

APPLICATION FORM
Non Profit Directors' and Officers' Liability Insurance Rider

*Please answer all questions (if there is insufficient space, please attach separate sheet).
Where a "Yes/No" option is provided, please insert a check mark.*

1. Name of NOT FOR PROFIT ORGANIZATION:

2. Address of Head Office:

3. Date and jurisdiction of incorporation:

4. Insurance details:

(a) LIMIT OF LIABILITY requested: _____

(b) Self-insured retention: \$5000

Existing insurance details:

No existing D&O Liability Insurance: Or

(a) Insurer: _____

(b) Limit of liability: _____

(c) Self-insured retention: _____

(d) Policy period: _____

(e) Premium: _____

5. Nature of business or purpose of organization:

6. Is the applicant company exempt from federal and provincial income taxes? Yes No

7. Is there or has there been any dispute as to the applicant's tax-exempt status? Yes No
(If Yes, please produce specific details):

8. Is the organization in arrears in its payments of monies payable to Canada Customs and Revenue Agency or the Provincial Ministries of Revenue (including source deductions, G.S.T. and P.S.T.)? Yes No

9. Does the applicant have any SUBSIDIARIES or control any other entity for which it is requesting coverage under the policy?
(If Yes, please attach a description of the operations, ownership, and tax status of each entity) Yes No

10. Identify the sources of funds and percent of revenue attributable to each:

Donations:	_____	%
Membership Dues:	_____	%
Government Grants:	_____	%
Other (specify):		
_____	_____	%
_____	_____	%
_____	_____	%
		100%

11. Employee information (please include full-time, part-time, and temporary employees including volunteers):

What is the current and previous year employee count in the following jurisdictions:

Current:	Canada: _____	United States: _____
Last Year:	Canada: _____	United States: _____

12. For the past three years, please provide a loss history for any Directors' & Officers' liability or Employment Practice liability claim(s) that exceeded \$10,000 (include year of loss and amounts for defence, judgement and settlement costs):

If no such claims, check No Claims ---

13. Has the ORGANIZATION ever had any insurer decline an application for or cancel or refuse to renew any Directors & Officers Liability Insurance or Employment Practices Liability Insurance? Yes No

(If Yes, please provide details):

IMPORTANT NOTICE CONCERNING QUESTIONS 14, 15 and 16.

If any of questions 14, 15, or 16 below are answered "Yes", you must provide full details. It is agreed that with respect to those questions, that if such claim, proceeding, action, knowledge, information or involvement exists, then such claim proceeding or action and any CLAIM or action arising from such claim, proceeding, action, knowledge, information of involvement is excluded from the proposed coverage.

14. Has the ORGANIZATION, any SUBSIDIARY and/or any director or officer been involved in any of the following in the past ten years?

- (a) Anti-trust, copyright or patent litigation? Yes No
- (b) Civil, criminal or administrative proceedings alleging any violation of any federal, provincial, state or local securities law? Yes No
- (c) Any other criminal actions or government regulatory or administrative proceedings? Yes No

If Yes to any, please provide details:

15. Is there currently any pending claim(s) or actions or investigation(s) against the ORGANIZATION, any SUBSIDIARY, and/or any Director or Officer? Yes No If Yes, please provide details:

16. Does the ORGANIZATION, any SUBSIDIARY and/or any director or officer have knowledge or information of any act, error or omission, which might give rise to a CLAIM under the proposed policy? Yes No If Yes, please provide details:

17. Copies of the following Corporate information must be enclosed with this Application (if such information is available on the ORGANIZATION's website, please indicate below and provide website address):

<u>Document</u>	<u>Enclosed / Website Address</u>
Most recent annual report or budget, including consolidated audited financial statements (if available)	<div style="border: 1px solid black; height: 25px;"></div>
Copy of Company's by-laws	<div style="border: 1px solid black; height: 25px;"></div>
List of Directors, Officers and Members of any duly constituted committees.	<div style="border: 1px solid black; height: 25px;"></div>

SEVERABILITY

The Application for this insurance shall be construed as a separate Application by each INSURED. With respect to the declarations and statements contained in this Application, no statement in the Application or knowledge possessed by any one INSURED shall be imputed to any other INSURED for the purpose of determining the availability of coverage with respect to CLAIMS against that other INSURED, however, prior knowledge of the Chairperson, President or Chief Financial Officer (or the equivalents thereof) shall be imputed to the covered ORGANIZATION for the purposes of determining the coverage available to it under any proposed Policy.

IMPORTANT NOTICE CONCERNING DISCLOSURE

Your submission for this insurance does not obligate the INSURER to issue a Policy. You will be advised if your Application for coverage is accepted.

Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals any fact that may influence an Insurer's judgement in their consideration of the Application, commits a fraudulent insurance act, which is a crime.

If there is any material change in the answers to the questions in this Application prior to the Policy inception date, the proposed Insured ORGANIZATION will notify the INSURER in writing and any outstanding quotation may be modified or withdrawn.

DECLARATION

The undersigned authorized officer of the ORGANIZATION, declares that to the best of knowledge and belief of the undersigned that statements set forth herein are true. Although the signing of this Application does not bind the undersigned on behalf of the proposed Insured ORGANIZATION or its Directors, Officers or other insured persons to effect the insurance, the undersigned agrees that this Application and its attachments shall be the basis of the contract should the Policy be issued and shall be deemed to be attached to and shall form part of any such Policy. The INSURER is authorized to make any investigation and inquiry in connection with the Application that it deems necessary.

The undersigned, on behalf of the 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 that this information shall only be used or shared by the INSURER to assess, underwrite and price insurance products and related services, administrator 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.

Signed: _____
(Chairperson of the Board, President or equivalent)

Capacity: _____

Date: _____