

## Not for Profit Entity Directors' & Officers' Liability Insurance New Business Application

**NOTES: APPLICATION IS FOR "NOT FOR PROFIT" ORGANIZATIONS ONLY**  
**All questions must be completed**  
**This is a claims made policy**

**General Information**

Legal Name of Applicant \_\_\_\_\_

Key Contact \_\_\_\_\_ Position \_\_\_\_\_

Mailing Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Key Broker Contact \_\_\_\_\_

Brokerage Name \_\_\_\_\_

Brokerage Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Applicant's operations (including activities, programs, events, U.S. or International exposures)

Applicant is a Corporation \_\_\_\_\_ a Partnership \_\_\_\_\_ a Sole Proprietor \_\_\_\_\_

Incorporation Date (dd/mm/yy) \_\_\_\_\_ Act/Jurisdiction \_\_\_\_\_

If incorporated, a copy of the Letters Patent is required

If the Applicant holds a charitable status, has this status ever been revoked or subject to review? YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES", provide full details

Does the Applicant have any operations outside of Canada? YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES", provide full details

Does the Applicant have any direct or indirect subsidiaries, affiliates or associations? YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES", provide full details

Does the Applicant have any affiliated or subsidiary "for profit" companies? YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES", provide full details

Total Operating Budget for the next twelve (12) months \$ \_\_\_\_\_

Fiscal Year End (dd/mm/yy) \_\_\_\_\_

Indicate the Applicant's sources of income and the percentage of total revenue generated from each source

	%
	%
	%

**Limit of Liability Requested**

\$ \_\_\_\_\_ Aggregate Limit \$ \_\_\_\_\_ Deductible \$ \_\_\_\_\_

**Additional Information**

Does the organization have any involvement in the activities and operation of any political committee or those of a trade union or federation? YES \_\_\_\_\_ NO \_\_\_\_\_

Is the organization currently or has the organization during the past twelve months been in arrears of any payments or monies payable to Revenue Canada, Canada Customs and Revenue Agency or the provincial ministries of revenue (including source deductions G.S.T., P.S.T. and H.S.T).? YES \_\_\_\_\_ NO \_\_\_\_\_

Has the organization at any time during the last 5 years been in breach of any debt covenants, loan agreements or contractual obligations or is there any such breach anticipated to occur within the next twelve months? YES \_\_\_\_\_ NO \_\_\_\_\_

Has the organization changed their outside accountant or external legal counsel during the last 5 years? YES \_\_\_\_\_ NO \_\_\_\_\_

Is the organization currently or has the organization at any time during the last 3 years

- sought protection under the Companies' Creditors Arrangement Act? YES \_\_\_\_\_ NO \_\_\_\_\_
- made a proposal under the Bankruptcy and Insolvency Act? YES \_\_\_\_\_ NO \_\_\_\_\_
- anticipate seeking such protection or making such a proposal within the next twelve (12) months? YES \_\_\_\_\_ NO \_\_\_\_\_

(If the answer to any of the above questions is "YES", provide full details)

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**Operations**

Does the organization, or any person(s) proposed for this insurance perform any of the following Provide counseling services, referral services, legal aid services, computer services or medical services to the public or others? YES \_\_\_\_\_ NO \_\_\_\_\_

Promote, sponsor or provide any form of insurance to its members or non-members? YES \_\_\_\_\_ NO \_\_\_\_\_

Act as or participate in a peer review group or committee for assessing the qualifications and performance of others or the quality of products manufactured, sold, handled or distributed by others? YES \_\_\_\_\_ NO \_\_\_\_\_

Act as a licencing body? YES \_\_\_\_\_ NO \_\_\_\_\_

Take any disciplinary action or recommend disciplinary action as a result of peer review group activities? YES \_\_\_\_\_ NO \_\_\_\_\_

Develop standards used to evaluate the quality of goods, products manufactured or services rendered? YES \_\_\_\_\_ NO \_\_\_\_\_

Engage in activities such as lobbying or labour negotiation? YES \_\_\_\_\_ NO \_\_\_\_\_

Publish any written material, including without limitation magazines, periodicals, technical manuals, or blogs, whether on paper, on the internet or in any other form? YES \_\_\_\_\_ NO \_\_\_\_\_

Engage in broadcasting or reproduction of copyrighted material? YES \_\_\_\_\_ NO \_\_\_\_\_

(If the answer to any of the above questions is "YES", provide full details)

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**Contemplated Changes**

Have there been any changes in the Directors, Trustees or Officers in the past twelve (12) months? YES \_\_\_\_\_ NO \_\_\_\_\_

Are any acquisitions, divestitures, tender offers or mergers under consideration at the present time or being contemplated? YES \_\_\_\_\_ NO \_\_\_\_\_

(If the answer to any of the above questions is "YES", provide full details)

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**Directors or Trustees**

Number of Directors or Trustees \_\_\_\_\_ Number of Officers \_\_\_\_\_

What is the usual rate of change/turnover in Board Members or Trustees \_\_\_\_\_  
 How frequently does the Board of Directors meet? \_\_\_\_\_  
 How many Board Members constitute a quorum \_\_\_\_\_  
 Is the agenda and minutes from the previous board meetings available ten days prior to each board meeting date? YES \_\_\_\_\_ NO \_\_\_\_\_

Are there any loans outstanding or anticipated to Directors, Trustees or Officers or Corporations controlled by them? YES \_\_\_\_\_ NO \_\_\_\_\_  
 Does each Director or Trustee have a formal job description which clearly defines the scope of their duties? YES \_\_\_\_\_ NO \_\_\_\_\_

**Operational Procedures**

Are the Directors, Trustees and Committee Members informed of new developments, and the operation's results? YES \_\_\_\_\_ NO \_\_\_\_\_  
 Have standard decision making procedures been defined? YES \_\_\_\_\_ NO \_\_\_\_\_  
 Does a procedure for documenting major decisions and events exist? YES \_\_\_\_\_ NO \_\_\_\_\_  
 Does a procedure for retention of essential legal, financial and personnel records exist? YES \_\_\_\_\_ NO \_\_\_\_\_  
 Does any Board Member, Officer or Trustee sit on an outside board at the Organization's request or mandate? YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES", include the following information

- Name of individual
- Name of outside organization and brief description of the type of operations
- Confirm each outside organization is not-for-profit
- Confirm that the outside organization has Directors and Officers coverage in place for their organization

**Employment, Membership and Governance Practices**

Indicate the total number of employees \_\_\_\_\_  
 Indicate the number included in the above  
 Number of professional employees \_\_\_\_\_  
 Number of unionized employees \_\_\_\_\_  
 Number of employees terminated voluntarily in the last 2 years \_\_\_\_\_  
 Number of employees terminated involuntarily in the last 2 years \_\_\_\_\_  
 Annual turnover rate of employees \_\_\_\_\_

Have any layoffs or staff reductions taken place within the last 2 years or are any anticipated within the next 2 years? YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES", provide full details

Does the Organization have a full-time Human Resources manager or department? YES \_\_\_\_\_ NO \_\_\_\_\_  
 Does the Organization have written Human Resources procedures to address compensation, performance appraisals and grievances? YES \_\_\_\_\_ NO \_\_\_\_\_  
 Does the Organization have policies to prohibit discrimination and harassment of all types? YES \_\_\_\_\_ NO \_\_\_\_\_  
 Are written records kept of applications, performance related issues and exit interviews? YES \_\_\_\_\_ NO \_\_\_\_\_  
 Does the Organization have an Employee Handbook? YES \_\_\_\_\_ NO \_\_\_\_\_

**Pension Plan(S)**

Does the Entity sponsor a pension plan(s)? YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES", provide the name of the pension plan(s) and the following information:

Total plan assets (all plans combined) \$ \_\_\_\_\_

Number of participants in the plan(s) \_\_\_\_\_

Who manages the plan(s) \_\_\_\_\_

### Legal

What is the source of the Applicant's legal advice? \_\_\_\_\_

Do legal advisers make regular presentations to the Applicant to review the responsibilities of the Directors or Trustees? YES \_\_\_\_\_ NO \_\_\_\_\_

Are all persons required to obtain legal counsel prior to publicly commenting on any Applicant's activities? YES \_\_\_\_\_ NO \_\_\_\_\_

### Notice

Identify the Officer of the Applicant designated to receive all notices from the Insurer concerning this insurance

Name \_\_\_\_\_ Title \_\_\_\_\_

### Prior Insurance

Have any claims, facts or circumstances, which might possibly give rise to a **claim** been reported to the current or any previous D&O or E&O Insurance Company? YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES", provide full details

Previous Directors' & Officers' or Errors & Omissions Liability Insurance (last 3 years)

Name of Insurer	Limit of Policy	Retention	Period	Premium

### Attachments

Please submit one copy of each of the following documents which will be considered to be part of this application

- Last 2 years' annual reports including financial statements
- Latest interim financial statement
- By-laws of the Insured
- List of Directors or Trustees and Officers
- List of Committees
- Sample of any newsletter published by the Applicant
- Copy of Letters Patent

### Declarations and Signature

**The Applicant declares the following**

No claim which would, had insurance similar to that now proposed been in force, have fallen within the scope of such insurance has been made or is now pending against any person(s) proposed for this insurance in the capacity of Insured, except as follow

YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES", provide full details

No person proposed for this insurance is cognizant of any fact or circumstance or of any **Wrongful Act** which might possibly give rise to a future **Claim** such as would fall within the scope of the proposed insurance except as follows

YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES", provide full details

No similar insurance on behalf of the Applicant has been declined or cancelled or renewal thereof refused, except as follows

YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES", provide full details

Neither the Applicant nor any of the Additional Insureds has been involved in or has any knowledge of any currently pending insolvency and/or bankruptcy, anti-trust, combines, price fixing, restraint of trade tax, copyright, patent, securities law or regulation infringement or government regulatory or administrative proceedings against the Applicant and/or the Additional Insureds, except as follows

YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES", provide full details

No fact, circumstance or situation indicating the possibility of a **Claim** against which indemnification would be afforded by the proposed insurance is now known to any person(s) applying for this insurance other than which is disclosed in this application

YES \_\_\_\_\_ NO \_\_\_\_\_

It is specifically agreed by all concerned that if any person(s) applying for this insurance has any knowledge of any such fact, circumstance or situation, any **Claim** subsequently emanating the reform will be excluded from coverage under the proposed insurance

The undersigned Director of the Applicant is duly authorized to make representations and to sign on behalf of all the Additional Insureds and the Applicant and declares that the statements herein are true and complete

The undersigned Director of the Applicant declares that the financial statements submitted with this application are representative of the current financial position of the Applicant

Signing of this application does not bind the Insurer to complete the insurance, but it is agreed that this application will be the basis of the contract should a policy be issued, and that this application will be attached to and become a part of such policy, if issued

The Insurer is hereby authorized to make any investigation and inquiry in connection with this application as it may deem necessary

It is warranted that the particulars and statements contained in the application for the policy and any materials submitted herewith (which will be retained on file by the Insurer and which will be deemed attached hereto, as if physically attached hereto), are the basis for the policy and are to be considered as incorporated into and constituting a part of the policy

It is agreed that in the event that there is any material change in the answers to the questions contained herein prior to the effective date of the policy, the Applicant will notify the Insurer and, at the sole discretion of the Insurer, any outstanding quotations may be modified or withdrawn

**Applicant Acknowledgement**



The undersigned authorized officer of the organization declares that, to the best of his/her knowledge, the statements set forth herein are true. Signing of this application does not bind the Insurer to offer, nor the Applicant to accept Insurance, but, it is agreed that this form shall be the basis of the contract should a policy be issued, and this form will be attached to and become part of the policy.

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

Applicant Name \_\_\_\_\_ Title/Position \_\_\_\_\_
Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_
Broker Name \_\_\_\_\_
Broker Signature \_\_\_\_\_

List of Directors or Trustees and Officers of the Applicant

Table with 2 columns: DIRECTORS/TRUSTEES AND OFFICERS, OCCUPATION. Multiple empty rows for data entry.


**List of Committees of the Named Applicant**

NAME OF COMMITTEE	BRIEF DESCRIPTION OF FUNCTIONS


**List of Subsidiaries or Affiliated Entities**

If the Organization has any Subsidiaries or Affiliated Entities for which coverage is required – please provide the following information

NAME	NATURE OF ORGANIZATION	JURISDICTION OF INCORPORATION	NON PROFIT ENTITY		
			YES	_____	NO _____
			YES	_____	NO _____
			YES	_____	NO _____
			YES	_____	NO _____
			YES	_____	NO _____
			YES	_____	NO _____