



**NOT FORPROFIT
DIRECTORS & OFFICERS & ORGANIZATION LIABILITY
APPLICATION**

Please Read the following carefully.

This form is in respect of a claims made policy which covers claims made against the Organization in whose name a policy will be issued (which includes all its subsidiaries) and any other company or other person(s) insured under the policy.

Please respond to all questions.

If there is not enough room on the form to provide responses to all questions or provide any other requested information, please provide an additional sheet or sheets.

Please provide the following with this application form:

1. The most recent annual report and accounts or financial statements in respect of the Organization.
2. Any other information requested elsewhere in the form.

1. Full Name of Applicant : _____

2. Main Address of Company: _____

3. Province of Incorporation of the Organization: _____

4. Date of Incorporation of Organization: _____

5. Official Website Address of Organization: _____

6. What was the Organization's total revenue for the last full year? CAD \$ _____

7. What is the total number of full and part-time Employees? _____

8. What are the activities and/or purpose of the Organization?

Charitable Organization registered as such in Canada

Educational Organization

Environmental Organization / Association

governmental Organization / Agency

Medical / Healthcare Association

Public Art Organization

Sports & Leisure Organization

Strata Plan / Residential Association

Trade Association

Trade Union

Other: please state _____

9. Is coverage required for Employment Practices Liability Insurance? Yes No
10. If the answer to 1 above is 'yes', is a separate limit required for this cover? Yes No
11. Does the Organization undertake any medical or healthcare activities or provide medical or healthcare advice?
 Yes No If Yes, please provide details:

12. Is the Organization a Trade Union and/or does it undertake any labor negotiations?
 Yes No If Yes, please provide details:

13. Does the Organization undertake any medical or healthcare activities or provide medical or healthcare advice?
 Yes No If Yes, please provide details:

14. Is the Organization a Trade Union and/or does it undertake any labor negotiations?
 Yes No If Yes, please provide details:

15. Does the Organization undertake any activity outside of Canada?
 Yes No If Yes, please provide details:

16. Does the Organization have more than one Director (or equivalent) on the board?
 Yes No If No, are there any plans to increase the number of Directors (please provide details):

17. Is the Organization considering any sale, merger or divestments, or the acquisition of any other entity in the next 12 months?
 Yes No If Yes, please provide details:

18. Have the activities of the Organization changed in the past three

Yes No If Yes, please provide details:

19. Is the Organization considering any changes to its activities or purpose in the next 12 months?

Yes No If Yes, please provide details:

20. If the Organization is a Strata Plan or Residential Association, has control of the Organization been transferred from the builder/developer?

Yes No If Yes, please provide details:

21. What Limit is required?

- \$250,000 \$500,000
 \$1,000,000 \$2,000,000
 \$3,000,000 \$4,000,000
 \$5,000,000 Other (please state) \$ _____

22. What deductible is required?

- \$1,000
 \$2,500
 \$5,000

23. a) Has the Organization or any Insured ever been subject to any investigation by any official body, commissioner or regulatory body or the like?

Yes No If Yes, please provide details:

b) If the response to (a) above is yes, did the investigation in question result in any disciplinary proceedings, admonishment, or recommendations?

Yes No If Yes, please provide details:

24. Has any claim been made against the Organization or the Insureds in the past 5

Yes No If Yes, please provide details:

25. Are the Organization or any Insureds aware of or have any knowledge of any of any act, error, omission, fact, event or circumstances which might reasonably be expected to give rise to a claim that would be covered by a policy, if effected?

Yes No If Yes, please provide details:

26. Does the Proposer currently maintain any Management Liability insurance?

Yes No If yes, please provide details of the:

Current Insurer: _____

Limit: \$ _____ Expiry Date: _____

27. Has any prior policy of Management Liability insurance effected by the Proposer ever been cancelled?

Yes No If Yes please provide details:

28. Has the Proposer ever been refused Management Liability insurance?

Yes No If Yes, please provide details:

This application and any supplements attached hereto do not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued by TCB Underwriters Ltd.

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN. I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH MY APPLICATION FOR INSURANCE AND FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS AND DETERMINE CLAIMS HISTORY OF THE APPLICANT.

Signature of the Applicant: _____

Dated: _____

Print full Name and Title / Position: _____

BROKER NAME: _____ BROKERAGE NAME: _____

BROKERAGE ADDRESS: _____

BROKER PHONE NUMBER: _____ BROKER FAX NUMBER: _____

BROKER EMAIL: _____