

Canadian Association Plan (CAP)

Insurance Program for Non-Profit Organizations

RENEWAL APPLICATION FOR DIRECTOR'S & OFFICER'S LIABILITY COVERAGE

Please complete all sections – if no answer available, write 'not applicable' in space provided.
Where space provided is insufficient to fully answer, please attach additional sheet(s).

Attach the following supplemental documentation:

- Any changes to bylaws – if none, please note 'none'
- Latest annual financial report
- Copy of minutes from most recent annual general meeting
- Current list of directors & officers

General Inquiries

1. Name of Applicant: _____ Policy No. _____ Expiry Date ____/____/____

2. Address of Main Office: _____
(street line 1)

(street line 2)

(city) _____ (province)

(postal code)

3. Purpose of organization and nature of operations / services provided:

4. Does the organization have any activities outside of Canada?
Yes No If yes, provide full details:

5. Does the organization have any subsidiaries and / or affiliated organizations?
Yes No If yes, confirm non-profit status and describe:

Operation Details

6. Annual Operating Budget: Current Year: \$_____ Next Year: \$_____ (all revenue plus cash assets)

Indicate the percentage of funds received from the following sources:

Government Funding:	_____	Service Fees:	_____
Solicited Donations:	_____	Unsolicited Donations:	_____
Membership Dues:	_____	Fundraising or Other:	_____

Explain fundraising activities or other in detail:

7. Indicate the total number of:

Directors:	_____	Officers:	_____	Professionals:	_____
Members:	_____	Employees:	_____	Volunteers:	_____
Board members:	_____	Salaried:	_____	Unsalariated:	_____

Professionals are those board members, independent contractors or employees with specialized qualifications being rendered to the organization or drawn upon by the organization to assist or support in its activities, projects or operations. Examples include legal, medical, technical (i.e. inspectors, engineers, technicians). Attach sheet(s) to detail each professional's qualifications and all professional services being rendered.

8. Does the organization or any person(s) proposed for this insurance perform any of the following: If yes, please attach full explanation.

- | | | |
|--|-----|----|
| a) Provide counseling, referral, legal aid, computer or medical services? | Yes | No |
| b) Promote or sponsor any type of group travel, conventions, parades or other similar event or assume liability in connection therewith? | Yes | No |
| c) Engage in any for of research, experimentation or testing? | Yes | No |
| d) Take any disciplinary action or recommend disciplinary action as a result of peer review group activities? | Yes | No |
| e) Promote or endorse any specific products to association members that produce revenue for the organization? | Yes | No |
| f) Publish any magazines, periodicals, newsletters or technical manuals? | Yes | No |
| g) Engage in activities such as lobbying or labour negotiations? | Yes | No |
| h) Manage or administer monies such as loans or grants on behalf of others (i.e. banks, government)? | Yes | No |

9. Has any claim been made or is a claim now pending against the organization or any person proposed for this insurance?

Yes No If yes, provide full details:

10. Has any suit or legal action been filed by or on behalf of the organization against any person(s) proposed for this insurance?

Yes No If yes, provide full details:

11. Does the organization or any other person(s) proposed for this insurance have knowledge or information of any actual or alleged negligent act, error, omission, misstatement or misleading statement or breach of duty that might give rise to a future claim?

Yes No If yes, provide full details:

DECLARATION

The undersigned declares that all statements made in this application and the information contained in documents submitted with it are true. Signing of this document does not bind the applicant or the insurance company to engage in an insurance contract, but it is agreed that this application shall be the basis of the contract should an insurance policy be subsequently issued.

Signature

Title or Position

Date

**MUST BE SIGNED BY THE
PRESIDENT OR CHAIRMAN OF THE
BOARD OR EXECUTIVE DIRECTOR**