



NON-PROFIT ORGANIZATON DIRECTORS AND OFFICERS LIABILITY INSURANCE RENEWAL APPLICATION

PLEASE ANSWER ALL QUESTIONS
IF SPACE IS INSUFFICIENT, PLEASE ATTACH DETAILS BY ADDENDUM

GENERAL INFORMATION

1. **Applicant:** _____

Policy Number: _____ **Expiry Date:** _____

2. Changes during the past year or anticipated in the next 12 months to the following:

- a) Address? Yes No
- b) Website? Yes No
- c) Locations? Yes No
- d) Subsidiaries? Yes No
- e) Directors and Officers? Yes No
- f) Auditors and Legal Counsel? Yes No
- g) Operations/Services of the organization? Yes No

If 'Yes' to any of the above, attach details.

FINANCIAL INFORMATION

3. Fiscal Year End M/Y: _____ Total Assets: _____ Total Revenue: _____

Total Liabilities: _____ Net Funds: _____ Restricted Funds: _____

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

4. 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

5. Has the Applicant filed an Income Tax return for the past year? Yes No
 If 'Yes', have the returns been accepted as filed? Yes No
6. Is there or has there been any dispute as to the Applicant's tax exempt status? Yes No
7. 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
8. Is the Applicant currently, or has it at any time during the past year been, in breach of any debt covenant, loan agreement, contractual obligation, or does it anticipate any such breach occurring within the next 12 months? Yes No
- If 'Yes' to question 6, 7 or 8, attach details.**

EMPLOYMENT INFORMATION

9. Indicate the total number of: (as applicable)
- | | | | | | |
|---------------|-------|----------|-------|-----------|-------|
| Directors | _____ | Trustees | _____ | Officers | _____ |
| Professionals | _____ | Managers | _____ | Employees | _____ |
| Volunteers | _____ | Members | _____ | | |
- Number of employees located in the U.S.A.? _____ Where? _____
- Number of employees in other international locations? _____ Where? _____
10. Have any employees been terminated in the past year? Yes No
If 'Yes', attach details.

ADDITIONAL INFORMATION REQUIRED

11. Please attach the following as applicable:
- Latest annual financial statements and quarterly interim reports.
 - Complete list of current directors, trustees, executive officers.
 - Latest 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.

**APPLICATION MUST BE SIGNED BY THE PRESIDENT,
CHAIRMAN OF THE BOARD, CHIEF EXECUTIVE OFFICER**
(no other signature is acceptable)

Signature of authorized representative

Date

Title

SUBMITTED BY: _____

EMAIL: _____

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