**Not for Profit Entity Directors' & Officers' Liability Insurance**

**New Business Application**

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|  |
| **NOTES:** | **APPLICATION IS FOR "NOT FOR PROFIT" ORGANIZATIONS ONLY** |
|  | **All questions must be completed** |
|  | **This is a claims made policy** |
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| **General Information** |
| Legal Name of Applicant |       |
| Key Contact |       |  | Position |       |
| Mailing Address |       | Postal Code |       |
| Phone |       |  | Fax |       |
| Email |       |  | Website |       |
| Key Broker Contact |       |
| Brokerage Name |       |
| Brokerage Address |       | Postal Code |       |
| Phone |       |  | Fax |       |
| Email |       |  | Website |       |
| Applicant's operations (including activities, programs, events, U.S. or International exposures) |
|       |
| Applicant is  | a Corporation |       | a Partnership |       | a Sole Proprietor |       |  |
| Incorporation Date (dd/mm/yy) |       |  | Act/Jurisdiction |       |
| If incorporated, a copy of the Letters Patent is required |
| If the Applicant holds a charitable status, has this status ever been revoked or subject to review? | YES |       | NO |       |
| If "YES", provide full details |  |  |  |  |
|       |
| Does the Applicant have any operations outside of Canada? | YES |       | NO |       |
| If "YES", provide full details |  |  |  |  |
|       |
| Does the Applicant have any direct or indirect subsidiaries, affiliates or associations? | YES |       | NO |       |
| If "YES", provide full details |
|       |
| Does the Applicant have any affiliated or subsidiary “for profit” companies? | YES |       | NO |       |
| If "YES", provide full details |  |  |  |  |
|       |
| Total Operating Budget for the next twelve (12) months | $ |       |
| Fiscal Year End (dd/mm/yy) |       |  |
| Indicate the Applicant's sources of income and the percentage of total revenue generated from each source |
|       |  |       | % |
|       |  |       | % |
|       |  |       | % |
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| **Limit of Liability Requested** |  |  |  |  |
| $ |       | Aggregate Limit | $ |       | Deductible | $ |       |
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| **Additional Information** |  |  |  |  |
| Does the organization have any involvement in the activities and operation of any political |  |  |  |  |
| committee or those of a trade union or federation? | YES |       | NO |       |
| Is the organization currently or has the organization during the past twelve months been in |  |  |  |  |
| arrears of any payments or monies payable to Revenue Canada, Canada Customs and  |  |  |  |  |
| Revenue Agency or the provincial ministries of revenue (including source deductions G.S.T.,  |  |  |  |  |
| P.S.T. and H.S.T).? | YES |       | NO |       |
| Has the organization at any time during the last 5 years been in breach of any debt covenants, |  |  |  |  |
| loan agreements or contractual obligations or is there any such breach anticipated to occur |
| within the next twelve months? | YES |       | NO |       |
| Has the organization changed their outside accountant or external legal counsel during the |  |  |  |  |
| last 5 years? | YES |       | NO |       |
| Is the organization currently or has the organization at any time during the last 3 years |  |  |  |  |
| * sought protection under the Companies’ Creditors Arrangement Act?
 | YES |       | NO |       |
| * made a proposal under the Bankruptcy and Insolvency Act?
 | YES |       | NO |       |
| * anticipate seeking such protection or making such a proposal within the next twelve (12)
 |  |  |  |  |
| months | YES |       | NO |       |
| (If the answer to any of the above questions is "YES", provide full details) |  |  |  |  |
|       |
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| **Operations** |  |  |  |  |
| Does the organization, or any person(s) proposed for this insurance perform any of the following |  |  |  |  |
| Provide counseling services, referral services, legal aid services, computer services or medical |  |  |  |  |
| services to the public or others? | YES |       | NO |       |
| Promote, sponsor or provide any form of insurance to its members or non-members? | YES |       | NO |       |
| Act as or participate in a peer review group or committee for assessing the qualifications and |  |  |  |  |
| performance of others or the quality of products manufactured, sold, handled or distributed by  |  |  |  |  |
| others? | YES |       | NO |       |
| Act as a licencing body? | YES |       | NO |       |
| Take any disciplinary action or recommend disciplinary action as a result of peer review group  |  |  |  |  |
| activities? | YES |       | NO |       |
| Develop standards used to evaluate the quality of goods, products manufactured or services  |  |  |  |  |
| rendered? | YES |       | NO |       |
| Engage in activities such as lobbying or labour negotiation? | YES |       | NO |       |
| Publish any written material, including without limitation magazines, periodicals, technical |  |  |  |  |
| manuals, or blogs, whether on paper, on the internet or in any other form? | YES |       | NO |       |
| Engage in broadcasting or reproduction of copyrighted material? | YES |       | NO |       |
| (If the answer to any of the above questions is "YES", provide full details) |
|       |  |  |  |  |
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| **Contemplated Changes** |  |  |  |  |
| Have there been any changes in the Directors, Trustees or Officers in the past twelve (12)  |  |  |  |  |
| months? | YES |       | NO |       |
| Are any acquisitions, divestitures, tender offers or mergers under consideration at the present |  |  |  |  |
| time or being contemplated? | YES |       | NO |       |
| (If the answer to any of the above questions is "YES", provide full details) |  |  |  |  |
|       |  |  |  |  |
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| **Directors or Trustees** |  |  |  |  |
| Number of Directors or Trustees |       | Number of Officers |       |
| What is the usual rate of change/turnover in Board Members or Trustees |       |
| How frequently does the Board of Directors meet? |       |
| How many Board Members constitute a quorum |       |
| Is the agenda and minutes from the previous board meetings available ten days prior to each |  |  |  |  |
| board meeting date? | YES |       | NO |       |
|  |  |  |  |  |
| Are there any loans outstanding or anticipated to Directors, Trustees or Officers or |
| Corporations controlled by them? | YES |       | NO |       |
| Does each Director or Trustee have a formal job description which clearly defines the scope of |  |  |  |  |
| their duties? | YES |       | NO |       |
|  |  |  |  |  |
| **Operational Procedures** |  |  |  |  |
| Are the Directors, Trustees and Committee Members informed of new developments, and the |  |  |  |  |
| operation’s results? | YES |       | NO |       |
| Have standard decision making procedures been defined? | YES |       | NO |       |
| Does a procedure for documenting major decisions and events exist? | YES |       | NO |       |
| Does a procedure for retention of essential legal, financial and personnel records exist? | YES |       | NO |       |
| Does any Board Member, Officer or Trustee sit on an outside board at the Organization’s |  |  |  |  |
| request or mandate? | YES |       | NO |       |
| If "YES", include the following information |  |  |  |  |
| * Name of individual
 |  |  |  |  |
| * Name of outside organization and brief description of the type of operations
 |  |  |  |  |
| * Confirm each outside organization is not-for-profit
 |  |  |  |  |
| * Confirm that the outside organization has Directors and Officers coverage in place for their organization
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| **Employment, Membership and Governance Practices** |  |  |  |  |
| Indicate the total number of employees |       |  |
|  |  |  |  |  |
| Indicate the number included in the above |  |  |  |  |
| Number of professional employees |       |  |
| Number of unionized employees |       |  |
| Number of employees terminated voluntarily in the last 2 years |       |  |
| Number of employees terminated involuntarily in the last 2 years |       |  |
| Annual turnover rate of employees |       |  |
| Have any layoffs or staff reductions taken place within the last 2 years or are any anticipated  |  |  |  |  |
| within the next 2 years? | YES |       | NO |       |
| If "YES", provide full details |  |  |  |  |
|       |
| Does the Organization have a full-time Human Resources manager or department? | YES |       | NO |       |
| Does the Organization have written Human Resources procedures to address compensation, |  |  |  |  |
| performance appraisals and grievances? | YES |       | NO |       |
| Does the Organization have policies to prohibit discrimination and harassment of all types? | YES |       | NO |       |
| Are written records kept of applications, performance related issues and exit interviews? | YES |       | NO |       |
| Does the Organization have an Employee Handbook? | YES |       | NO |       |
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| **Pension Plan(S)**  |  |  |  |  |
| Does the Entity sponsor a pension plan(s)? | YES |       | NO |       |
| If "YES", provide the name of the pension plan(s) and the following information: |  |  |  |  |
| Total plan assets (all plans combined) | $ |  |  |
| Number of participants in the plan(s) |  |  |
| Who manages the plan(s) |       |  |
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| **Legal** |  |  |  |  |
| What is the source of the Applicant's legal advice? |       |
| Do legal advisers make regular presentations to the Applicant to review the responsibilities of the  |  |  |  |  |
| Directors or Trustees? | YES |       | NO |       |
| Are all persons required to obtain legal counsel prior to publicly commenting on any Applicant's  |  |  |  |  |
| activities? | YES |       | NO |       |
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| **Notice** |  |  |  |  |
| Identify the Officer of the Applicant designated to receive all notices from the Insurer concerning this insurance |
| **Name** |       |  | **Title** |       |
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| **Prior Insurance** |  |  |  |  |
| Have any claims, facts or circumstances, which might possibly give rise to a **claim** been reported  |  |  |  |  |
| to the current or any previous D&O or E&O Insurance Company? | YES |       | NO |       |
| If "YES", provide full details |  |  |  |  |
|  |  |  |  |  |
| Previous Directors' & Officers' or Errors & Omissions Liability Insurance (last 3 years) |  |  |  |  |
| **Name of Insurer** | **Limit of Policy** | **Retention** | **Period**  | **Premium** |
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| **Attachments** |  |  |  |  |
| Please submit one copy of each of the following documents which will be considered to be part of this application |
| * Last 2 years' annual reports including financial statements
 |
| * Latest interim financial statement
 |
| * By-laws of the Insured
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| * List of Directors or Trustees and Officers
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| * List of Committees
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| * Sample of any newsletter published by the Applicant
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| * Copy of Letters Patent
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| **Declarations and Signature** |  |  |  |  |
| **The Applicant declares the following** |  |  |  |  |
| No claim which would, had insurance similar to that now proposed been in force, have fallen  |  |  |  |  |
| within the scope of such insurance has been made or is now pending against any person(s)  |  |  |  |  |
| proposed for this insurance in the capacity of Insured, except as follow | YES |       | NO |       |
| If "YES", provide full details |  |  |  |  |
|       |
| No person proposed for this insurance is cognizant of any fact or circumstance or of any |  |  |  |  |
| **Wrongful Act** which might possibly give rise to a future **Claim** such as would fall within the scope |  |  |  |  |
| of the proposed insurance except as follows | YES |       | NO |       |
| If "YES", provide full details |  |  |  |  |
|       |
| No similar insurance on behalf of the Applicant has been declined or cancelled or renewal thereof  |  |  |  |  |
| refused, except as follows | YES |       | NO |       |
| If "YES", provide full details |  |  |  |  |
|       |
| Neither the Applicant nor any of the Additional Insureds has been involved in or has any |  |  |  |  |
| knowledge of any currently pending insolvency and/or bankruptcy, anti-trust, combines, price |  |  |  |  |
| fixing, restraint of trade tax, copyright, patent, securities law or regulation infringement or |  |  |  |  |
| government regulatory or administrative proceedings against the Applicant and/or the Additional |  |  |  |  |
| Insureds, except as follows | YES |       | NO |       |
| If "YES", provide full details |  |  |  |  |
|       |
| No fact, circumstance or situation indicating the possibility of a **Claim** against which |  |  |  |  |
| indemnification would be afforded by the proposed insurance is now known to any person(s) |  |  |  |  |
| applying for this insurance other than which is disclosed in this application | YES |       | NO |       |
|  |
| It is specifically agreed by all concerned that if any person(s) applying for this insurance has any knowledge of any such fact, |
| circumstance or situation, any **Claim** subsequently emanating the reform will be excluded from coverage under the proposed insurance |
|  |  |  |  |  |
| The undersigned Director of the Applicant is duly authorized to make representations and to sign on behalf of all the Additional Insureds |
| and the Applicant and declares that the statements herein are true and complete |
|  |  |  |  |  |
| The undersigned Director of the Applicant declares that the financial statements submitted with this application are representative |
| of the current financial position of the Applicant |
|  |  |  |  |  |
| Signing of this application does not bind the Insurer to complete the insurance, but it is agreed that this application will be the basis |
| of the contract should a policy be issued, and that this application will be attached to and become a part of such policy, if issued |
|  |
| The Insurer is hereby authorized to make any investigation and inquiry in connection with this application as it may deem necessary |
|  |
| It is warranted that the particulars and statements contained in the application for the policy and any materials submitted herewith |
| (which will be retained on file by the Insurer and which will be deemed attached hereto, as if physically attached hereto), are the basis |
| for the policy and are to be considered as incorporated into and constituting a part of the policy |
|  |
| It is agreed that in the event that there is any material change in the answers to the questions contained herein prior to the effective date |
| of the policy, the Applicant will notify the Insurer and, at the sole discretion of the Insurer, any outstanding quotations may be modified or  |
| withdrawn |
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| **Applicant Acknowledgement**  |
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| The undersigned authorized officer of the organization declares that, to the best of his/her knowledge, the statements set forth herein |
| are true. Signing of this application does not bind the Insurer to offer, nor the Applicant to accept Insurance, but, it is agreed that this |
| form shall be the basis of the contract should a policy be issued, and this form will be attached to and become part of the policy. |
|  |
|  |
| 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 Company 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. |
|  |  |
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| **Applicant Name** |       | **Title/Position** |       |
| **Applicant Signature** |       | **Date** |       |
| **Broker Name** |       |  |  |
| **Broker Signature** |       |  |  |

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| **List of Directors or Trustees and Officers of the Applicant** |
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| **DIRECTORS/TRUSTEES AND OFFICERS** | **OCCUPATION** |
|       |       |
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| **List of Committees of the Named Applicant** |
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| **NAME OF COMMITTEE** | **BRIEF DESCRIPTION OF FUNCTIONS** |
|       |       |
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| **List of Subsidiaries or Affiliated Entities** |
| If the Organization has any Subsidiaries or Affiliated Entities for which coverage is required – please provide the following information |
|  |
| **NAME** | **NATURE OF ORGANIZATION** | **JURISDICTION OF INCORPORATION** | **NON PROFIT ENTITY** |
|       |       |       | YES |       | NO |       |
|       |       |       | YES |       | NO |       |
|       |       |       | YES |       | NO |       |
|       |       |       | YES |       | NO |       |
|       |       |       | YES |       | NO |       |
|       |       |       | YES |       | NO |       |