

#103-8411 200th STREET, LANGLEY, BC V2Y 0E7 TELEPHONE: (604) 888-0050 FAX: (604) 888-1008 Directors and Officers Liability Insurance

For Non-Profit

Or

Associations

1. Na	ame of Organization/As	sociation:	
A	ddress:		
Ph	none Number:	Fax N	[umber:
Co	ontact Person:		
2. (a)) Is this Organization	incorporated? OYes ONo	With share capital? OYes ONo
(b)) What is Organization	1's legal structure: OCorporation C	Association OFoundation OTrust OOther
	If other, give details:		
(c)) What is the purpose	of the Organization? (Provide copies of	of information booklet if available)
(d)	When organized?		
3. Do	oes the Organization hav	ve any operations outside Canada? C	Yes ONo If Yes, give details:
5. Do	Yes, give details:oes the Organization have	ve any stockholders or persons who pr	ofit form the operation except as salaried employees
	Yes ONo If	Yes, give details	
6. Si	ze of Operating Budget	(Revenue + Cash Assets) \$	<u>2</u>
7. Pl	ease indicate percentage	e of funds from the following sources:	
(a)) Federal, provincial, l	ocal government	%
(b)) Dues from members		%
(c)) Donations, contribut	ions obtained from general public	%
(d) Fee(s) for service(s)		%
(e)) Other		%
8. W	hat percentage of the to	tal funds received for the previous and	current year was used for:
(a)	Fund raising?		
(b)	Administration?		
(c)	Services?		
(d)	Lobbying?		
(e)	Labour negotiations		

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(a)	Has the Organization filed a Federal Income Tax Return for any of the last five years? OYes ONo Have the returns been accepted as filed? OYes ONo If No, give details:
	nber of:
	ectors:(salaried) (non-salaried) Officers:(salaried)(non-salaried)
	w may Directors or Officers shown above are Non-Voting? fessionals, state number and profession
	rical Employees Volunteers Other
	hin the last five years, has the Organization received an enquiry, complaint or notice of hearing from any Provincial or gulatory Authority? O Yes O No If Yes, give details (use a separate sheet if necessary)
The	Organization and/or its Directors, Officers, or any person(s) proposed for this insurance have not been involved in or
have	e any knowledge of pending Federal, Provincial or local legal actions or proceedings against the Organization and/or its ectors, Officers, or any person(s) for this insurance except as follows: (if answer is none, so state) hin the scope of this proposed insurance: Has any claim been made, or is now pending against the Organization or any person proposed for insurance? Yes
have Dire	ectors, Officers, or any person(s) for this insurance except as follows: (if answer is none, so state) hin the scope of this proposed insurance:
have Dire	hin the scope of this proposed insurance: Has any claim been made, or is now pending against the Organization or any person proposed for insurance? Yes
have Dire 3. With (a) 4. Are	hin the scope of this proposed insurance: Has any claim been made, or is now pending against the Organization or any person proposed for insurance? Yes any Director, Officer or any person(s) proposed for insurance any knowledge or information of any "Wrongful Action or any person of this proposed for insurance any knowledge or information of any "Wrongful Action or any Director, Officer or any person(s) proposed for insurance any knowledge or information of any "Wrongful Action or any Director, Officer or any person(s) proposed for insurance any knowledge or information of any "Wrongful Action or any Director, Officer or any person(s) proposed for insurance any knowledge or information of any "Wrongful Action or any Director, Officer or any person(s) proposed for insurance any knowledge or information of any "Wrongful Action or any Director, Officer or any person(s) proposed for insurance any knowledge or information of any "Wrongful Action or any Director, Officer or any person(s) proposed for insurance any knowledge or information of any "Wrongful Action or any Director, Officer or any person or any

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16. Directors and Officers Liability Insurance or Association Liability Insurance carried during the past three years: Period Limit of Liability Deductible Insurer Premium 17. Limit of Liability: 18. Do you require EPL coverage? If so need the total salaries and benefits paid to employees? 19. Complete the following additional questions if Association Liability Insurance is required. Attach full details of any Yes'answers. OYes ONo Does the Association engage in any form of research, development, testing or experimentation? (a) Does the Association set standards for qualifications and performance of others or for the quality of products manufactured, sold, handled or distributed by others? OYes ONo Does the Association take or recommend any disciplinary action as a result of peer review OYes ONo activities? OYes ONo Does the Association publish any magazines, periodicals, newsletters or technical manuals? (d) Does the Association promote, sponsor or provide any form of insurance to its members or non-members? OYes ONo Is the Association directly involved in the promotion of any specific product or service to (f) Yes ONo Association members which will produce a profit for the Association? It is agreed that any claim arising from any "Wrongful Act" which is known to any Director, Officer, or any person(s) proposed for insurance prior to the issuance of the policy shall be excluded from coverage. The undersigned authorized Officer of the Organization on behalf of the Directors and Officers and the Organization declares that to the best of his/her knowledge and belief the statements set forth herein are true. Signature Date Chairman of the Board President Capacity: One copy of the following is attached and made part of this proposal: (1) Last Annual Report or Audited Financial Statement (2) Charter of Bylaws Broker/Agent:

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