



Affiliated Brokers Exchange Ltd.
785 Bridge Street, Waterloo, ON, N2V 2K1
www.abexinsurance.com

DIRECTORS' AND OFFICERS' LIABILITY POLICY NON PROFIT APPLICATION

PLEASE READ THIS APPLICATION CAREFULLY BEFORE AND DURING COMPLETION. SHOULD YOU HAVE ANY QUESTIONS OR CONCERNS, PLEASE CONSULT YOUR INSURANCE BROKER. WHEN COMPLETED AND ACCEPTED, THIS APPLICATION WILL FORM PART OF YOUR INSURANCE CONTRACT.

IF YOU DO NOT HAVE ENOUGH SPACE TO ANSWER THE QUESTIONS ON THIS APPLICATION, YOU MAY SUPPLEMENT THE APPLICATION WITH ADDITIONAL PAGES OF INFORMATION. PLEASE TYPE OR WRITE LEGIBLY ON SUCH PAGES AND NUMBER THE ADDITIONAL INFORMATION SO THAT IT CORRESPONDS WITH YOUR APPLICATION.

NOTICE: THE NON-PROFIT DIRECTORS' AND OFFICERS' LIABILITY POLICIES IS WRITTEN ON A CLAIMS-MADE BASIS. THIS POLICY COVERS ONLY "CLAIMS" FIRST MADE AGAINST "INSURED" DURING THE "POLICY PERIOD"

THE LIMIT OF LIABILITY AVAILABE TO PAY JUDGEMENTS OR SETTLEMENTS WILL BE REDUCED BY "DEFENCE COSTS", AND "DEFENCE COSTS" WILL BE APPLIED AGAINST THE RETENTION. THIS APPLICATION SHALL FORM PART OF ANY NON-PROFIT POLICY WHICH MAY BE ISSUED TO THE PROPOSED INSURED ORGANIZATION.

PLEASE READ CAREFULLY THE ENTIRE POLICY FOR WHICH APPLICATION IS MADE AND DISCUSS THE COVERAGE WITH YOUR INSURANCE BROKER.

1. GENERAL INFORMATION

Name of Proposed Insured Organization		Date of Incorporation	
Street Address			
City	Province	Postal Code	Is the proposed Insured Organization currently operational? Yes No
Does the proposed Insured Organization have a Website? Yes No		If yes, please provide the Web address	

Does the proposed Insured Organization currently have Directors' and Officers' coverage? Yes No	If yes, please provide the following:
Insurer	
Expiration Date	
Limit of Liability	\$
Self Insured Retention	\$
Annual Premium	\$



Affiliated Brokers Exchange Ltd.
785 Bridge Street, Waterloo, ON, N2V 2K1
www.abexinsurance.com

DIRECTORS' AND OFFICERS' LIABILITY POLICY NON PROFIT APPLICATION

2. REQUESTED COVERAGE

- A. Limit of Liability \$ _____
- B. Retention \$ _____

3. ORGANIZATION STRUCTURE AND OPERATIONS

- A. Does the proposed Insured Organization control any for-profit entity, political action committee or any other organization? Yes No
 If yes, please provide details including the structure outline, description of the operations, ownership and tax status of each entity. _____

- B. Does another entity own or control the proposed Insured Organization? Yes No
 If yes, please provide details including the structure outline, description of the operations, ownership and tax status of each entity.

- C. What is the scope of the proposed Insured Organization's operations?
 Local Municipal Provincial National International

- D. Please describe the activities of the proposed Insured Organization's operations. _____

- E. Does the proposed Insured Organization provide any professional services including, but not limited to, counseling, peer review or credentialing activities? Yes No
 If yes, please describe. _____

- F. Does the proposed Insured Organization publish any newsletters, magazines, periodicals, or technical manuals? Yes No
 If yes, please attach a copy of the most recent publication(s)

- G. Does the proposed Insured Organization have the power to discipline its members? Yes No

4. EMPLOYMENT INFORMATION

A. Employment Breakdown	This Year	Previous Year
Full-time		
Part-time		
Volunteers		
Leased		
Independent contractors		



Affiliated Brokers Exchange Ltd.
785 Bridge Street, Waterloo, ON, N2V 2K1
www.abexinsurance.com

DIRECTORS' AND OFFICERS' LIABILITY POLICY NON PROFIT APPLICATION

B. Has the proposed Insured Organization had a reduction in workforce in the last 12 months or is one planned for the next 12 months?
 If yes, please provide details including the number of individuals involved and position (management or staff), amount of notice given and whether any express written contracts were in effect for any of the individuals involved. Yes No

C. Does the proposed Insured Organization have written policies and procedures in place regarding:

1) Hiring and firing employees?	Yes	No
2) Sexual harassment?	Yes	No
3) Internal grievance procedures for (1) and (2)?	Yes	No
4) Equal Opportunity Employment?	Yes	No

D. Does the proposed Insured Organization enter into standard written employment contracts with any employees? Yes No
 If yes, please provide details including the number of contracts, the contract term and contract amounts.

Are there exceptions to the standard contract form? Yes No

E. Does the proposed Insured Organization have an employee handbook? Yes No

F. Does the proposed Insured Organization use an employment application? Yes No

G. Does the proposed Insured Organization conduct annual performance evaluations for all employees in writing? Yes No

5. LOSS HISTORY

Have any claims that would fall under the scope of this coverage been made against the proposed Insured Organization, directors, officers or employees in the last 3 years, whether and insurance policy covered such claim(s) or not? Yes No

If yes, please provide details in the following table:

Date of Claim	Description of Claim	Status of Claim	Defence Costs	Indemnity Amount
			\$	\$
			\$	\$
			\$	\$
			\$	\$

WARRANTY REGARDING POTENTIAL CLAIMS

No person proposed for coverage is aware of any facts or circumstances which he or she has reason to suppose might give rise to a future claim that would fall within the scope of the proposed coverage, except as follows:



Affiliated Brokers Exchange Ltd.
785 Bridge Street, Waterloo, ON, N2V 2K1
www.abexinsurance.com

DIRECTORS' AND OFFICERS' LIABILITY POLICY NON PROFIT APPLICATION

IT IS AGREED THAT IF SUCH FACTS OR CIRCUMSTANCES EXIST, WHETHER OR NOT DISCLOSED, ANY CLAIM ARISING FROM OR RELATED TO SUCH FACTS OR CIRCUMSTANCES IS EXCLUDED FROM THIS PROPOSED COVERAGE.

7. ADDITIONAL INFORMATION

Please attach to the application:

- Articles of incorporation, bylaws and any indemnification provisions;
- List of board members;
- Latest audited financial statement(s) (last 2 years);
- Copies of any brochures describing, and/or publications distributed by, the proposed Insured Organization.

8. DECLARATIONS AND SIGNATURE

The undersigned declares that he/she is duly authorized by the proposed Insureds to complete and sign this application on their behalf and that the statements set forth herein are true and complete.

The undersigned agrees that:

- (i) the signing of this application does not bind the undersigned, the proposed Insureds or the Underwriters at Lloyd's to effect insurance;
- (ii) this application and all additional information provided herewith shall be the basis of the contract, should a policy be issued, and shall be deemed to be attached to and shall form part of the policy;
- (iii) if there is any change to the information supplied on this application between the date of this application and the effective date of the policy, notification will be sent in writing to the Underwriters at Lloyd's and any outstanding quotation may be modified or withdrawn; and
- (iv) The Underwriters at Lloyd's and, on their behalf, their agents are hereby authorized to make any investigation and inquiry in connection with this application that it deems necessary.

ANY PERSON, WHO KNOWINGLY OR WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING THE INSURER, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUD, WHICH IS A CRIME.

Date: _____

* Signed: _____

Corporation: _____

Name & Title (please print): _____

***Please Note: The application must be signed by the Chairperson of the Board or the Executive Director.**

A POLICY CANNOT BE ISSUED UNLESS THIS APPLICATION IS PROPERLY SIGNED AND DATED