



Application

Directors and Officers Liability Insurance (Non-Profit Entity)

Submitting Broker, please complete the following to assist us in processing this submission:

Name of Brokerage: _____

Name of Broker Contact: _____

Brokerage Address: _____ City: _____ Postal Code: _____

For renewal purposes only: Policy Number: _____ ISN (Client's Number): _____

NOTE: All questions must be completed in their entirety.

ADDITIONAL INFORMATION REQUIRED

In addition to the information requested herein, please submit one copy of each of the following documents which will be considered to be part of this Application:

- (a) latest financial statements and latest interim financial statements, including those of sponsored pension plans (preferably audited);
- (b) copy of the organization's by-laws and constitution;
- (c) complete list of subsidiaries (any corporation of which the organization owns more than fifty per cent (50%) of the voting stock) and indicate if any operate for profit;
- (d) complete list of duly elected or appointed Directors/Trustees and Officers of the organization;
- (e) complete list of committees responsible to the Board of Directors and provide a brief description of each committee's functions.

GENERAL INFORMATION

1. (a) Entity Name: _____
- (b) Address: _____

- (c) Website: _____
- (d) Describe the organization's legal structure (corporation, association, foundation, professional, trade, service, or charitable organization, etc.): _____

- (e) Please provide a complete description of the organization's activities and provide definitions for uncommon terms.

- (f) Incorporated under the laws of: _____ Date: _____

FINANCIAL INFORMATION

2. (a) If the organization holds a charitable status, has this status ever been revoked or been subject to review? YES NO
If yes, provide details.
- (b) Is the organization in arrears in its payments of monies payable to Canada Customs and Revenue Agency or the provincial ministries of revenue (including source deductions, G.S.T. and P.S.T.)? YES NO
- (c) Is the organization currently or has it at any time during the past three years been in breach of any of its debt covenants, loan agreements, contractual obligations, or does it anticipate any such breach occurring within the next twelve months? YES NO
If yes to (a), (b) or (c), attach details.
- (d) For the current year, indicate:
- (i) Estimated revenues: \$ _____ (ii) Estimated surplus or (deficit): \$ _____

OPERATIONAL ACTIVITIES

3. Percentage of the services provided or activities performed in:
Canada _____ United States _____ Other Country _____
4. What is the total membership of the organization? _____
5. Is the organization a licensing body for its members? YES NO
6. Does the organization or any person(s) proposed for this insurance perform the following (If yes, please explain):
- (a) Take any disciplinary action or recommend disciplinary action as a result of peer review group activities? YES NO

- (b) Provide counselling services, legal aid services, or health care services to its members or the public? YES NO

- (c) Engage in any form of research, development, experimentation or testing? YES NO

- (d) Publish any magazines, periodicals, newsletters or a technical manual? (If yes, attach a copy.) YES NO

- (e) Engage in activities such as lobbying, labour negotiations or collective bargaining? YES NO

EMPLOYMENT PRACTICES AND FIDUCIARY INFORMATION

7. Number of employees located in: Canada _____ United States _____ Other _____
8. Total annual gross payroll: \$ _____
9. (a) What is the approximate annual turnover rate of employees? _____ %
- (b) Has the turnover rate exceeded historical levels during the past two (2) years? YES NO
- (c) Are any layoffs or staff reductions anticipated within the next two (2) years? YES NO
- If yes to either (b) or (c), attach full details.

10. Does the organization sponsor a pension plan(s)? YES NO

If yes, provide the name of the pension plan(s) and the following information:

(a) Total plan assets (all plans combined): \$ _____

(b) Who manages the plan? _____

INSURANCE INFORMATION

11. Current or previous insurance:

Coverage	Insurer(s)	Expiration Date	Limit	Retention	Premium
D&O Liability	_____	_____	_____	_____	_____
E&O Liability	_____	_____	_____	_____	_____
General Liability	_____	_____	_____	_____	_____

12. Has any similar insurance on behalf of the Entity been declined, cancelled or renewal thereof refused? YES NO

PRIOR KNOWLEDGE

13. (a) Has any claim been made or is any claim now pending against any Director or Officer or the organization or any other person(s) proposed for this insurance? YES NO
- (b) Has any suit or legal action been filed by or on behalf of the organization against any person(s) proposed for this insurance? YES NO
- (c) Has the organization within the last three years been the subject of any inquiries, complaints, notices or hearings by any Federal or Provincial regulatory authority? YES NO
- (d) Is the undersigned or any other person(s) proposed for this insurance aware of any fact or circumstance involving the organization, its subsidiaries or the Directors or Officers or the trustees, employees, volunteers or committee members of the organization or its subsidiaries which he/she has reason to believe might result in any future claim? YES NO

If yes to (a), (b), (c) or (d), attach details.

WITHOUT LIMITATION TO ANY OTHER REMEDY AVAILABLE TO THE INSURERS, THE PROPOSED INSURANCE WILL NOT AFFORD COVERAGE TO ANY CLAIMS OF WHICH ANY PERSON PROPOSED FOR THIS INSURANCE HAS KNOWLEDGE NOR ANY CLAIMS RESULTING FROM ANY FACTS OR CIRCUMSTANCES OF WHICH ANY PERSON PROPOSED FOR THIS INSURANCE HAS KNOWLEDGE.

APPLICANT'S CONSENT TO THE TRANSMISSION OF THE INFORMATION CONTAINED IN THE APPLICATION FORM

I hereby acknowledge that the information collected in the Application form is acquired by my insurance broker to be transmitted to ENCON Group Inc. for the sole purpose of obtaining an insurance policy, and will be kept confidential.

Moreover, I authorize ENCON Group Inc., its insurers or service providers to:

- conduct verification, using outside sources, of the information contained in the Application form, in attached documentation and in subsequently provided documentation;
- in the event of a claim, transmit the submitted and verified information to loss adjusters, lawyers or other similar offices for the purposes of investigating, defending, negotiating or settling any claims, as required.

For more information on ENCON's privacy policy, please contact privacy-officer@encon.ca.

DECLARATIONS AND SIGNATURE

The undersigned declares:

- (a) that he/she is duly authorized to complete this Application and that the statements set forth herein are true and complete;
- (b) that reasonable efforts have been made to obtain sufficient information from each and every person proposed for this insurance to facilitate the proper and accurate completion of this Application form;
- (c) that the financial statements submitted with this Application are representative of the current financial position of the organization (if not, attach details).

The undersigned agrees:

- (a) that if **the information supplied on this Application changes between the date of this Application and the effective date of the policy**, he/she will provide written notice of such changes immediately to ENCON Group Inc. and, without limitation to any other remedy, ENCON Group Inc. may withdraw or modify any outstanding quotations, and any authorization or agreement to bind coverage;
- (b) that should a policy be issued, this Application and its attachments shall form part of the policy.

Signature

Capacity (President or Executive Director)

Date

Organization