



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

**APPLICATION for
Directors and Officers Liability Insurance
For Non-Profit
Or
Associations**

1. Name of Organization/Association: _____
Address: _____
Phone Number: _____ Fax Number: _____
Contact Person: _____
2. (a) Is this Organization incorporated? Yes No With share capital? Yes No
(b) What is Organization's legal structure: Corporation Association Foundation Trust Other
If other, give details: _____
(c) What is the purpose of the Organization? (Provide copies of information booklet if available) _____

(d) When organized? _____
3. Does the Organization have any operations outside Canada? Yes No If Yes, give details: _____

4. Does the Organization have any affiliated or subsidiary company operating for a profit? Yes No
If Yes, give details: _____
5. Does the Organization have any stockholders or persons who profit from the operation except as salaried employees?
 Yes No If Yes, give details _____
6. Size of Operating Budget (Revenue + Cash Assets) \$ _____
7. Please indicate percentage of funds from the following sources:
 - (a) Federal, provincial, local government _____%
 - (b) Dues from members _____%
 - (c) Donations, contributions obtained from general public _____%
 - (d) Fee(s) for service(s) _____%
 - (e) Other _____%
8. What percentage of the total funds received for the previous and current year was used for:
 - (a) Fund raising? _____%
 - (b) Administration? _____%
 - (c) Services? _____%
 - (d) Lobbying? _____%

(e) Labour negotiations _____%

9. Is the organization tax exempt? Yes No

(a) Has the Organization filed a Federal Income Tax Return for any of the last five years? Yes No

(b) Have the returns been accepted as filed? Yes No If No, give details: _____

10. Number of:

Directors: _____(salaried) _____ (non-salaried) Officers: _____(salaried) _____(non-salaried)

How many Directors or Officers shown above are Non-Voting? _____

Professionals, state number and profession _____

Clerical Employees _____ Volunteers _____ Other _____

11. Within the last five years, has the Organization received an enquiry, complaint or notice of hearing from any Provincial or Regulatory Authority? Yes No If Yes, give details (use a separate sheet if necessary)

12. The Organization and/or its Directors, Officers, or any person(s) proposed for this insurance have not been involved in or have any knowledge of pending Federal, Provincial or local legal actions or proceedings against the Organization and/or its Directors, Officers, or any person(s) for this insurance except as follows: (if answer is none, so state)

13. Within the scope of this proposed insurance:

(a) Has any claim been made, or is now pending against the Organization or any person proposed for insurance? Yes No

If Yes, give details: _____

(b) Has any Director, Officer or any person(s) proposed for insurance any knowledge or information of any "Wrongful Act" which he or she should expect could give rise to a claim against him or her? Yes No If Yes, give details:

14. Are any of the Directors, Officers, or any person(s) proposed for insurance indebted to the Organization? Yes No

If Yes, give details: _____

15. Has any similar insurance on behalf of the Organization been decline, cancelled or renewal thereof refused? Yes N

If Yes, give details: _____

16. Directors and Officers Liability Insurance or Association Liability Insurance carried during the past three years:

Insurer	Limit of Liability	Deductible	Period	Premium

17. Limit of Liability: _____

18. Do you require EPL coverage? If so need the total salaries and benefits paid to employees? _____

19. Complete the following additional questions if Association Liability Insurance is required. Attach full details of any Yes" answers.

- (a) Does the Association engage in any form of research, development, testing or experimentation? Yes No
- (b) Does the Association set standards for qualifications and performance of others or for the quality of products manufactured, sold, handled or distributed by others? Yes No
- (c) Does the Association take or recommend any disciplinary action as a result of peer review activities? Yes No
- (d) Does the Association publish any magazines, periodicals, newsletters or technical manuals? Yes No
- (e) Does the Association promote, sponsor or provide any form of insurance to its members or non-members? Yes No
- (f) Is the Association directly involved in the promotion of any specific product or service to Association members which will produce a profit for the Association? Yes No

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

The undersigned authorized Officer of the Organization on behalf of the Directors and Officers and the Organization declares that to the best of his/her knowledge and belief the statements set forth herein are true.

 Signature
 Capacity: ___Chairman of the Board ___President

 Date

One copy of the following is attached and made part of this proposal:

- (1) Last Annual Report or Audited Financial Statement**
- (2) Charter of Bylaws**

Broker/Agent: _____