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NON-PROFIT DIRECTORS AND OFFICERS INSURANCE

APPLICATION FORM

INSTRUCTIONS

- Please complete all questions. If a question is not applicable, please answer "N/A".
- The term "Applicant" includes all subsidiaries (which are more than 50% owned) proposed for this insurance.
- Please make certain the application is currently dated and signed by either: the Chief Executive Officer, the Chairman of the Board, the President or the Chief Financial Officer of the Company.
- **In order to utilize the Submit button to directly submit your application, please download the application first.**

SECTION 1: GENERAL INFORMATION

1.1 Please provide the following details:

Applicant Name: _____

Address / City / Prov. / Postal Code: _____

Website: _____

1.2 Date the Applicant was established: _____

1.3 Nature of Operations: _____

1.4 Does the Applicant have any Subsidiaries for which coverage is required? Yes No
If "Yes", please provide complete details.

1.5 Does the Applicant have current recognized registered charity status under the Canada Revenue Agency Income Tax Act? Yes No

1.6 Is the Applicant a licensing body for its members? Yes No

1.7 Does the Applicant or any insured perform the following:

- a) provide any professional services Yes No
- b) take any disciplinary action or recommend disciplinary action as a result of peer review or standard setting activities Yes No
- c) promote, sponsor or provide any form of insurance to members or non-members Yes No
- d) engage in any labour negotiations or collective bargaining Yes No
- e) engage in any business transactions with businesses which are controlled by any proposed Insured Person Yes No
- f) publish any magazines, periodicals or technical manuals, or engage in broadcasting or reproduction of copyright Yes No

If "Yes" to any of the above, please provide complete details.

1.8 Has the Applicant in the past 3 years been involved in, or during the next 12 months plan for:

- a) any mergers, acquisitions, consolidations or divestiture involving the Applicant Yes No
- b) any bankruptcy proceeding, reorganization or any other arrangement with creditors under federal, provincial, or state law Yes No
- c) any office, branch, facility or location closings or consolidations Yes No

If "Yes" to any of the above, please provide complete details.

1.9 Does the Applicant have any operations outside Canada? Yes No
If "Yes", please provide complete details.

SECTION 2: FINANCIAL INFORMATION

2.1 Please provide the following information including for all subsidiaries:

Based on Financial Statements:	Most Recent Fiscal Year End:	Prior Fiscal Year End:
Total Assets	\$_____	\$_____
Total Liabilities	\$_____	\$_____
Total Revenues	\$_____	\$_____
Cash Flow from Operations	\$_____	\$_____
<input type="checkbox"/> Net Income or <input type="checkbox"/> Net Loss	\$_____	\$_____

- 2.2 Has the Applicant changed auditors in the past year? Yes No
If "Yes," please provide complete details.
- 2.3 Is the Applicant currently, or has it been in the past 24 months, been in violation of or has it amended any debt covenant or loan agreement? Yes No
If "Yes," please provide complete details.
- 2.4 Is the Applicant currently in arrears in its payments to the Canada Revenue Agency or the provincial ministries of revenue? (including source deductions, GST and PST) Yes No
If "Yes," please provide complete details.

SECTION 3: DIRECTORS & OFFICERS INFORMATION

- 3.1 Has the Applicant experienced changes to its Board of Directors or Key Executives over the past year? Yes No
If "Yes," please provide complete details.
- 3.2 Has the Applicant or any person proposed for coverage been the subject of, or involved in:
 a) any criminal actions Yes No
 b) any litigation or proceeding involving any allegation of discrimination Yes No
If "Yes," please provide complete details.

SECTION 4: EMPLOYMENT PRACTICES INFORMATION

4.1 Please list total number for each of the following:

Territory:	Directors and Officers	Full Time Employees	Part Time Employees	Volunteers	Number of Locations
Canada	_____	_____	_____	_____	_____
United States	_____	_____	_____	_____	_____
Rest of the World	_____	_____	_____	_____	_____

- 4.2 Have there been any layoffs or staff reductions in the past 12 months or any anticipated in the next 12 months? Yes No
If "Yes," please provide complete details.
- 4.3 Does the Applicant have a full-time Human Resources manager or the equivalent? Yes No
 If "No," who handles the HR function? _____
- 4.4 Does the Applicant have written procedures in place for the following:
- | | | |
|---|------------------------------|-----------------------------|
| Discrimination? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Employee terminations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Progressive discipline policies and procedures? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Employment evaluations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Accommodating the disabled? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Employee grievances or complaints? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sexual harassment and workplace harassment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Use of Company electronic mail, voice mail and Internet access? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

SECTION 5: INSURANCE COVERAGE REQUIREMENTS

- 5.1 Please provide details of the Applicant's current insurance coverage.
If this is the first time applying for this coverage, check here:

Coverage	Limit:	Retention:	Prior & Pending Date:	Premium:
Directors and Officers Liability:	\$ _____	\$ _____		\$ _____
Employment Practices Liability:	\$ _____	\$ _____		\$ _____
Cyber and Privacy:	\$ _____	\$ _____		\$ _____

- 5.2 What date would the Applicant like to incept coverage? _____

SECTION 6: CLAIMS INFORMATION

Regarding all types of insurance to which this application form relates:

- a) Is the Applicant aware of any loss or damage, whether insured or not, that has occurred to any of the companies to be insured (or to any existing or previous business of the partners or directors of any of the companies to be insured) within the last five (5) years, or Yes No
- b) Is the Applicant aware of any circumstances which may give rise to a claim against any of the companies to be insured or any partners or directors thereof, or Yes No
- c) Have any claims or cease and desist orders been made against any of the companies to be insured, or partners or directors thereof, or Yes No
- d) Have any partners or directors of the companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body, or Yes No
- e) Has the Applicant given notice of any claim, circumstance, or potential claim to any insurer under any of the coverages to which this application relates? Yes No

If the answer to any of the above is "Yes", then please attach full details including an explanation of the background of events, the maximum amount involved/claimed, the status of the claim(s) or circumstance(s) and any reserve(s) or payment(s) made by the Applicant and/or by Insurers, and the dates of all developments and payments.

SECTION 7: DECLARATION

- I declare that after full enquiry the information provided in this application form is true and complete that I have not misstated or suppressed any material fact.
- I agree that this Application Form, together with any other material information supplied by me shall form the basis this contract of insurance.
- I undertake to inform Underwriters of any material alteration to these facts occurring before the inception of the policy.

Signed: _____	Full Name: _____
Position held at insured: _____	Date: _____

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