

# Canadian Association Plan (CAP)

## Insurance Program for Non-Profit Organizations

### WRONGFUL DISMISSAL SUPPLEMENTAL QUESTIONNAIRE FOR NON-PROFIT CORPORATIONS

- 1) Canadian employees:                      Total: \_\_\_\_\_                      Union: \_\_\_\_\_                      Non-Union: \_\_\_\_\_
- 2) Non-Canadian employees:                      Total: \_\_\_\_\_                      Union: \_\_\_\_\_                      Non-Union: \_\_\_\_\_
- 3) Employees with total annual compensation greater than \$100,000: \_\_\_\_\_
- 4) How many employees or officers have been terminated in the past 3 years?  
(attach full details of terminations) \_\_\_\_\_
- 5) Are any layoffs or staff reductions anticipated in the next three years?  
(if yes, please attach full details)                       Yes                       No
- 6) Does the corporation have a human resources or personnel department?  
(if no, how is this function handled)                       Yes                       No
- 7) Does the corporation have:
- a) A formal orientation program for new employees that addresses workplace conduct and grievance procedures?                       Yes                       No
- b) An employment handbook that is distributed to all employees?                       Yes                       No
- c) For all positions:
- Written job descriptions?                       Yes                       No
- Regular written performance evaluations?                       Yes                       No
- An application form for employment?                       Yes                       No
- A personnel file?                       Yes                       No
- d) A policy on accommodating the disabled?                       Yes                       No
- e) A written program on sexual harassment and discrimination?                       Yes                       No
- f) A written program on the handling of employee complaints of discrimination or sexual harassment?                       Yes                       No
- g) A standardized severance program for terminations and layoffs?                       Yes                       No
- 8) In the past three years, has the corporation or any person(s) applying for this insurance been involved in any litigation or proceedings related to employment (including but not limited to wrongful dismissal)?

Yes

No

(If yes, provide full details – attach sheet if necessary)

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9) Is the corporation or any person(s) applying for this insurance aware of any fact, circumstance or situation which could reasonably be expected to give rise to a claim related to employment (including but not limited to wrongful dismissal)?

Yes

No

If yes, provide full details – attach sheet if necessary)

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## DECLARATIONS AND SIGNATURE

It is understood and agreed that if any such facts, circumstances or situations exist, whether or not disclosed, the insurer there from excludes any claim or action arising under any policy issued.

The undersigned is duly authorized to make representation and sign on behalf of all persons or entities applying for this insurance, and declared that the statements made herein are true.

It is agreed that the particulars and statements contained in this supplemental questionnaire form for the policy and any materials submitted herewith (which will be retained on file by the insurer and which will be deemed attached hereto, as if physically attached hereto), are the basis for the policy and are to be considered as incorporated into and constituting part of the policy.

It is agreed that in the event that there is any material change in the answers to the questions contained herein prior to the effective date of the policy, the corporation will notify the insurer and, at the sole discretion of the insurer, any outstanding quotations may be modified or withdrawn.

All provisions contained in the various forms issued under this contract shall be deemed contained in the present application for insurance.

Signing of this supplemental questionnaire does not bind the insurer to complete the insurance, but it is agreed that this supplemental questionnaire form will be the basis of the contract should a policy be issued and that this supplemental questionnaire form will become a part of such policy, if issued.

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Signature of duly authorized officer

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Signature of individual responsible  
for human resources

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Title

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Title

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Date

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Date