



Application for Insurance

Non Profit Association Liability and Directors & Officers

CANNOT BIND WITHOUT BEING COMPLETED AND SIGNED BY APPLICANT

#103-8411 200th STREET, LANGLEY, BC V2Y 0E7 TELEPHONE: (604) 888-0050 FAX: (604) 888-1008

PART 1: Applicant Information

Applicant's Registered Name: _____

Legal Address: _____

City, Province: _____ **Postal Code:** _____

Mailing Address: _____

City, Province: _____ **Postal Code:** _____

Telephone: _____ **Facsimile:** _____

Contact Person: _____ **Position:** _____

Telephone: _____ **Facsimile:** _____

Applicant is registered for a not-for-profit society/association? ___ Yes ___ No

Applicant's Date of Registration: _____ **Registration #:** _____

Applicant is a for-profit: ___ Proprietorship ___ Corporation

Date of incorporation: _____

Briefly state the designated purpose of the applicant: _____

Briefly outline the types of activities undertaken by the applicant: _____

Is this applicant's initial application for insurance? ___ Yes ___ No

If "No", please provide the name of their previous Insurer. _____

Has the Applicant been refused coverage within the past three (3) years? ___ Yes ___ No

If "Yes", please attach a written explanation of circumstances.

Have there been any claims brought against the applicant within the past three (3) years? ___ Yes ___ No

If "Yes", please attach full details of claim and amounts paid on Insured's behalf.

FURTHER: it is agreed that any claim arising from any “Wrongful Act” which is known to a Director, Officer, or any person(s) proposed for insurance prior to the issuance of the policy, shall be excluded from coverage.

I, the undersigned, being authorized to act for the applicant and its Directors & Officers, declare that, to the best of my knowledge and belief, the statements set forth herein are true and correct.

Date

Name (please print)

Position

Applicants Signature

Broker’s Name

Agent’s Name