



NON-PROFIT ORGANIZATION DIRECTORS AND OFFICERS LIABILITY INSURANCE APPLICATION

**THIS IS AN APPLICATION FOR A CLAIMS MADE POLICY WITH DEFENCE COSTS INCLUDED IN THE LIMIT OF LIABILITY
PLEASE ANSWER ALL QUESTIONS. IF SPACE IS INSUFFICIENT, ATTACH DETAILS BY ADDENDUM**

GENERAL INFORMATION

1. **Applicant:** _____

Principal Address: _____

Province/State of Incorporation _____ Website: _____

2. The Applicant has continuously been in business since: _____

3. Purpose of Applicant and nature of operations:

4. Is the Applicant organization exempt from Federal and Provincial income taxes? Yes No

5. Does the Applicant have activities outside of Canada? Yes No
If 'Yes', attach details.

6. Does the Applicant have any subsidiaries or affiliated organizations or exercise control over any other entity for which coverage is requested? Yes No
If 'Yes', and coverage is required, attach full details, indicating whether profit or non-profit and the nature of operations for each entity.

7. Individual designated to receive any and all notices from the **Underwriters** or their representatives with respect to this Application and coverage provided by the Policy is:

FINANCIAL INFORMATION (from the most recent fiscal year-end financial statements)

8. Fiscal Year End M/Y: _____ Total Assets: _____
Total Liabilities: _____ Total Revenue: _____
Net Funds: _____ Restricted Funds: _____

If more than one entity is to be insured, and financials are not consolidated in above, attach information for each entity.

9. Indicate the percentage of funds received from the following sources:

a) Government funding: _____ %
b) Fees for services: _____ %
c) Dues from members: _____ %
d) Donations / contributions: _____ %
e) Other (please specify): _____ %

Are donations solicited? Yes No

10. Name of auditor / accountant: _____

How often is an audit done? _____

11. Has the Applicant changed its auditor / accountant in the last five years? Yes No

If 'Yes', attach details.

12. Has the Applicant filed an Income Tax return for any of the last five years? Yes No

If 'Yes', have the returns been accepted as filed? Yes No

13. Is there or has there been any dispute as to the Applicant's tax exempt status? Yes No

If 'Yes', attach details.

14. Is the Applicant in arrears in its amounts payable to Revenue Canada or the provincial ministries of revenue (including source deductions, GST and PST)? Yes No

15. Is the Applicant currently, or at any time during the past three years, been in breach of any debt covenant, loan agreement, contractual obligation, or does it anticipate such breach within the next twelve months? Yes No

EMPLOYMENT INFORMATION

16. Indicate the total number of (as applicable):

Directors _____ Officers _____ Trustees _____ Professionals _____

Managers _____ Employees _____ Volunteers _____ Members _____

Number of employees located in the U.S.A.?

Where? _____

Number of employees in other international locations? _____

Where? _____

17. Have any employees been terminated in the past year? Yes No
If 'Yes', attach details.

18. Does the Applicant distribute an employee handbook to all employees? Yes No

19. Does the Applicant have a written policy against discrimination, including sexual harassment? If 'Yes', how is it communicated to employees? Yes No

20. Does the Applicant use an employment application for all new employees? Yes No
If 'No', please explain practice:

21. Does the Applicant obtain advice from employment counsel prior to terminating an employee? If 'No', please explain practice Yes No

22. Who has the authority to:
Hire employees? _____ Fire Employees? _____

OPERATIONS/HISTORY

23. If the Applicant is a **Condominium Homeowners Association/Strata** please provide the following information (otherwise proceed to question 25):

Number of Units/Lots _____ Average Unit Value _____ % of Units/Lots Sold _____

24. Has control of the Association been transferred from the Builder/Developer? Yes No
If 'Yes', does the Builder/Developer maintain any representation on the Association's Board of Directors or other governing body? Yes No

25. Does the Applicant or any person(s) proposed for this insurance perform any of the following?

- a) Provide counseling, referral, legal aid, computer or medical services? Yes No
- b) Take any disciplinary action or recommend disciplinary action as a result of peer review group activities? Yes No
- c) Promote any specific products to Applicant's members which will produce a profit for Applicant? Yes No
- d) Publish any magazines, periodicals or newsletters or technical manuals? Yes No
- e) Engage in activities such as lobbying or labour negotiations? Yes No
- f) Promote, sponsor or provide any form of insurance? Yes No
- g) Provide any type of professional services to other third parties? Yes No
- h) Engage in any business transactions with businesses which are controlled by any person proposed for coverage? Yes No

26. Has the Applicant or any other proposed entity or person been involved in any civil or criminal action or litigation, inquiry, investigation, complaint, or notice from any government regulatory authority or committee, during the past three (3) years?
If 'Yes', attach details. Yes No

27. Other than those identified in your response to question 26, is there any claim now pending, or has any other claim been brought at any time during the last three (3) years, against any Applicant or any proposed entity or person in his or her capacity as a director, officer or other managerial position of any entity?
If 'Yes', attach details. Yes No

CORPORATE GOVERNANCE

28. How frequently does the Board of Directors/Trustees meet? _____

29. Are meeting agenda and minutes of the previous meeting sent out at least 10 days prior to each board meeting? Yes No

30. How are the Directors, Officers or Trustees informed of new developments, operations, results, etc. between meetings?

31. Are any of the Directors, Officers or Trustees or any other person(s) proposed for this insurance or any organization(s) controlled by any of them, indebted to the Applicant? Yes No
If 'Yes', attach details.

32. What is the source of the Board's legal advice: _____

PRIOR INSURANCE

33. Does the Applicant currently have directors and officers liability coverage? Yes No
If 'No', go to question 37 and complete the warranty statement.

If 'Yes' provide the following:

Insurer	Limits	Deductible	Policy Period	Premium

34. Has any application for directors and officers liability insurance, or similar insurance, ever been declined or has any such insurance ever been cancelled or non-renewed? Yes No
If 'Yes', attach details.

35. Has the Applicant or any proposed person or entity given written notice under the provisions of any prior or current directors and officers liability policy, or similar policy, of specific facts or circumstances which might give rise to a claim being made against any proposed person or entity? Yes No
If 'Yes', attach details.

36. Have any loss payments been made on behalf of any Applicant or any proposed person or entity under any prior or current directors and officers liability policy or similar insurance? Yes No
If 'Yes', attach details.

PRIOR KNOWLEDGE/WARRANTY

37. No Applicant, its subsidiaries, affiliates or any director, officer or other person proposed for coverage has knowledge or information of any facts, circumstances, or situations which could reasonably be expected to result in any future claim being made against them which would fall within the scope of the proposed coverage?

If no such knowledge or information, check here: 'None'. **Otherwise, attach details.**

It is agreed that if any such claims, facts, circumstances or situations exist, whether or not disclosed, any claim or action based upon or arising from them shall be excluded from this proposed coverage.

COVERAGE REQUESTED

38. Limits of Liability: _____ Retention: _____

Policy Period: From: _____ to: _____

ADDITIONAL INFORMATION REQUIRED

39. Please attach the following as applicable:

- Latest annual financial statements and quarterly interim reports.
- Copy of bylaws, indemnification provisions, trust indenture, charter or constitution.
- Complete list of current directors, trustees, executive officers.
- Brochures and/or promotional literature descriptive of operations and/or purpose.

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd’s Underwriters’ insurance business in Canada.

Must Be Signed By the President, Chairman of the Board, or Chief Executive Officer.

(no other signature is acceptable).

Signature of Applicant (authorized representative)

Date

Title

SUBMITTED BY: _____

EMAIL: _____

**For contact information visit:
www.markelinternational.ca**