**NON-PROFIT MANAGEMENT AND CORPORATE LIABILITY INSURANCE POLICY**

**APPLICATION – NON-PROFIT CORPORATIONS**

THIS IS AN APPLICATION FOR A CLAIMS MADE POLICY WITH DEFENCE COSTS INCLUDED IN THE LIMIT OF LIABILITY. ALL QUESTIONS MUST BE ANSWERED.

**Corporate Information**

1. (a) Name of Applicant:

(b) Address:

(c) Date of Incorporation:       Jurisdiction:       Fiscal Year End:

(d) Web-Site Address:

(e) Check one of the following categories that best describes your operations:

Condominium / Cooperative  Historical Society  Research / Development Institute

Crown Corporation  Industrial / Agricultural Co-op  Self-Regulatory Organization (SRO)

Daycare  Labour Union  Social / Recreational Club

Environmental Group  Museum  Social Welfare Organization

Foundation  Nursing / Retirement Home  Sports Club

Golf / Curling / Country Club  Performing Arts Organization  Trade / Business Association

Health Care Organization  Religious Organization  Other:

(f) Briefly describe the functions, purpose and general operations of the Applicant:

**Operational Activities**

2. (a) Does the Applicant have any subsidiaries or affiliated companies for which   
coverage is required? Yes  No

If Yes, provide the following information:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Nature of Operations** | **Jurisdiction of Incorporation** | **Non-Profit Entity?** |
|  |  |  | Yes  No |
|  |  |  | Yes  No |
|  |  |  | Yes  No |

(b) Percentage of the services provided or activities performed in:

Canada:       % United States:       % Other Country:       %

(c) Is the Applicant a licensing body for its members: Yes  No

(d) Does the Applicant or any person(s) proposed for this insurance perform the following:

(i) Take any disciplinary action or recommend disciplinary action as a result of  
peer review group activities? Yes  No

(ii) Engage in activities such as labour negotiations or collective bargaining? Yes  No

***If yes to any of the above, attach details.***

**Financial Information**

3. (a) If the Applicant holds a charitable status, has this status ever been revoked  
or been subject to review? Yes  No

(b) Is the Applicant currently, or has it at any time during the past three years been, in  
arrears in its payments to the Canada Revenue Agency or the provincial ministries   
of revenue (including source deductions, G.S.T and P.S.T)? Yes  No

(c) Is the Applicant currently, or has it at any time during the past three years been, in   
breach of any of its debt covenants or loan agreements, or does it anticipate  
any such breach occurring within the next twelve months? Yes  No

***If yes to any of the above, attach details.***

4. For the most recent consolidated fiscal year-end provide the following financial information for the Applicant:

(a) Fiscal Year-end Date:

(b) Total Assets: $

(c) Total Liabilities $

(d) Total Revenues: $

(e) Net Income: $

(f) Total Salaries: $      \_\_\_

**Employment Practices Information**

5. (a) Canada United States Other Country

(i) Number of directors located in:

(ii) Number of employees located in:

(iii) Number of volunteers located in:

(b) Are any layoffs or staff reductions anticipated within the next two years? Yes  No

If Yes, describe fully:

**Fiduciary Liability Information**

6. Does the Applicant offer a Defined Benefit Plan to its employees? Yes  No

**Prior Insurance**

7. Provide details of Directors’ and Officers’ liability insurance policies held during the past three years:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Insurer** | **Limit of Policy** | **Deductible/Retention** | **Expiry Date** | **Premium** | **Claims (Y/N)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Past Activities**

8. During the past 3 years, has the Applicant or any directors, officers or any other person proposed for this insurance:

(a) been the recipient(s) of any declination, cancellation or non-renewal of any   
 liability insurance similar to that now applied for? Yes  No

(b) given or delivered written notice under the provisions of any liability insurance  
policy of any claim, or notice of potential claim? Yes  No

(c) been involved in any claim, which has been made or is now pending, which would   
fall within the scope of an insurance policy similar to that now proposed if such  
insurance had been in force? Yes  No

(d) been involved in any civil, criminal, administrative or regulatory investigation or proceeding? Yes  No

(e) been involved in any receivership or insolvency or bankruptcy proceeding? Yes  No

***If yes to any of the above, attach details.***

**THE APPLICANT DOES HEREBY PROVIDE THE FOLLOWING WARRANTY TO THE INSURER**

9. Are there any facts, circumstances or situations which could give rise to a claim which would   
fall within the scope of the proposed insurance? Yes  No

If Yes, provide details:

It is understood and agreed that if knowledge of any such facts, circumstances or situations exists, whether or not disclosed, any claim or action subsequently arising or developing therefrom shall be excluded from coverage under any policy issued by Trisura Guarantee Insurance Company.

**FALSE INFORMATION**

Any person who, knowingly and with intent to defraud any insurance company or other person, files an Application for insurance containing any false information, or conceals information concerning any fact material thereto for the purpose of misleading any insurance company or other person, commits a fraudulent insurance act which is a crime.

**DECLARATIONS AND SIGNATURE**

The undersigned authorized officer of the Applicant:

(i) declares, after inquiry, that the statements and representations set forth in this Application, and all materials submitted to or requested by the Insurer in conjunction with this Application, are true;

(ii) acknowledges that these statements, representations, and materials are relied on by the Insurer and that they shall be deemed material to the acceptance of the risk assumed by the Insurer under the insurance applied for, should the insurance be effected;

(iii) agrees that if the information supplied in connection with this Application changes between the date of this Application and the effective date of any insurance effected pursuant to this Application, the undersigned will immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding indications, quotations and/or authorization or agreement to effect the insurance; and

(iv) acknowledges that any personal information provided in connection with the insurance applied for, including but not limited to the information contained in this Application, has been collected in accordance with all applicable privacy legislation. The undersigned confirms that all necessary consents have been obtained for the collection, use, and disclosure of such information for the purposes of any investigation and inquiry in connection with this Application for insurance and, if applicable, investigating and settling claims, detecting and preventing fraud, and acting as required or authorized by law.

Signing of this Application does not obligate the Applicant or the Insurer to effect the insurance, but it is agreed that all materials submitted to or requested by the Insurer in conjunction with this Application are hereby incorporated by reference into this Application and made a part hereof. Terms and conditions, including limits of coverage, offered by the Insurer may differ from those applied for by the Applicant. It is further agreed that this Application and all materials submitted to or requested by the Insurer in conjunction with this Application are the basis of and are deemed attached to and incorporated into any policy effected pursuant to this Application.

PLEASE NOTE: COVERAGE CANNOT BE BOUND UNLESS THIS APPLICATION HAS BEEN FULLY COMPLETED AND DULY SIGNED AND DATED.

|  |  |
| --- | --- |
| Applicant | Date |
| Signature of duly authorized signing Officer | Title |