



Directors & Officers Condo Application

ABEX Affiliated Brokers Exchange
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IMPORTANT – Please read these guidance notes before completing the Application Form. Where further information is required please refer to your Broker.

PLEASE NOTE – This Application Form is for a CLAIMS MADE policy. A CLAIMS-MADE policy only responds to “claims” made against the Insured and notified to the Underwriters during the period of insurance.

1. This Application Form must be typed or completed in ink and signed and dated by the Applicant. Please answer every question in full and sign and date the Declaration.
2. It is the duty of the Applicant to disclose all material facts to the Underwriters, as failure to do so may render any Policy voidable, or severely prejudice your rights in the event of a claim. Therefore it is crucial that the Applicant answers each question and completes the Declaration only after a full and reasonable enquiry and investigation into the facts.
3. For the purpose of the Application Form and for all purposes relating to any policy issued pursuant to this Application Form, a ‘Material Fact’ shall be deemed to be one that would be likely to influence an Underwriter’s judgment and acceptance of your Application Form. If you are in any doubt as what constitutes a ‘Material Fact’, you should consult your broker.
4. Should there be any material change in the answers given to the questions contained in the Application Form prior to the inception of the Policy, the Applicant must notify the Underwriters and, at the sole discretion of the Underwriters, any outstanding quotations may be modified or withdrawn.
5. Upon acceptance of the Underwriter’s terms and conditions and payment of the premium, all information provided by the Applicant, including this Application Form, addenda (if applicable) and the guidance notes will be deemed to be incorporated in the contract between the Underwriters and the Insured and shall be deemed the basis of the contract of insurance.

COPIES OF THE APPLICATION FORM SHOULD BE RETAINED FOR YOUR OWN RECORDS

SIGNING OF THIS APPLICATION FORM DOES NOT BIND THE APPLICANT OR THE UNDERWRITERS TO COMPLETE A CONTRACT OF INSURANCE

Broker Code:

Effective Date:

1. Full Name of Company:

2. Address of the Registered Office of the Company:

3. a) Was the Company incorporated in Canada with limited liability, more than 24 months ago:
Yes No

b) Is the Strata company (please tick ONE option from below):

Commercial Retail Residential # of Units

c) In the last two consecutive financial years, has the Company published reports and accounts which show:

i	unqualified reports by independent auditors or accountants	Yes	No
ii	net profit (i.e. after tax, interest, etc)	Yes	No
iii	any and all of its debts can be paid as they fall due	Yes	No
iv	no litigation or disputes or contingent or extraordinary liabilities	Yes	No
v	positive net worth (i.e. both balance sheets show that assets exceed liabilities)	Yes	No

If, no to any of 3c) i - v above please provide further details:

d) Please state:

Gross Total Revenue (CAD):

Gross Total Assets (CAD):

Operating Budget (CAD):

Total Employees (including volunteers):

4. After full and reasonable investigation, does the Applicant and Directors and Officers and the Company and the employees and the trustees and the committee members have any knowledge of the following:

a) any claims, or circumstances which may give rise to a claim, or any disciplinary proceedings or any complaints having been threatened or intimated or made (successfully or otherwise) against the Directors or Officers or the Company or the employees or the trustees or committee members or the Applicant in respect of the legal liabilities or loss to which this Application Form relates? Yes No

If, Yes, please provide details:

QUESTIONS 5-6: OPTIONAL COVERAGE EXTENSIONS

5. Does any person or entity hold (beneficially or otherwise) more than twenty five percent (25%) of the issued share capital of the Company? Yes No

If Yes, please provide details of the shareholder(s) and percent shares owned:

%	%
%	%

6. Please select which of the following Limits of Indemnity are sought for quotation (CAD):

\$1,000,000 \$2,000,000 \$5,000,000 \$10,000,000

Other (please state) \$:

DECLARATION

The Applicant declares and warrants that:

- i) after full and reasonable enquiry and investigation and to the best of his/her knowledge and belief all statements and particulars contained in this Application Form (if appliance) any addenda hereto are true and that no information whatsoever has been withheld which might increase the risk of the Underwriters or influence the acceptance of this Application Form, and
- ii) should the above particulars alter in any way that he/she will advise the Underwriters as soon as is practicable, and
- iii) he/she has been duly authorized by the Directors and Officers and the Company to act as their agent in respect of all matters of any nature or kind relating to or affecting this Application Form and the Policy.

The Applicant understands that failure to disclose any material facts which would be likely to influence the acceptance and assessment of the Application Form may result in the Underwriters refusing to provide indemnity or voiding the Policy in every respect. The Applicant hereby agrees and accepts that this Application Form and (if applicable) addenda hereto shall be the basis of the contract of insurance if entered into. The Underwriters are hereby authorized, at their absolute discretion, to make any investigation and enquiry in connection with regard to this Application Form as they deem necessary.

Signature(s) of Insured(s) are for and on behalf of (name of Company):

Signature(s) of All Named Insureds (only required if binding):

Full Name(s) of Signatories:

Position(s):

Date:

Position must be the Chairman or Managing Director or Chief Executive or any equivalent of the Company

Brokerage:

Broker e-mail:

Broker signature:

Date:

NOTICE CONCERNING PERSONAL INFORMATION

By purchasing insurance from ABEX Affiliated Brokers Exchange Inc., a customer provides ABEX Affiliated Brokers Exchange Inc. with his or her consent to the collection, use and disclosure of personal information, including that previously collected, for the following purposes:

- the communication with underwriters;
- the underwriting of policies;
- the evaluation of claims;
- the detection and prevention of fraud;
- the analysis of business results;
- purposes required or authorized by law.

For the purposes identified above, personal information may be disclosed to ABEX Affiliated Brokers Exchange Inc. and any affiliated companies and service providers.

Further information about ABEX Affiliated Brokers Exchange Inc. personal information protection policy may be obtained by contacting their privacy officer at ABEX Affiliated Brokers Exchange Inc.

This Section is For Broker Use Only

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*If clicking on **Submit** button above doesn't bring up a new email with this application attached to it, please try using Internet Explorer or email the application to **quotes@abexinsurance.com** or fax it to 1-855-821-7060.