

APPLICATION FOR DIRECTORS AND OFFICERS LIABILITY INSURANCE

(For All Charitable Organizations. For Churches With Revenue Exceeding \$500,000.00.)

Copies of the following information must be attached to this application:

- a) Schedule of Directors and Officers including present positions;
- b) The organization's by-laws;
- c) The organization's latest audited financial statement;
- d) The organization's latest interim report.

1. Name of Organization/Entity: _____

Address: _____

Registered Charitable Number: _____

2. Date organized: _____ Conducted business continuously since: _____

3. Legal structure (corporation, association, foundation, professional, trade or service, etc.):

4. Purpose of the organization and nature of operations (provide copies of information booklet or brochure if available):

5. a) Limit of liability requested: \$ _____

b) The director or officer designated to receive any and all notices from the Insurer or their representatives concerning this insurance is:

Name: _____

Mailing Address: _____

6. Size of operating budget (revenue plus cash assets): Current year \$ _____ Anticipated for next year \$ _____

Indicate the percentage of funds received from the following sources:

Federal, provincial, local government: _____ Other (please specify): _____

Fees for service: _____ Are contributions generally solicited Yes No

Dues from members: _____ What percentage of total contributions received are available for charitable purposes? _____

Donations, contributions from the general public _____

7. Number of: Directors _____ Officers _____ Professionals _____ Clerical Employees _____

Volunteers _____ Members _____ Managers _____

8. Does the organization have any stockholders or persons who profit from the operation except as salaried employees? Yes No
If yes, provide details.

9. List and describe all subsidiaries and affiliated organizations indicating whether for profit or non-profit. Include any subsidiaries, joint ventures or any other entity involved directly or indirectly in the development of land, property, housing, life-lease or condominium projects.

10. Does the organization have any operations outside Canada? Yes No If yes, provide full details.

11. Name of auditor/accountant: _____

How often is an audit done: _____

Has the organization changed its auditor/accountant in the last five years? Yes No If yes, provide details.

12. a) Has the organization filed a Registered Charity Information Return (i.e. T3010) for any of the last five years? Yes No

b) If yes, have the returns been accepted as filed? Yes No If no, provide full details.

13. Are any of the Directors or Officers or any other person(s) proposed for this insurance indebted to the Organization? Yes No
If yes, provide full details.

14. a) How frequently does the Board of Directors meet? _____

b) How many Board members must be present to constitute a quorum? _____

c) Are meeting agenda and minutes of previous Board meetings and Board committee meetings distributed to each director at least 10 days prior to each Board meeting date? Yes No

d) Describe the procedures which are in place to keep the Directors and Officers informed of new developments, operations, results, etc., between meetings.

e) Does each Director have a formal job description which clearly defines his/her scope of duties? Yes No

f) What are the Corporation's rules with respect to loans on behalf of the Organization?

g) Indicate the source of the Board's legal advice: _____

Do the Board's legal advisors make regular presentations to the Board to review the responsibilities of the Directors and Officers and of the organization, as defined in the various relevant statutes and related jurisprudence? Yes No

h) Are all Directors, Officers and senior employees required to obtain legal counsel prior to publicly commenting on any of the Corporation's activities? Yes No

15. Provide details of current or expiring liability coverages:

	Insurer	Policy Period	Limit
Commercial General Liability	_____	_____	_____
Professional Errors & Omissions	_____	_____	_____
Other: _____	_____	_____	_____

16. Provide details of Directors and Officers Liability insurance carried in the past three years:

Insurer	Policy Period	Limit	Deductible	Premium
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

17. During the past five years, has the organization had similar insurance declined, cancelled, non-renewed or refused? Yes No
If yes, provide details.

Yes No

18. a) Has any claim been made or is a claim now pending against the organization or any person proposed for the insurance?
If yes, provide full details.

b) Has any suit or legal action been filed by or on behalf of the organization against any person(s) proposed for this insurance?
If yes, provide full details.

c) Does the organization or any other person(s) proposed for this insurance have knowledge or information of any actual or alleged negligent act, error, omission, misstatement or misleading statement or breach of duty which might give rise to a future claim?
If yes, provide full details.

19. It is agreed that any claim or action arising from any negligent act, error or omission, misstatement, or breach of duty which is know 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. THE UNDERSIGNED ALSO DECLARES THAT ALL OFFICERS AND DIRECTORS ACKNOWLEDGE THE CONTENTS OF QUESTION 18 AND THAT EACH OF THEM HAS ATTESTED TO THE ACCURACY OF THE RESPONSES GIVEN. SIGNING OF THIS DOCUMENT DOES NOT BIND THE APPLICANT TO COMPLETE THE INSURANCE, BUT IS IS AGREED THAT THE APPLICATION SHALL BE THE BASIS OF THE CONTRACT, SHOULD A POLICY BE ISSUED.

SIGNED, SEALED AND DELIVERED this _____ day of _____ 20_____.

Organization/Entity

Chairman of the Board or President

WRONGFUL DISMISSAL

SUPPLEMENTARY QUESTIONNAIRE FOR NON-PROFIT ORGANIZATIONS/ENTITIES

1. **Number of employees in Canada:** Total: _____ Unionized: _____ Non-unionized: _____
2. **Number of employees outside of Canada (specify location):**
Total: _____ Unionized: _____ Non-unionized: _____
3. **Total number of employees with total annual compensation greater than \$100,000:** _____
4. **How many employees or officers have been terminated in the past 3 years?** _____
Please attach full details of termination(s).
5. **Are any layoffs or staff reductions anticipated in the next three (3) years?** Yes No
If "yes", please attach full details.
6. **Does the Organization/Entity have a Human Resources or Personnel Department?** Yes No
If "no", how is this function handled?
7. **Does the Organization/Entity have:**
- a) A formal orientation program for new employees that addresses workplace conduct and grievance procedures? Yes No
 - b) An employment handbook that is distributed to all employees? Yes No
 - c) For all positions:
 - (i) Written job descriptions? Yes No
 - (ii) Regular written Performance evaluations? Yes No
 - (iii) An application form for employment? Yes No
 - (iv) A personnel file? Yes No
 - d) A policy on accommodating the disabled? Yes No
 - e) A written program on sexual harassment and discrimination? Yes No
 - f) A written program on the handling of employee complaints of discrimination or sexual harassment? Yes No
 - g) A standardized severance program for terminations and layoffs? Yes No
8. **IN THE PAST THREE (3) YEARS, HAS THE ORGANIZATION/ENTITY OR ANY PERSON(S) APPLYING FOR THIS INSURANCE BEEN INVOLVED IN ANY LITIGATION OR PROCEEDINGS RELATED TO EMPLOYMENT (INCLUDING BUT NOT LIMITED TO WRONGFUL DISMISSAL)?**
YES NO IF YES, PLEASE ATTACH FULL DETAILS.
9. **IS THE ORGANIZATION/ENTITY OR ANY PERSON(S) APPLYING FOR THIS INSURANCE AWARE OF ANY FACT, CIRCUMSTANCE OR SITUATION WHICH COULD REASONABLY BE EXPECTED TO GIVE RISE TO A CLAIM RELATED TO EMPLOYMENT (INCLUDING BUT NOT LIMITED TO WRONGFUL DISMISSAL)?**
YES NO IF YES, PLEASE ATTACH FULL DETAILS.

DECLARATIONS AND SIGNATURE:

- ◆ IT IS UNDERSTOOD AND AGREED THAT IF ANY SUCH FACTS, CIRCUMSTANCES OR SITUATIONS EXIST, WHETHER OR NOT DISCLOSED, ANY CLAIM OR ACTION THERE FROM IS EXCLUDED UNDER ANY POLICY ISSUED BY THE SOVEREIGN GENERAL INSURANCE COMPANY.
- ◆ THE UNDERSIGNED IS DULY AUTHORIZED TO MAKE REPRESENTATIONS AND SIGN ON BEHALF OF ALL PERSON(S) OR ENTITY(IES) APPLYING FOR THIS INSURANCE, AND DECLARES THAT THE STATEMENTS HEREIN ARE TRUE.
- ◆ IT IS AGREED THAT THE PARTICULARS AND STATEMENTS CONTAINED IN THE SUPPLEMENTARY APPLICATION 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.
- ◆ IT IS AGREED THAT IN THE EVENTS THAT THERE IS ANY MATERIAL CHANGE IN THE ANSWERS TO THE QUESTIONS CONTAINED HEREIN PRIOR TO THE EFFECTIVE DATE OF THE POLICY, THE ORGANIZATION/ENTITY WILL NOTIFY THE INSURER AND, AT THE SOLE DISCRETION OF THE INSURER, ANY OUTSTANDING QUOTATIONS MAY BE MODIFIED OR WITHDRAWN.
- ◆ ALL PROVISIONS CONTAINED IN THE VARIOUS FORMS ISSUED UNDER THIS CONTRACT SHALL BE DEEMED TO BE CONTAINED IN THE PRESENT APPLICATION FOR INSURANCE.
- ◆ SIGNING OF THIS SUPPLEMENTARY APPLICATION FORM DOES NOT BIND THE INSURER TO COMPLETE THE INSURANCE, BUT IT AGREED THAT THIS SUPPLEMENTARY APPLICATION FROM WILL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND THAT THIS SUPPLEMENTARY APPLICATION FORM WILL BECOME A PART OF SUCH POLICY, IF ISSUED.

SIGNATURE OF DULY AUTHORIZED SIGNING OFFICER

SIGNATURE OF INDIVIDUAL RESPONSIBLE FOR HUMAN RESOURCES

TITLE

TITLE

DATE

DATE