

NEW BUSINESS APPLICATION FOR NON-PROFIT DIRECTORS & OFFICERS LIABILITY (ND&O) <u>OR</u> NON-PROFIT PROFESSIONAL INDEMNITY LIABILITY (NPPI)

- Please complete all questions If no answer available, please write "not applicable" in the space provided.
- Where space provided is insufficient to fully answer, please attach additional sheet(s).
 - Attach the following additional information:
 - Latest annual report including financial statements (prepared by an outside source and/or audited)
 - Copy of organization's bylaws and Constitution
 - Copy of minutes from most recent Annual General Meeting
 - Complete list of Directors & Officers
 - Brochures and/or promotional literature

GENERAL INFORMATION

1.	Name of Applicant:			
2.	(a) Address of main office:			
	(b) Website:			
3.	Date organized: Condu	cted business continuously since:		
4.	Incorporated under the laws of:	Date:		
5.	Purpose of organization and nature of operation literature / marketing info.	ns. If available, please provide broch	ures / promotional	
6.	Does the organization have activities outside of	Canada? If ves, attach details.	□ Yes □ No	
0.	-			
7.	Does the organization have any subsidiaries an If yes, attach full details, indicating whether prot		☐ Yes ☐ No ations for each.	
	FINANCIAL	INFORMATION		
8.	Operating budget (revenue plus cash assets):			
	Current year: \$	_ Projected for next year: \$		
	Indicate the percentage of funds received from the following sources:			
	Government funding	Fees for services		
	Dues from members	Donations / contributions		
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Fin	Financial Information (continued)						
9.	Name of auditor / accountant:						
	How often is an audit done:						
	Has the organization changed its au If yes, please provide full details.	uditor / accountant in the last	five years?		Yes		No
10.	(a) Has the organization filed a Inc.(b) If yes, have the returns been ac		last five years?	_	Yes Yes	_	
11.	 Is the organization in arrears in its payments of monies payable to Revenue Canada or the provincial ministries of revenue (including source deductions, GST and PST)? 			Yes		No	
12.	Is the organization currently or has in breach of any debt covenant, loa anticipate any such breach occurrin If yes, attach full details.	n agreement, contractual obl	gation or does it		Yes		No
OPERATIONS							
13.	Indicate the total number of:						
	Directors	Officers	Members				
	Professionals	Managers	Volunteers				

14. Does the organization or any person(s) proposed for this insurance perform any of the following: If yes, please attach additional information.

(a)	Provide counseling, referral, legal aid, computer or medical services?	Yes	No
(b)	Promote or sponsor any type of group travel, conventions, parades or or other similar events or assume any liability in connection therewith?	Yes	No
(C)	Engage in any form of research, development, experimentation or testing?	Yes	No
(d)	Act as or participate in a peer review group or committee for assessing the qualifications and performance of others or the quality of any product which is manufactured, sold, handled or distributed by others?	Yes	No
(e)	Take any disciplinary action or recommend disciplinary action as a result of peer review group activities?	Yes	No
(f)	Develop standards used to evaluate the quality of services rendered?	Yes	No
(g)	Promote any specific products to association members, which will produce a profit for the association?	Yes	No
(h)	Publish any magazines, periodicals or newsletters? (If yes, attach a copy).	Yes	No
(i)	Publish a technical manual? (If yes, attach a copy).	Yes	No

Employees

 15. How frequently does the Board of Directors meet?
 at least 10 days prior to each board meeting? Yes □ No 17.How many Board members must be present to constitute a quorum?
 18. Describe the procedures which are in place to keep the Directors and Officers informed of new developments, operations, results, etc. between meetings. 19. What are the Corporations' rules with respect to loans on behalf of the Organization? 20. Are any of the Directors or Officers or any other person(s) proposed for this insurance indebted to the organization? If yes, provide full details. 21. Indicate the source of the Board's legal advice:
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COVERAGE DETAILS
22. Provide details of all Directors & Officers Liability Insurance carried in the past three years:
Insurer Policy Period Limit of Liability Deductible Premium
23. Provide details of current or expiring insurance coverages:
Insurer Policy Period Limit of Liability Commercial General Liability
24. During the past five years, has the organization had similar insurance declined, cancelled, non-renewed or refused?
Yes No If yes, provide full details.
25. Individual designated to receive any and all notices from the Insurer or their representatives coverage this insurance is:

(j) Engage in activities such as lobbying or labor negotiations?

🗆 Yes 🗆 No

Mailing Address:					
Coverage Details (continued)					
26. Coverage requested:	Non-Profit Directors & Officers Liability				
	Non-Profit Professional Indemnity				
Limits of Liability requi	red: \$				
Deductible:	\$				
CLAIMS EXPERIENCE AND PAST INCIDENTS					
27. Has any claim been made or is a claim now pending against the organization or any person proposed for this insurance?					
Yes 🗌 No 🗍 If	yes, provide full details.				
28. Has any suit or legal a this insurance?	ction been filed by or on behalf of the organization against any person(s) proposed for				
Yes 🗌 No 📋 🛛 If	Yes No If yes, provide full details.				
	or any other person(s) proposed for this insurance have knowledge or information of egligent act, error, omission, misstatement or misleading statement or breach of duty o a future claim?				
Yes 🗌 No 📋 If	yes, provide full details.				

It is agreed that any claim or action arising from any negligent act, error or omission, misstatement or misleading statement, or breach of duty, which is known to any Director or Officer prior to issuance of the policy shall be excluded from coverage.

DECLARATION

The undersigned declares that all statements made in the Application and the information contained in documents submitted with it are true. Signing of this document does not bind the Applicant to complete the insurance, but it is agreed that the Application shall be the basis of the contract, should a policy be issued.

Signature

Title or Position

MUST BE SIGNED BY THE PRESIDENT OR CHAIRMAN OF THE BOARD OR THE EXECUTIVE DIRECTOR.