

**NEW BUSINESS APPLICATION FOR
NON-PROFIT DIRECTORS & OFFICERS LIABILITY (ND&O) OR
NON-PROFIT PROFESSIONAL INDEMNITY LIABILITY (NPPI)**

- Please complete all questions – If no answer available, please write “not applicable” in the space provided.
- Where space provided is insufficient to fully answer, please attach additional sheet(s).
- Attach the following additional information:
 - Latest annual report including financial statements
 - Complete list of Directors & Officers
 - Copy of Organization’s By-laws

GENERAL INFORMATION

1. Name of Applicant: _____
2. (a) Address of main office: _____
3. Date organized: _____ Conducted business continuously since: _____
4. Incorporated under the laws of: _____ Date: _____
5. Purpose of organization and nature of operations. _____
6. Does the organization have activities outside of Canada? If yes, attach details. Yes No
7. Does the organization have any subsidiaries and/or affiliated organizations? Yes No

FINANCIAL INFORMATION

8. Operating budget (revenue plus cash assets):
 Current year: \$ _____ Projected for next year: \$ _____

OPERATIONS

9. Indicate the total number of:

Directors _____	Officers _____	Members _____
Employees _____	Managers _____	Volunteers _____
10. Does the organization or any person(s) proposed for this insurance perform any of the following:
 If yes, please attach additional information.

(a) Provide counseling, referral, legal aid, computer or medical services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Promote or sponsor any type of group travel, conventions, parades or other similar events or assume any liability in connection therewith?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) Engage in activities such as lobbying or labor negotiations?	<input type="checkbox"/> Yes <input type="checkbox"/> No

COVERAGE DETAILS

11. Provide details of all Directors & Officers Liability Insurance carried in the past three years:

<u>Insurer</u>	<u>Policy Period</u>	<u>Limit of Liability</u>	<u>Deductible</u>	<u>Premium</u>

12. Provide details of current or expiring insurance coverages:

	<u>Insurer</u>	<u>Policy Period</u>	<u>Limit of Liability</u>
Commercial General Liability			

13. During the past five years, has the organization had similar insurance declined, cancelled, non-renewed or refused? Yes No If yes, provide full details.

CLAIMS EXPERIENCE AND PAST INCIDENTS

14. Has any claim been made or is a claim now pending against the organization or any person proposed for this insurance? Yes No If yes, provide full details.

15. Has any suit or legal action been filed by or on behalf of the organization against any person(s) proposed for this insurance? Yes No If yes, provide full details.

16. Does the organization or any other person(s) proposed for this insurance have knowledge or information of any actual or alleged negligent act, error, omission, misstatement or misleading statement or breach of duty which might give rise to a future claim? Yes No If yes, provide full details.

It is agreed that any claim or action arising from any negligent act, error or omission, misstatement or misleading statement, or breach of duty, which is known to any Director or Officer prior to issuance of the policy shall be excluded from coverage.

DECLARATION

The undersigned declares that all statements made in the Application and the information contained in documents submitted with it are true. Signing of this document does not bind the Applicant to complete the insurance, but it is agreed that the Application shall be the basis of the contract, should a policy be issued.

Signature

Title or Position

Date

**MUST BE SIGNED BY THE PRESIDENT OR CHAIRMAN
OF THE BOARD OR THE EXECUTIVE DIRECTOR.**