



[Professional Liability Application]

PROSURE D&O – NON PROFIT APPLICATION

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PART 1 GENERAL INFORMATION

Broker: _____ Contact Person: _____ Tel: _____

Name of Organization (Full Legal Name): _____

Main Address of Organization: _____ Postal Code: _____

Province of Incorporation of Organization: _____ Date of Incorporation (MM/DD/YYYY): _____

Official Website Address of Organization: _____

What was the Organization's total revenue for the last full year? \$ _____ CDN Total number of full & part-time employees? _____

What are the activities and/or purpose of the Organization?

Charitable Organization registered as such in Canada

Educational Organization

Environmental Organization / Association

Governmental Organization / Agency

Medical / Healthcare Association

Public Art Organization

Sports & Leisure Organization

Strata Plan / Residential Association

Trade Association

Trade Union

Other (please state): _____

PART 2 COVERAGE REQUIREMENTS

1. Is coverage required for Employment Practices Liability Insurance? Yes No

2. If the answer to 1 above is "Yes", is a separate limit required for this cover? Yes No

PART 3 GENERAL QUESTIONS

1. Does the Organization undertake any medical or healthcare activities or provide medical or healthcare advice? Yes No

If "Yes", please provide details: _____

2. Is the Organization a Trade Union and/or does it undertake any labour negotiations? Yes No

If "Yes", please provide details: _____

3. Does the Organization undertake any activity outside of Canada? Yes No

If "Yes", please provide details: _____

4. Does the Organization have more than one Director (or equivalent) on the board? Yes No

If "No" are there any plans to increase the number of Directors (please provide details below):

5. Is the Organization considering any sale, merger or divestments, or the acquisition of any other entity in the next 12 months? Yes No

If "Yes", please provide details: _____

6. Have the activities of the Organization changed in the past three years? Yes No

If "Yes", please provide details: _____

7. Is the Organization considering any changes to its activities or purpose in the next 12 months? Yes No

If "Yes", please provide details: _____

8. If the Organization is a Strata Plan or Residential Association, has control of the Organization been transferred to the builder/developer? Yes No

If "Yes", please provide details: _____

PART 4 LIMIT OPTIONS

What Limit is required (please tick multiple options if desired)?

\$250,000 \$500,000 \$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000

Other Amount (please state): \$ _____

PART 5 CLAIMS INFORMATION

Very important note: the following questions should be responded to after full enquiry.

1. (a) Has the Organization or any Insured ever been subject to any investigation by any official body, commissioner or regulatory body or the like? Yes No

If "Yes", please provide details:

- (b) If the response to (a) above is "Yes", did the investigation in question result in any disciplinary proceedings, admonishment, or recommendations? Yes No

If "Yes", please provide details:

2. Has any claim been made against the Organization or the Insureds in the past 5 years? Yes No

If "Yes", please provide details:

3. Are the Organization or any Insureds aware of or have any knowledge of any act, error, omission, fact, event or circumstances which might reasonably be expected to give rise to a claim that would be covered by a policy, if effected? Yes No

If "Yes", please provide details:

PART 6 DECLARATION

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicant's Signature: _____

Position: _____

Please print name: _____

Date: _____

BROKER DECLARATION

How long have you known this applicant? _____

Is this account new or renewal to you? _____

How long have you known the applicant? _____

Have you personally viewed the applicants operations? _____

What is the condition of facilities and equipment? _____

What is the applicant's attitude toward risk management and insurance? _____

Do you recommend this applicant? _____

Broker's Signature: _____

Position: _____

Please print name: _____

Date: _____