



# Application for Insurance

## Non Profit Association Liability and Directors & Officers

CANNOT BIND WITHOUT BEING COMPLETED AND SIGNED BY APPLICANT

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

### PART 1: Applicant Information

Applicant's Registered Name: \_\_\_\_\_

Legal Address: \_\_\_\_\_

City, Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mailing Address:

City, Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

Applicant is registered for a not-for-profit society/association? Yes No

Applicant's Date of Registration: \_\_\_\_\_ Registration #: \_\_\_\_\_

Applicant is a for-profit: Proprietorship Corporation

Date of incorporation: \_\_\_\_\_

Briefly state the designated purpose of the applicant: \_\_\_\_\_

\_\_\_\_\_

Briefly outline the types of activities undertaken by the applicant: \_\_\_\_\_

\_\_\_\_\_

Is this applicant's initial application for insurance? Yes No

If "No", please provide the name of their previous Insurer. \_\_\_\_\_

Has the Applicant been refused coverage within the past three (3) years? Yes No

If "Yes", please attach a written explanation of circumstances.

Have there been any claims brought against the applicant within the past three (3) years? Yes No

If "Yes", please attach full details of claim and amounts paid on Insured's behalf.

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**PART 2: Fundamental Annual Coverage (CGL including D&O)**

**Term of Insurance:** requested effective date: \_\_\_\_\_

**Limit of Commercial General Liability Requested:** \_\_\_\_\_ million \$CDN

**Limit of Directors & Officers Liability requested:** \_\_\_\_\_million \$CDN

**Number of meetings:** \_\_\_\_\_ General \_\_\_\_\_ Committee \_\_\_\_\_ Other

**Number of Directors:** \_\_\_\_\_ (salaried)                      **Number of Officers:** \_\_\_\_\_ (salaried)  
   \_\_\_\_\_ (non-salaried)    \_\_\_\_\_ (non-salaried)  
   \_\_\_\_\_ (non-voting)    \_\_\_\_\_ (non-voting)

**Number of Volunteers:** \_\_\_\_\_                      **Number of Staff:** \_\_\_\_\_

**Estimated Annual Income:** \_\_\_\_\_                      **Estimated Annual Expenses:** \_\_\_\_\_  
    **Public Sources:** \_\_\_\_\_                                      **Administration:** \_\_\_\_\_  
    **Private Sources:** \_\_\_\_\_                                      **Services:** \_\_\_\_\_  
    **Fund Raising Activities:** \_\_\_\_\_                                      **Marketing:** \_\_\_\_\_  
    **Other:** \_\_\_\_\_    **Other:** \_\_\_\_\_

**Does the Applicant have any operations outside of Canada?**                                      Yes      No  
**Does the Applicant have any for-profit affiliates or subsidiary operations?**                                      Yes      No  
**Are there stockholders/persons who stand to make a profit from the Applicant?**                                      Yes      No  
**Has any Director or Officer knowledge of any "Wrongful Act" that may raise a claim?**                                      Yes      No

**Please attach:**                      **most recent year end financial statements**  
   **most recent month end financial statements**  
   **complete list of Directors & Officers with mailing addresses**

**INSURANCE GRANTED UNDER THIS POLICY IS FOR ANNUAL OPERATIONS OF THE APPLICANT ONLY.  
FOR PROJECT/EVENT SPECIFIC INSURANCE PLEASE SUBMIT APPROPRIATE SUPPLEMENTAL APPLICATION(S) AS  
REQUIRED.**

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**PART 3: Applicants Declaration**

**PLEASE NOTE:**

This is an application for insurance only. It does not constitute an insurance policy, however, the information provided herein, in addition to any attached documentation, shall be considered to form part of the insurance policy. Insurance shall become effective upon issuance of a written binder, "Certificate of Insurance" or policy document authorized by **Special Risk Insurance Managers Ltd.** **FURTHER:** it is agreed that any claim arising from any "Wrongful Act" which is known to a Director, Officer, or any person(s) proposed for insurance prior to the issuance of the policy, shall be excluded from coverage.

*I, the undersigned, being authorized to act for the applicant and its Directors & Officers, declare that, to the best of my knowledge and belief, the statements set forth herein are true and correct.*

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name (please print)**

\_\_\_\_\_  
**Position**

\_\_\_\_\_  
**Applicants Signature**

\_\_\_\_\_  
**Broker's Name**

\_\_\_\_\_  
**Agent's Name**