

**#103-8411 200<sup>th</sup> STREET, LANGLEY, BC V2Y 0E7 TELEPHONE: (604) 888-0050 FAX: (604) 888-1008**

**Directors and Officers Liability Insurance  
For Non-Profit  
Or  
Associations**

1. Name of Organization/Association: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_
2. (a) Is this Organization incorporated?    Yes    No                      With share capital?    Yes    No  
 (b) What is Organization's legal structure:    Corporation    Association    Foundation    Trust    Other  
       If other, give details: \_\_\_\_\_  
 (c) What is the purpose of the Organization? (Provide copies of information booklet if available)  
       \_\_\_\_\_  
 (d) When organized? \_\_\_\_\_
3. Does the Organization have any operations outside Canada?    Yes    No                      If Yes, give details:  
 \_\_\_\_\_
4. Does the Organization have any affiliated or subsidiary company operating for a profit?    Yes    No  
       If Yes, give details: \_\_\_\_\_
5. Does the Organization have any stockholders or persons who profit from the operation except as salaried employees?  
       Yes    No                      If Yes, give details \_\_\_\_\_
6. Size of Operating Budget (Revenue + Cash Assets)                      \$ \_\_\_\_\_
7. Please indicate percentage of funds from the following sources:
 

(a) Federal, provincial, local government	_____ %
(b) Dues from members	_____ %
(c) Donations, contributions obtained from general public	_____ %
(d) Fee(s) for service(s)	_____ %
(e) Other	_____ %
8. What percentage of the total funds received for the previous and current year was used for:
 

(a) Fund raising?	_____ %
(b) Administration?	_____ %
(c) Services?	_____ %
(d) Lobbying?	_____ %
(e) Labour negotiations	_____ %

9. Is the organization tax exempt?    Yes    No  
(a) Has the Organization filed a Federal Income Tax Return for any of the last five years?    Yes    No  
(b) Have the returns been accepted as filed?    Yes    No    If No, give details: \_\_\_\_\_  
\_\_\_\_\_

10. Number of:  
Directors: \_\_\_\_\_(salaried)    \_\_\_\_\_ (non-salaried)    Officers: \_\_\_\_\_(salaried)    \_\_\_\_\_(non-salaried)  
How many Directors or Officers shown above are Non-Voting? \_\_\_\_\_  
Professionals, state number and profession \_\_\_\_\_  
Clerical Employees \_\_\_\_\_    Volunteers \_\_\_\_\_    Other \_\_\_\_\_

11. Within the last five years, has the Organization received an enquiry, complaint or notice of hearing from any Provincial or Regulatory Authority?    Yes    No    If Yes, give details (use a separate sheet if necessary)  
\_\_\_\_\_  
\_\_\_\_\_

12. The Organization and/or its Directors, Officers, or any person(s) proposed for this insurance have not been involved in or have any knowledge of pending Federal, Provincial or local legal actions or proceedings against the Organization and/or its Directors, Officers, or any person(s) for this insurance except as follows: (if answer is none, so state)  
\_\_\_\_\_  
\_\_\_\_\_

13. Within the scope of this proposed insurance:  
(a) Has any claim been made, or is now pending against the Organization or any person proposed for insurance?    Yes    No  
If Yes, give details:  
\_\_\_\_\_

(b) Has any Director, Officer or any person(s) proposed for insurance any knowledge or information of any "Wrongful Act" which he or she should expect could give rise to a claim against him or her?    Yes    No    If Yes, give details:  
\_\_\_\_\_  
\_\_\_\_\_

14. Are any of the Directors, Officers, or any person(s) proposed for insurance indebted to the Organization?    Yes    No  
If Yes, give details:  
\_\_\_\_\_

15. Has any similar insurance on behalf of the Organization been decline, cancelled or renewal thereof refused?    Yes    N  
If Yes, give details:  
\_\_\_\_\_

16. Directors and Officers Liability Insurance or Association Liability Insurance carried during the past three years:

Insurer	Limit of Liability	Deductible	Period	Premium

17. Limit of Liability: \_\_\_\_\_

18. Do you require EPL coverage? If so need the total salaries and benefits paid to employees? \_\_\_\_\_  
 \_\_\_\_\_

19. Complete the following additional questions if Association Liability Insurance is required. Attach full details of any Yes" answers.

- |  |     |    |
|--|-----|----|
| (a) Does the Association engage in any form of research, development, testing or experimentation?  | Yes | No |
| (b) Does the Association set standards for qualifications and performance of others or for the quality of products manufactured, sold, handled or distributed by others? | Yes | No |
| (c) Does the Association take or recommend any disciplinary action as a result of peer review activities?  | Yes | No |
| (d) Does the Association publish any magazines, periodicals, newsletters or technical manuals?   | Yes | No |
| (e) Does the Association promote, sponsor or provide any form of insurance to its members or non-members?  | Yes | No |
| (f) Is the Association directly involved in the promotion of any specific product or service to Association members which will produce a profit for the Association?     | Yes | No |

It is agreed that any claim arising from any "Wrongful Act" which is known to any Director, Officer, or any person(s) proposed for insurance prior to the issuance of the policy shall be excluded from coverage.

The undersigned authorized Officer of the Organization on behalf of the Directors and Officers and the Organization declares that to the best of his/her knowledge and belief the statements set forth herein are true.

\_\_\_\_\_  
 Signature  
 Capacity: \_\_\_Chairman of the Board \_\_\_President

\_\_\_\_\_  
 Date

**One copy of the following is attached and made part of this proposal:**  
**(1) Last Annual Report or Audited Financial Statement**  
**(2) Charter of Bylaws**

Broker/Agent: \_\_\_\_\_