

**DIRECTORS AND OFFICERS AND COMPANY
REIMBURSEMENT INDEMNITY POLICY
(Non-Profit)**

- A. Please answer the following questions on behalf of your organization and fax to 905-764-9618**
B. The Application must be signed and dated by an authorized officer of your organization
C. PLEASE READ THE STATEMENT AT THE END OF THE APPLICATION CAREFULLY

1. Details of Applicant			
Name of Applicant			
Does the organization have any subsidiary or affiliated companies? Yes ___ No ___ If yes, please provide details (name, address, nature of business & percent owned by applicant): _____ _____ _____			
Address - Number and Street			
Town/City		Province	Postal Code
Purpose of Organization			
Web Site Address			
2. Organization Details			
Date Established	_____ (mm/dd/yyyy)		
Identify Source(s) of funds & percent of revenues applicable to each			
	Source of funds	% of Revenue	
	_____	_____	
	_____	_____	
	_____	_____	
Total Budget from all sources for the next 12 months \$ _____ Number of congregation members _____ Number of advisory board members _____ Does the organization publish any magazines, periodicals or bulletins? Yes ___ No ___ If yes, list below and attach sample copies with application: _____ _____ _____			
Does the organization have any activities outside Canada? Yes ___ No ___ If yes, please describe: _____ _____ _____			
Does the organization engage in advertising, broadcasting or reproduction of copyrighted materials on behalf of the organization or members? Yes ___ No ___ If yes, please describe: _____ _____ _____			

3. Professional and Financial

Do you retain an attorney? Yes ___ No ___

Do you use a qualified independent accountant to perform audits? Yes ___ No ___

Do you use the services of a qualified independent financial advisor? Yes ___ No ___

Has the organization at any time during the past five years been in breach of any of its debts, covenants or loan agreements?

Yes ___ No ___ If Yes, furnish details (on separate sheet if necessary):

4. Prior (or expiring) Insurance

Current Insurance	Limit of Policy	Name of Insurer	Expiry Date
Director's and Officers Liability	\$		(mm/dd/yyyy)
Professional Errors & Omissions	\$		(mm/dd/yyyy)
Commercial General Liability	\$		(mm/dd/yyyy)

COVERAGE REQUESTED

Policy Period _____ to _____ Limit of Liability \$ _____

5. Employment Practices

Number of Employees _____ Number of Volunteers _____ Are employees unionized? Yes ___ No ___

How many employees or officers have been terminated in the past two years _____

Are employees given written warnings prior to termination? Yes ___ No ___

If yes, are they verbal or written? ___ Verbal ___ Written

6. Declarations and Signature

a) No claims which, if insurance had been in force similar to that now proposed, would have fallen within the scope of such insurance have been made, or are now pending against the organization or any person(s) proposed for insurance in the capacity of director, officer, employee or committee member of the organization except as follows :

Yes ___ No ___

b) No person proposed for this insurance is cognizant of any wrongful act or circumstance which he/she has reason to suppose might afford grounds for any future claim which would fall within the scope of the proposed insurance, except as follows:

Yes ___ No ___

c) In the past five years, no Insurer has declined, cancelled or non-renewed similar insurance except as follows: Yes ___ No ___

d) No fact, circumstance or situation indicating the probability of a claim or action against which indemnification is or would be afforded by the proposed insurance is now known to any Officer of this organization and it is agreed by all concerned that if there be knowledge of any such fact, circumstance or situation, any claim or action subsequently emanating there from shall be excluded from coverage under the policy. Yes ___ No ___

6. Declarations and Signature (continued)

- e) The undersigned authorized officer of the organization declares that, to the best of his/her knowledge, the statements set forth herein are true. The undersigned is duly authorized to make representations and to sign on behalf of all person(s) or entity(ies) applying for this insurance.

Signing of the proposal does not bind the undersigned to complete the insurance but it is agreed that this form shall be the basis of the contract should a policy be issued, and this form will be attached to and become part of the policy.

COVERAGE CANNOT BE BOUND UNLESS THIS APPLICATION HAS BEEN FULLY COMPLETED AND DULY SIGNED AND DATED

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this form) has been collected in accordance with applicable privacy legislation and this information shall only be used or shared by the Company to assess, underwrite and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with regulatory or legal requirements.

Title of Signing Officer

Signature of authorized Signing Officer

(mm/dd/yyyy)

Date

Copies of the following information must be enclosed with this application:

- (1) The Latest Audited Financial Statement(s)
- (2) A Schedule Of All Directors, Trustees And Officers Of The Organization And Any Subsidiaries
- (3) The By-Laws Of The Organization