SPECIAL RISK
INSURANCE MANAGERS

Please send completed application to submissions@srim.ca
Toll Free 800 993 6388 | Fax 604 888 1008 | WWW.SRIM.CA

NON-PROFIT ASSOCIATION LIABILITY AND DIRECTORS & OFFICERS APPLICATION

Cannot bind without being completed and signed by applicant

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 the 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 the 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 of Insured's behalf.

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

Target Premium (if known): _____

Number of Meetings	General: _____	Committee: _____	Other: _____
Number of Directors	Salaried: _____	Non-Salaried: _____	Non-Voting: _____
Number of Officers	Salaried: _____	Non-Salaried: _____	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 and 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.

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: _____