**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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | |  | | | | | |
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| Does the Applicant have any operations outside of Canada? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | | | |  | | | | | | | | | | NO | | | | |  | | | | | |
| If "YES", provide full details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | |  | | | | | |
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| Does the Applicant have any direct or indirect subsidiaries, affiliates or associations? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | | | |  | | | | | | | | | | NO | | | | |  | | | | | |
| If "YES", provide full details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Does the Applicant have any affiliated or subsidiary “for profit” companies? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | | | |  | | | | | | | | | | NO | | | | |  | | | | | |
| If "YES", provide full details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | |  | | | | | |
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| 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 | | | | |  | | | | |
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| 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 | | | | |  | | | | |
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| **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 | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | |  | | | | |
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| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | |  | | | | | |
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| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * List of Directors or Trustees and Officers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * List of Committees | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * Sample of any newsletter published by the Applicant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | |  | | | | |
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| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | |  | | | | |
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| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | |  | | | | |
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| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | |  | | | | |
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| 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 | | | | |  | | | |
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| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| The Insurer is hereby authorized to make any investigation and inquiry in connection with this application as it may deem necessary | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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. | | | | | |
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| 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 |  |