

HOSPICE ASSOCIATION OF ONTARIO DIRECTORS AND OFFICERS, GENERAL LIABILITY AND PROPERTY PACKAGE INSURANCE APPLICATION

THIS APPLICATION IS FOR DIRECTORS AND OFFICERS COVERAGE ON A CLAIMS MADE BASIS,
AND COMMERCIAL GENERAL LIABILITY AND COMMERCIAL PROPERTY COVERAGES ON AN OCCURRENCE BASIS.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY. DO NOT LEAVE ANY SPACE BLANK. INDICATE "N/A" IF A QUESTION IS INAPPLICABLE. IF THE SPACE PROVIDED IS INSUFFICIENT TO ANSWER A QUESTION FULLY, PLEASE ATTACH DETAILS ON A SEPARATE SHEET.

1. GENERAL INFORMATION

- A) Name of Organization: _____
- B) Mailing Address: _____

- C) Date Established: _____

2. DIRECTORS AND OFFICERS INFORMATION PLEASE ENSURE THAT THE FOLLOWING ARE PROVIDED WITH THE APPLICATION:

- Latest audited annual report or financial statements
- Indemnification clause contained in the company by-laws

- A) Does the Organization require Directors and Officers coverage? YES NO
 If YES, please specify Limit of Liability requested: \$500,000 \$1,000,000

- B) Does the Organization require Employment Practices Coverage? YES NO
If YES, please note an additional premium of \$100 applies for \$500,000 Limit under this section; and an additional premium of \$150 applies for \$1,000,000 Limit under this section.

- C) Please provide the following information regarding the number of:
- | | |
|-------------------|---|
| Directors: _____ | Managerial/Supervisory personnel: _____ |
| Officers: _____ | Employees other than volunteers: _____ |
| Volunteers: _____ | |

- D) Has the Organization:
- 1) over the last five (5) years, changed its accountants or external legal advisor? YES NO
 - 2) carried out any disciplinary action, review activities or issue licenses and/or permits? YES NO
 - 3) been involved in publishing any magazines, periodicals or bulletins? YES NO

- E) Please identify the amount of funds and percent of revenue attributable to each:
- | | |
|---------------------------|-----------------------------|
| Membership Dues: \$ _____ | Government Grants: \$ _____ |
| Donations: \$ _____ | Other: _____: \$ _____ |
- (please specify)

3. COMMERCIAL GENERAL LIABILITY INFORMATION

A) Does the Organization require Limits of Liability greater than the \$2,000,000 as provided under this program? YES NO

If YES, please specify Limit required (maximum \$5,000,000 available): \$ _____

B) Does the Organization require Employers Liability coverage? YES NO

If YES, please note an additional premium of \$5 applies for \$1,000,000 Limit per certificate; and an additional premium of \$10 applies for \$2,000,000 Limit per certificate.

C) Does the Organization have any satellite offices? YES NO

If YES, please indicate complete location address for each (attach separate sheet if necessary):

_____	_____	_____
_____	_____	_____
_____	_____	_____

Please note an additional premium of \$100 applies for each satellite location.

4. COMMERCIAL PROPERTY INFORMATION

A) Does the Organization require Contents coverage at the satellite location(s) listed in 3.C) above? YES NO
If YES, please note an additional premium of \$35 applies for each satellite location for \$10,000 Contents Limit per location.

B) Does the Organization require Crime coverage? YES NO

If YES, please note an additional premium of \$35 applies for a standard Crime package.

C) Does the Organization require Third Party Interest Bond coverage? YES NO

If YES, please note an additional premium of \$35 applies for a \$5,000 Limit subject to a \$500 Deductible each claim.

D) **If coverage is required for Laptop Computers**, please indicate the Value, Make/Model and Serial Number for each Laptop Computer:

VALUE:	MAKE/MODEL:	SERIAL NUMBER:
_____	_____	_____
_____	_____	_____

5. PREVIOUS OR PENDING LITIGATION, PROCEEDINGS, ACTIONS OR SUITS

A) Has the Organization, at any time over the last five (5) years, been in breach of any of its debt covenants or loan agreements? YES NO

B) Has the Organization, at any time over the last five (5) years, been in arrears in the payments to Revenue Canada or the provincial ministries of revenue (including source deductions, G.S.T. and P.S.T.)? YES NO

C) Does any Director, Officer or employee have any knowledge or information of any fact or circumstance that might give rise to a claim? YES NO

D) Have any claims, or facts or circumstances which might reasonably give rise to a claim, been reported to the current or previous Non-Profit Directors and Officers Liability, Commercial General Liability or Commercial Property insurer? YES NO

If the answer to any question in Section 5 is YES, please attach full information.

Without limitation of any other remedy available to the Insurer, it is hereby agreed that if there be knowledge of any such fact, circumstance or situation, any claim or action subsequently emanating therefrom is excluded from coverage under the proposed insurance.

6. PREVIOUS INSURANCE

- A) During the last five (5) years, has the Organization carried Non-Profit Directors and Officers Liability, Commercial General Liability or Commercial Property Insurance? YES NO
 If YES, please complete the following for all previous policies:

INSURER	TERM	LIMIT	DEDUCTIBLE	PREMIUM

- B) Has any similar insurance ever been declined, cancelled or non-renewed? YES NO

7. DECLARATIONS / AGREEMENTS

The undersigned declares that:

- a) he / she is duly authorized by the Directors and Officers to complete and sign this application on their behalf and that the statements set forth herein are true and complete;
- b) reasonable efforts have been made to obtain sufficient information from each Director and Officer and employees of the Organization, including its subsidiaries, to facilitate the proper and accurate completion of this application form. The undersigned also warrants that they have not suppressed or misstated any material facts.

The undersigned agrees that:

- a) the signing of this application does not bind the undersigned, the Directors and Officers, the Organization or the insurers to effect insurance;
- b) this application and all additional information provided herewith shall be the basis of the contract, should a policy be issued, and shall be deemed to be attached to, and shall form part of the policy;
- c) if there is any material change to the information supplied on this application between the date of this application and the effective date of the policy, notification will be sent, in writing, to Creechurch International Underwriters Ltd., and any outstanding quotation may be modified or withdrawn;
- d) Creechurch International Underwriters Ltd. is hereby authorized to make any investigation and inquiry in connection with this application that it deems necessary.

SIGNED: _____
 (Authorized Representative)

DATED: _____

NAME (Please Print): _____

TITLE/POSITION: _____