

Canadian Association Program

Insurance Program for Non-Profit Organizations

NEW BUSINESS 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:

Bylaws or Constitution
Latest annual financial report

Minutes from most recent annual general meeting
Current list of directors & officers

General Information

1. Name of Organization: _____ Incorporation Number _____ Date Established ____/____/____
2. Contact Name: _____ E-Mail _____ Web Site _____
3. Address of Main Office: _____
(street)
_____ (city) _____ (province)
_____ (postal code)
4. Purpose of organization and nature of operations / services provided:

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

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

7. Is a financial statement independently prepared annually? Yes No
8. Current D&O Insurer: _____ Policy #: _____ Expiry: ____/____/____
Claims Details: none _____

Operation Details

9. 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:

10. 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.

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

12. Are any directors or officers serving on outside boards on business of the organization?

Yes No If yes, provide full details:

13. Has any similar insurance on behalf of the organization been declined, cancelled or non-renewed?

Yes No If yes, provide full details:

14. Does the organization desire coverage for wrongful dismissal?

Yes No If yes, the supplemental application form must be completed

15. Within the scope of the proposed insurance, has any suit, legal action or claim been made, or is now pending against the organization or any person(s) proposed for this insurance?

Yes No If yes, provide full details:

16. Within the scope of this proposed insurance, does any director, officer or any person(s) proposed for this insurance have any knowledge, awareness or information of any 'wrongful act' which he or she may expect could give rise to a claim against him or her?

Yes No If yes, provide full details:

17. What coverage terms are requested?

Indemnity limit: \$_____ S.I.R.: \$_____

DECLARATION

The undersigned declares that all statements made in this application and the information contained in documents submitted within it is 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**