

DIRECTORS AND OFFICERS LIABILITY INSURANCE FOR NON-PROFIT OR ASSOCIATIONS

| 1. | Name of the Organization /Association: | | | | | |
|----|--|--|--|--|--|--|
| | Address: | | | | | |
| | Telephone Number: Fax Number: | | | | | |
| | Contact Person: | | | | | |
| 2. | Is this Organization incorporated? Yes No With share capital? Yes No | | | | | |
| | What is Organization's legal structure: Corporation Association Foundation Trust Other | | | | | |
| | If other, give details: | | | | | |
| | What is the purpose of the Organization? (Provide copies of information booklet if available): | | | | | |
| | | | | | | |
| | | | | | | |
| | When ergenized? | | | | | |
| | When organized? | | | | | |
| 3. | Does the Organization have any operations outside Canada? Yes No | | | | | |
| | If yes, give details: | | | | | |
| 4. | Does the Owner institute have any efficient of a subsidiary common an existing face mustiful. | | | | | |
| | Does the Organization have any affiliated or subsidiary company operating for a profit? Yes No If yes, give details: | | | | | |
| | ii yes, give details. | | | | | |
| 5. | Does the Organization have any stockholders or persons who profit form 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 | | | | | |

| | (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 may 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): | | | | | | |
| | Regulatory Authority? Yes No If Yes, give details (use a separate sheet if necessary): 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) | | | | | | |
| 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) 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 | | | | | | |
| 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) 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: | | | | | | |
| 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) 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 | | | | | | |
| 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) 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 of she should expect could give rise to a claim against him or her? Yes No | | | | | | |
| 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) 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 | | | | | | |
| 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) 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 of she should expect could give rise to a claim against him or her? Yes No | | | | | | |

| nsurer | Limit of Liability | Deductible | Period | Premium | |
|---|--|--|---------------------------------|-----------------|---------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 7. Limit of Liability: | | | | | |
| 3. Do you require EPL c | overage? If so need the to | ital salaries and benefits paid to | employees? | | |
| | | | | | |
| 9. Complete the followi | ng additional questions if | Association Liability Insurance | is required. Attach full deta | ils of any "Yes | " answers. |
| | | | | Yes | No |
| Does the Association | on engage in any form of r | esearch, development, testing c | 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? | | | | No No |
| Does the Association | Does the Association take or recommend any disciplinary action as a result of peer review activities? | | | | |
| | 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? | | | | | No |
| Is the Association d | Yes | No | | | |
| , | n arising from any "Wrong ne policy shall be excluded | ful Act" which is known to any D I from coverage. | virector, Officer, or any perso | on(s) proposed | d for insurar |
| = | - | ation on behalf of the Directors a s set forth herein are true. | and Officers and the Organi | ization declare | s that to the |
| ignature: Date: | | | | | |
| · · · · · · · · · · · · · · · · · · · | Chairman of the Board | | | | |
| ne copy of the followin | g is attached and made p | art of this proposal: | | | |
| | r Audited Financial State | | | | |
|) Charter of Bylaws | | | | | |
| | | | | | |