/Cooperative/ Strata	Day Care Provider	Foundation
Fraternal Society/Association	Golf/Country Club	Health Care Provider
Historical Society	Industrial/Agr. Co-op	Museum
Nursing/Retirement Home	Religious Organization	Research/Development Inst.
Social/Recreational Club	Social/Charitable Organization	Sports Club
Trade/Business Association	University/School	Other: _____

B. Operational Details

1. Does the Organization provide professional services to outside third parties? Yes No

If "Yes" was selected, please describe the organizations professional activities and services:

2. To whom does the organization provide these services? _____

3. Please advise total number of staff who are considered professionals: _____

4. Does the Organization have any subsidiaries or affiliated companies for which coverage is requested? Yes No
If "Yes" was selected, please provide the following information:

Name	Nature of operations	Jurisdiction of Incorporation	Non-Profit Entity?
1.			Yes No
2.			Yes No
3.			Yes No
4.			Yes No

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B. Operational Details

5. Percentage of the services provided or activities performed in:

Canada: _____% United States: _____% Other Country: _____%

6. Is the Organization a licensing, regulatory, certifying or accrediting body for its members? Yes No

7. Does the Organization or any person(s) proposed for this insurance perform the following:

(i) Have the authority to take or recommend any disciplinary action against a member of your organization? Yes No

If "yes" please answer the following:

(1) How many times has disciplinary action been taken in the past 36 months: _____

(2) Has disciplinary action ever resulted in legal action against your organization, directors, officers or employees? Yes No

(ii) Have the authority to grant, refuse or withdraw a permit or license which enables a member of your organization to practice a profession? Yes No

(1) How many times has your organization refused or withdrawn a permit or license in the past 36 months? _____

(2) Has this resulted in legal action against your organization, directors, officers or employees? Yes No

(iii) Publish any magazines or periodicals? Yes No

(iv) Publish a technical manual? Yes No

(v) Act in any capacity as an insurance agent, broker, underwriter or consultant? Yes No

(vi) Engage in activities such as labour negotiations or collective bargaining? Yes No

(vii) Engage in advertising, broadcasting or reproduction of copyright? Yes No

C. Financial Information

1. If the Organization holds a charitable status, has this status ever been revoked or been subject to review? Yes No

2. Is the Organization in arrears of its payments of monies payable to the Canada Revenue Agency or the provincial ministries of revenue, including source deductions, G.S.T. and P.S.T.? Yes No

3. Is the Organization currently, or has it at any time during the past three years, been in breach of any of its debt covenants or loan agreements? Yes No

4. During the past three years has any auditor rendered a "going concern" opinion for the financial statements of the Organization? Yes No

If "Yes" was selected, please attach full details.

5. For the most recent consolidated fiscal year-end, please provide the following information:

(i) Fiscal Year End Date: _____

(ii) Total Assets: _____

(iii) Total Liabilities: _____

(iv) Total Revenues: _____

(v) Net Income: _____

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D. Employment Practices Information

1. Number of employees located in:

Canada: _____ United States: _____ Other Country: _____

2. Number of volunteers located in:

Canada: _____ United States: _____ Other Country: _____

3. Number of employees with annual compensation greater than \$100,000:

4. What is the historical annual employee turnover rate?

%

5. Has the turnover rate exceeded historical levels in the past two years?

Yes No

6. Are any layoffs or staff reductions anticipated within the next two years?

Yes No

7. Does the Organization have the following in current use and practice:

- | | | |
|---|-----|----|
| (i) Written guidelines, policies and procedures that has been vetted by a lawyer having an expertise in employment law? | Yes | No |
| (ii) Provide formal training for its supervisors in administering these guidelines, policies and procedures? | Yes | No |
| (iii) Obtain authorization from an officer prior to terminating an employee? | Yes | No |

E. Fiduciary Liability Information (If "Yes", please complete attached Fiduciary Liability Supplement.)

1. Are there any employee benefit or welfare benefit plans for which you would like Fiduciary Liability Insurance?

Yes No

F. Previous Insurance (If "Yes" to any of the below, please attach full details.)

1. Insurer

2. Limits

3. Policy period

4. During the past three years has any Directors' and Officers' liability insurance similar to that now applied for ever been declined, cancelled or non-renewed?

Yes No

5. During the past three years has any written notice of claim, or a potential claim been made under the provisions of any Directors' and Officers' liability insurance?

Yes No

6. Has any claim payment been made under any insurance policy similar to that now applied?

Yes No

7. During the past three years has any claim, or notice of potential claim, been made under any insurance policy similar to that now applied (or which would fall within the scope of an insurance policy similar to that now applied, if such insurance had been in force)?

Yes No

G. Past Litigation, Proceedings, Actions, or Suits (If "Yes" to any of the below, please attach full details.)

Is any person proposed for this insurance currently or in the past three years been involved in any:

- | | | |
|--|-----|----|
| (i) Antitrust, fair trade law, copyright or patent litigation or administrative proceedings? | Yes | No |
| (ii) Employment or labour related litigation or proceedings? | Yes | No |
| (iii) Insolvency or bankruptcy proceedings? | Yes | No |
| (iv) Representative actions, class actions or derivative suits? | Yes | No |
| (v) Charges or prosecution orders under the Occupational Health and Safety Act or any similar federal or provincial law? | Yes | No |
| (vi) Pension plan or employee benefits litigation, suit or proceedings? | Yes | No |

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H. Warranty Statements (If "Yes" was selected, please attach full details.)

I have made reasonable inquiry of all persons proposed for this coverage and I warrant that no person proposed for this coverage is aware of any facts or circumstances which could reasonably give rise to a claim against them:

Yes, there are exceptions

No, there are no exceptions

It is understood and agreed that any "Claim" arising out of such facts or circumstances, whether disclosed or not, shall be excluded from any policy issued.

I. Privacy Disclosure and Consent

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this form) has been collected in accordance with applicable privacy legislation and this information shall only be used or shared by the Insurer to assess, underwrite and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with regulatory or legal requirements.

Signatures

Signed: _____ Agent/Broker: _____
Title: _____ Date: Day: _____ Month: _____ Year: _____