

# CLUBHOUSE SHIELD RENEWAL APPLICATION

## DIRECTORS' AND OFFICERS' ENTITY AND PERSONAL LIABILITY INSURANCE FOR NOT-FOR-PROFIT & PRIVATELY HELD GOLF COURSES

**NOTE: In addition to answering all of the questions below, please provide a copy of your latest audited financial statements.**

### 1. GENERAL INFORMATION

This general information must be furnished with respect to each **Entity** to be named in Item 1 of the policy DECLARATIONS.

a) Name: i) **Entity:** \_\_\_\_\_

b) Address: \_\_\_\_\_  
Number Street

City Province Postal Code

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_

c) Date of Incorporation or constitution: \_\_\_\_\_ Years in Operation: \_\_\_\_\_

d) Limit requested:  \$1,000,000.  \$2,000,000.  Other: \$ \_\_\_\_\_  
(actual limit to be provided will be indicated in the Policy Declarations)

e) Is the **Entity** a Not-For-Profit Organization?  Yes  No

Is the **Entity** a For-Profit Organization?  Yes  No

If the **Entity** is a For-Profit Organization, please provide the following information:

(a) Total number of voting securities outstanding \_\_\_\_\_

(b) Total number of voting security shareholders \_\_\_\_\_

(c) Total number of voting securities owned directly or beneficially by **Directors**  
and **Officers** \_\_\_\_\_

(d) Name and % of holdings of any shareholders who own 10% or more of  
voting securities, either directly or indirectly \_\_\_\_\_

f) If coverage for more than one golf course is desired, please list all courses coverage is sought for.  
(courses must be under common ownership):  
\_\_\_\_\_  
\_\_\_\_\_

g) Entity's nature of business other than golf (if applicable): \_\_\_\_\_

### 2. CORPORATE INFORMATION

Is the **Entity** currently or has it, during the past twelve (12) months:

(a) Been in arrears in its payments of monies payable to Revenue Canada or the provincial ministries of  
revenue (including source deductions, G.S.T. and P.S.T)?  Yes  No

(b) Been in breach of any of its debt covenants, loan agreements or contractual obligations, or does it anticipate any such breach occurring within the next twelve (12) months? Yes No

(c) Has the **Entity** ever revoked membership from any **Members**? Yes No

If the answer to any of the above questions is "Yes", please provide full details:

(d) How frequently does the Board of Directors or Trustees meet?

For the current fiscal year, provide projected: i) Revenue \_\_\_\_\_ ii) Surplus/deficit \_\_\_\_\_

Has there been any changes in sources of income over the past twelve(12) months? Yes No

If "Yes", describe fully. \_\_\_\_\_

**3. EMPLOYMENT PRACTICES INFORMATION**

a) Number of **Directors** and **Trustees** \_\_\_\_\_

b) Number of **Officers** and **Employees** \_\_\_\_\_

c) Number of **Members** \_\_\_\_\_

d) Number of **Volunteers** \_\_\_\_\_

e) Are any layoffs, staff or membership reductions anticipated within the next two years? Yes No

(if "Yes", please describe)

f) Does *the Entity / Plan* have the following in current use and practice:

(i) written human resource policies, procedures and guidelines that have been vetted by a lawyer with expertise in employment law? Yes  No

(ii) formal training for its supervisors in administering these guidelines, policies and procedures? Yes No

(iii) authorization from an officer prior to terminating an **Employee**? Yes No

**N.B. COVERAGE CANNOT BE BOUND UNLESS THIS PROPOSAL FORM HAS BEEN DULY COMPLETED AND DULY SIGNED AND DATED.**

**PRIVACY DISCLOSURE AND CONSENT**

The undersigned authorized officer of the **Entity** acknowledges that any personal information provided in connection with the insurance applied for, including but not limited to the information contained in this **Renewal Application** and any **Additional Application Information**, has been collected in accordance with all applicable privacy legislation. The undersigned confirms that all necessary consents have been obtained for the collection, use, and disclosure of such information for the purposes of any investigation and inquiry in connection with this **Renewal Application** and, if applicable, investigating and settling claims, detecting and preventing fraud, and acting as required or authorized by law.

\_\_\_\_\_  
**Entity** (Please print in block letters)

\_\_\_\_\_  
Name of Chairperson of the Board or President (Please print in block letters)

\_\_\_\_\_  
Date (Please print in block letters)

\_\_\_\_\_  
Signature of Chairperson of the Board or President