

CLUBHOUSE SHIELD 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

4. PRIOR INSURANCE

This information must be furnished with respect to each **Entity** to be insured and named in Item 1 of the policy DECLARATIONS:

a) Have any **Claims, Inquiries** or **Prosecutions**, or facts or circumstances which might possibly give rise to a **Claim, Inquiry** or **Prosecution**, been reported to the current or any previous Directors and Officers Liability Insurance or Entity Errors & Omissions Liability Insurance carrier? Yes No

b) Have any claims, or facts or circumstances which might possibly give rise to a **Claim, Inquiry** or **Prosecution** NOT been reported to the current or any previous Directors and Officers Liability Insurance or Entity Errors & Omissions Liability Insurance carrier? Yes No

(If the answer to either of the above questions is "Yes", please provide full details on each.)

5. WARRANTIES AND SIGNATURE

THE APPLICANT DOES HEREBY PROVIDE THE FOLLOWING WARRANTIES TO THE INSURER:

a) No **Claim** which would, had insurance similar to that now proposed been in force, have fallen within the scope of such insurance has been made or is now pending against any person(s) proposed for this insurance in the capacity of either **Insured Persons** of the **Entity**, except as follows: **(If answer is "none", so state):** _____

- b) No person proposed for this insurance is cognizant of any fact or circumstances or of any **Wrongful Act** which might possibly give rise to a future **Claim** such as would fall within the scope of the proposed insurance, except as follows: **(If answer is “none”, so state):** _____
- c) No similar insurance on behalf of the **Entity** has been declined or cancelled or renewal thereof refused, except as follows: **(If answer is “none”, so state):** _____
- d) Neither the **Entity** nor any of the **Insured Persons** has been involved in or has any knowledge of any currently pending insolvency and/or bankruptcy, anti-trust, combines, price fixing, restraint of trade, tax, copyright, patent, securities law or regulation infringement or government regulatory or administrative proceedings against the **Entity** and/or the **Insured Persons**, except as follows: **(If answer is “none”, so state):** _____
- e) No fact, circumstance or situation indicating the possibility of a **Claim** against which indemnification would be afforded by the proposed insurance is now known to any person(s) applying for this insurance other than which is disclosed in this proposal form. It is specifically agreed by all concerned that if any person(s) applying for this insurance has any knowledge of any such fact, circumstance or situation, any **Claim** subsequently emanating therefrom will be excluded from coverage under the proposed insurance.
- f) The undersigned **Director** of the **Entity** is duly authorized to make representations and to sign on behalf of all of the **Directors and Officers** and the **Entity** and declares that the statements herein are true and complete.
- g) The undersigned **Director** of the **Entity** declares that the financial statements submitted with this proposal form are representative of the current financial position of the **Entity** including its **Subsidiaries**.
- h) Signing of this proposal form does not bind the Insurer to complete the insurance, but it is agreed that this proposal form will be the basis of the contract should a policy be issued, and that this proposal form will be attached to and become a part of such policy, if issued. The Insurer is hereby authorized to make any investigation and inquiry in connection with this proposal as it may deem necessary.
- i) It is warranted that the particulars and statements contained in the proposal form for the policy and any materials submitted herewith (which will be retained on file by the Insurer and which will be deemed attached hereto, as if physically attached hereto), are the basis for the policy and are to be considered as incorporated into and constituting a part of the policy.
- j) It is agreed that in the event that there is any material change in the answers to the questions contained herein prior to the effective date of the policy, the **Entity** will notify the Insurer and, at the sole discretion of the Insurer, any outstanding quotations may be modified or withdrawn.

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