## DIRECTORS AND OFFICERS LIABILITY INSURANCE FOR NON-PROFIT OR ASSOCIATIONS

1. Name of the Organization /Association: $\qquad$
Address: $\qquad$ Fax Number: $\qquad$
Telephone Number:
Contact Person: $\qquad$

2. Is this Organization incorporated?$\square$ Yes $\quad \square$ No With share capital?YesNo

What is Organization's legal structure: $\square$ Corporation $\square$ Association $\square$ Foundation $\square$ Trust $\square$ Other If other, give details:
What is the purpose of the Organization? (Provide copies of information booklet if available):
$\square$
When organized? $\qquad$
3. Does the Organization have any operations outside Canada?Yes No
If yes, give details: $\qquad$
4. Does the Organization have any affiliated or subsidiary company operating for a profit?$\square$ Yes $\square \mathrm{N}$ If yes, give details: $\qquad$
5. Does the Organization have any stockholders or persons who profit form the operation except as salaried employees?
$\square$
$\square$ Yes No

If yes, give details: $\qquad$
6. Size of Operating Budget (Revenue+ Cash Assets) \$ $\qquad$
7. Please indicate percentage of funds from the following sources:
(a) Federal, provincial, local government $\qquad$
(b) Dues from members $\qquad$
(c) Donations, contributions obtained from general public $\qquad$ \%
(d) Fee(s) for service(s) $\qquad$ \%
(e) Other $\qquad$ \%
8. What percentage of the total funds received for the previous and current year was used for:
(a) Fund raising? $\qquad$ \%
(b) Administration? $\qquad$ \%
(c) Services? $\qquad$ \%
(d) Lobbying? $\qquad$ \%
(e) Labour negotiations $\qquad$ \%
9. Is the organization tax exempt?YesNo
(a) Has the Organization filed a Federal Income Tax Return for any of the last five years?YesNo
(b) Have the returns been accepted as filed?YesNo If no, give details: $\qquad$
10. Number of:

Directors: $\qquad$ (salaried) $\qquad$ (non-salaried) Officers: $\qquad$ (salaried) $\qquad$ (non-salaried)

How may Directors or Officers shown above are Non-Voting? $\qquad$
Professionals, state number and profession $\qquad$ Clerical Employees ___ Volunteers $\qquad$ Other $\qquad$
11. Within the last five years, has the Organization received an enquiry, complaint or notice of hearing from any Provincial or Regulatory Authority? $\quad \square$ Yes $\quad \square$ No If Yes, give details (use a separate sheet if necessary):
$\square$
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)
$\square$
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?YesNo

If Yes, give details: $\qquad$
(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? $\square$ Yes $\square$ No If Yes, give details: $\qquad$
14. Are any of the Directors, Officers, or any person(s) proposed for insurance indebted to the Organization?YesNo If Yes, give details: $\qquad$
15. Has any similar insurance on behalf of the Organization been decline, cancelled or renewal thereof refused?YesNo If Yes, give details: $\qquad$
16. Directors and Officers Liability Insurance or Association Liability Insurance carried during the past three years:
Insurer Limit of Liability Peductible Priod Premium
17. Limit of Liability: $\qquad$
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.

|  | Yes $\square$ No |
| :---: | :---: |
| Does the Association engage in any form of research, development, testing or experimentation? |  |
| Does the Association set standards for qualifications and performance of others or for the quality of products manufactured, sold, handled or distributed by others? | $\begin{array}{ll}\square \mathrm{Yes} & \square \mathrm{No} \\ \square \mathrm{Yes} & \square \mathrm{No}\end{array}$ |
| Does the Association take or recommend any disciplinary action as a result of peer review activities? | $\square$ Yes $\square$ No |
| Does the Association publish any magazines, periodicals, newsletters or technical manuals? |  |
| Does the Association promote, sponsor or provide any form of insurance to its members or non-members? | $\square \mathrm{Yes} \quad \square$ No |
| 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? | $\square \mathrm{Yes} \quad \square$ 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: $\qquad$ Date: $\qquad$
Capacity:Chairman of the Board $\square$ President

## 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: $\qquad$

