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

**Short Renewal 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** |
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| Policy Number |       |
| Legal Name of Applicant |       |
| Mailing Address |       | Postal Code |       |
| Key Broker Contact |       |
| Brokerage Name |       |
| Phone |       |  | Email  |       |
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| Applicant's operations (including activities, programs, events, U.S. or International exposures) |
|       |
| Have there been any material changes in the operations, board procedures or operational procedures of the Insured over the past twelve (12) months? | YES |       | NO |       |
| If "YES", provide full details  |  |  |  |  |
|       |
| If the Applicant holds a charitable status, has this status ever been revoked or subject to review? | YES |       | NO |       |
| If "YES", provide full details |  |  |  |  |
|       |
| Has there been any event or incident that may give rise to a claim?  | YES |       | NO |       |
| If "YES", provide full details via the Not For Profit Directors' and Officers' Client Incident Reporting Form  |  |  |
| **If an incident is not reported, the Insurer retains the right to document the policy as having 'No Known Incidents' and coverage may not respond.** |
| Does the Applicant have any operations outside of Canada? | YES |       | NO |       |
| If "YES", provide full details |  |  |  |  |
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| **Financial Information**  |
| In the event that the most recent financial statements are not included herewith, please provide the following financial information. This financial information must be provided with respect to each Entity Named on the Policy |
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| For the most recent fiscal year-end, provide the following consolidated financial information: |  |  |  |  |
|  | Total Assets  | $ |       |  | Total Liabilities  | $ |       |
|  | Total Revenues  | $ |       |  | Net Income  | $ |       |
| For the current fiscal year, provide projected:  |  | Revenue  | $ |       | Surplus/Deficit | $ |       |
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| Is the Insured currently or, has it during the past twelve (12) months, been in arrears in its payments of monies payable to Canada Customs and Revenue Agency or the provincial of ministries revenue (including source deductions, G.S.T, P.S.T and H.S.T) ? | YES |       | NO |       |
| If "YES", provide full details |
|       |
| Is the Insured currently or, has it at any time during the past twelve (12) months, been in breach of any of its debt covenants, loan agreements or contractual obligations, or does it anticipate any such breach occurring within the next twelve (12) months ? | YES |       | NO |       |
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| If "YES", provide full details |  |  |  |  |
|       |
| Has the Insured currently, or has it at any time during the past twelve (12) months:  |  |
|  | Sought protection under the "Companies' Creditors Arrangement Act" (Canada), or | YES |       | NO |       |
|   | Made a proposal under the “Bankruptcy and Insolvency Act” (Canada) | YES |       | NO |       |
| If "YES", provide full details |  |  |  |  |
|       |
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| **Employment and Membership Information** |  |  |
| Indicate the Number of:  |  |  |
|  | Directors and Trustees |       | Employees |       |
|  | Members  |       | Volunteers  |       |
|  | Officers  |       |  |  |
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| **Attachments and Additional Information Required** |
| Please submit one copy of each of the following documents which will be considered to be part of this application |
| List of Committees | List of Directors or Trustees and Officers | List of Subsidiaries  |
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| **Warranties** |  |  |  |  |
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| **BY SUBMITTING THIS APPLICATION, THE PROPOSED INSUREDS DO HEREBY WARRANT TO THE INSURER THAT:** |
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| * The financial statements submitted with this Renewal Application or as part of the Additional Application Information are representative of the current financial position of the Applicant
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| * The undersigned Director or Officer of the Applicant is duly authorized to make representations and to sign on behalf of all Proposed Insureds and the statements herein are true and complete
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| **Conditions and Agreement** |  |  |  |  |
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| **BY SUBMITTING THIS APPLICATION, THE FOLLOWING CONDITIONS ARE AGREED AND ACCEPTED:** |
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| * The signature and submission of this Renewal Application does not oblige the Insurer to renew the Policy.
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| * The Insurer is Authorized to make any investigation and inquiry in connection with this Renewal Application that it may deem necessary.
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| * If the Insurer chooses to provide coverage, this Renewal Application and any Additional Application Information (which will be retained or referenced on file by the Insurer and which will be deemed attached hereto, as if physically attached hereto) will be the based on which the Policy is underwritten, and will become part of the insurance contract subject to Policy terms and conditions.
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| * In the event that there is any material change in the information contained in this Renewal Application or in the Additional Application Information prior to the proposed effective date of the Policy, the Application will notify the Insurer and at the sole discretion of the Insurer, any outstanding offer of terms and conditions may be modified or withdrawn.
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| * By submitting this Renewal Application, the Proposed Insureds agree that the terms and conditions of the proposed insurance will be defined exclusively by the wording of the Policy, if issued, and nothing in this Renewal Application constitutes an offer or representation as to the terms and conditions of coverage.
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| * At the Insurer’s discretion, coverage may not be bound unless this Renewal Application has been fully completed and duly signed, dated and received by the Insurer
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| * By submitting the Renewal Application in English, it is acknowledged by the Proposed Insureds that it is there express request that the Policy and any further amendments and replacements, if and when issued, be drawn up in English
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| **Applicant Acknowledgement**  |
| 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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| **Notification** |  |  |
| Identify the Officer of the Insured Entity designated to receive all notices from the Insurer concerning this insurance: |
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|       |  |       |
| NAME (Please print in block letters)  |  | TITLE (Please print in block letters)  |
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| **Applicant Name** |       | **Title/Position** |       |
| **Applicant Signature** |       | **Date** |       |
| **Broker Name** |       |  |  |
| **Broker Signature** |       |  |  |