



APPLICATION FOR NON-PROFIT DIRECTORS AND OFFICERS INSURANCE

PLEASE READ CAREFULLY.

THIS IS AN APPLICATION FOR A CLAIMS MADE POLICY. IF A POLICY IS ISSUED, IT WILL COVER ONLY "CLAIMS" FIRST MADE AGAINST THE "INSURED PERSONS" AND REPORTED TO THE COMPANY DURING THE "POLICY PERIOD". "DEFENSE COSTS" ARE INCLUDED WITHIN THE LIMIT OF LIABILITY.

A. GENERAL INFORMATION

1. Name of Organization: _____
Principal Address: _____
(Number) (Street) (City) (Province) (Postal Code)
2. Date of Incorporation or Charter of Organization: _____ Under what Statue _____
Has it operated continuously from this date? Yes [] No []
3. Is the Organization exempt from Federal and Provincial Income taxes? __. Has the Organization filed a Federal Income Tax return for any of the last five years? __. If yes, have the returns been accepted as filed? ____. If no, furnish details: _____

4. Please provide the following information concerning the Organization
 - (a) Total number of directors _____
 - (b) Total number of officers _____
 - (c) Total number of professionals and their profession _____
 - (d) Total number of employees other than volunteers _____
 - (e) Total number of volunteers _____
5. Attach hereto as **Appendix "A"** a list of committees responsible to the Board of Directors and provide a brief description of each committee's functions.

B. DESCRIPTION OF OPERATIONS

1. What is the purpose of the Organization? (Provide copies of information booklet if available)

2. (a) Total Budget for next 12 months: _____
(b) Please identify the source of funds and percent of revenue attributable to each:

3. Are there any loans outstanding or anticipated to any person(s) applying for insurance in their capacity as either a director, trustee, officer, volunteer, employee or committee member of the Organization or Organization(s) controlled by them? Yes [] No []

If yes, provide details.

4. What are the Organization's rules with respect to loans described in Question 3?

5. Has the Corporation, at any time over the past five (5) years, been in breach of any of its debts covenants or loan agreements? Yes [] No []
If yes, provide full details.

6. Does the Organization publish any magazines, periodicals or newsletters? Yes [] No []
(If Yes, attach a copy of each.)
7. Does the Organization publish a technical manual? Yes [] No []
If Yes, describe: _____

8. Does the Organization provide a referral service, legal aid service or computer service to its members? Yes [] No []
9. Does the Organization promote, sponsor or provide any form of insurance to its members or non-members? Yes [] No []
10. Is the Organization engaged in any form of research, development, experimentation, or testing? Yes [] No []
If yes, describe: _____

11. Does the Organization evaluate or set standards for the qualifications and performance of others or the quality of products manufactured, sold, handled or distributed by others? Yes [] No []
If yes, attach a detailed statement/description.
12. Does the Organization carry out any disciplinary action, review activities or issue licences and/or permits? Yes [] No []
If yes, describe: _____

13. Does the Organization have any activities outside Canada? Yes [] No []
If yes, describe: _____

14. Are employees given warnings prior to termination? Yes [] No []
If yes, are they verbal or written? _____
15. Are the Directors involved with the majority of terminations? Yes [] No []

C. SUBSIDIARY ORGANIZATIONS

1. Does the Organization have any subsidiary or affiliated companies? _____. If yes, provide schedule of subsidiaries, address, nature of business (including profit or not-for-profit), and percent owned by Corporation.

D. PAST ACTIVITIES

(Attach a statement with full details of any "Yes" answer.)

1. Has any Insured proposed for coverage been involved in any of the following:
- | | |
|--|----------------|
| Any anti-trust, copyright or patent litigation? | Yes [] No [] |
| Any civil or criminal action or administrative proceeding? | Yes [] No [] |
| Any representative actions, class actions or derivative suits? | Yes [] No [] |
| Has the Organization received any inquiry, complaint, notice of hearing from any provincial federal regulatory authority or legislative committee? | Yes [] No [] |

E. PRIOR INSURANCE

(Attach a detailed statement for any "Yes" answer.)

- | | |
|---|----------------|
| 1. In the past five years, has any Insurer declined, cancelled or non-renewed any application or policy for Directors and Officers liability or similar insurance? | Yes [] No [] |
| 2. In the past five years, has any Insured given notice of claim under the provisions of any Directors and Officers liability or similar insurance? | Yes [] No [] |
| 3. In the past five years, has any Insured given notice under the provisions of any Directors and Officers liability or similar insurance of specific facts or circumstances which might give rise to a claim being made against any Insured? | Yes [] No [] |

F. INSURANCE COVERAGE

1. CURRENT INSURANCE

	Name of Insurer	Limit of Policy	Deductible	Period	Claims
Directors' and Officers Liability					
Professional Indemnity Insurance					
General Liability Insurance					

2. COVERAGE REQUESTED

Policy Period: _____
 Limit of Liability: \$ _____
 Retention: \$ _____

G. WARRANTY STATEMENT

I have made reasonable inquiry of all persons proposed for coverage and I warrant that no person proposed for coverage is aware of any facts or circumstances which (a) he/she has reason to suppose might afford valid grounds for any future claim(s) that would fall within the scope of the proposed coverage or (b) indicate the probability of any future claim(s):

If there are no exceptions check NO there are no exceptions.

If there are exceptions check YES there are exceptions.

If Yes, please attach full details.

It is agreed that any "Claim" arising out of facts or circumstances which could have been disclosed hereunder, but are not, shall be excluded from this proposed coverage.

Additional Material:

Attached to and forming part of this application are:

- Latest audited financial statements. If not consolidated, provide financial statements on each unconsolidated entity.
- Schedule of Directors, Trustees and Officers
- A copy of the indemnification provisions of the Organization.
- The by-laws, charter, articles or incorporation, trust indenture or other instrument from which the Organization derives its operating authority.
- Brochures describing the Organization's operations and purpose.

False Information:

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, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Defense Cost Provision:

Please note that the Defense Cost provision of this policy stipulates that the Limits of Liability may be completely exhausted by the cost of legal defense. Any deductible or retention may be similarly reduced or exhausted by legal defense costs.

Declarations And Signature:

The undersigned declares that to the best of his/her knowledge and belief the statements set forth herein are true. Although the signing of this application does not bind the undersigned on behalf of the Organization or its directors, officers or Insured Persons to effect insurance, the undersigned individually and on behalf of the Organization, its subsidiaries and their directors, officers or other Insured Persons agrees that this application and its attachments shall be the basis of the contract should a policy be issued and shall be attached to and form part of the policy. The Company is hereby authorized to make any investigation and inquiry in connection with this application that it deems necessary. The undersigned warrants that he/she is authorized and has the power to complete and execute this Application, including the Warranty Statement, on behalf of the Organization, its subsidiaries and their directors, officers or other Insured Persons.

If the information in this application materially changes prior to the Effective Date of this policy, the Organization will immediately notify the Company in writing and the Company may effect changes in the quotation.

SIGNED: _____
(To be signed by Chairman of the Board,
President or Executive Director)

_____ Please print name

TITLE: _____

DATED: _____