

TOTTEN GROUP

I N S U R A N C E

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NON-PROFIT DIRECTORS AND OFFICERS INSURANCE APPLICATION

This is an application form for a Claims Made Policy.

Underwriters will rely upon each and every response given in this Proposal Form and any Supplementary Proposal Form in deciding whether or not to insure this risk and if so at what premium, terms and conditions. Underwriters regard every response to be material to their decisions. Failing to answer or answering any question below incorrectly could invalidate any policy of insurance written by Underwriters for this risk.

We have a professional duty of confidentiality and are committed to holding personal information in strict confidence. The information provided to us will only be disclosed where required by law to do so or required to do so in conducting negotiations with third parties, such as insurance companies, on your behalf.

We will further safeguard the security of such information in a manner appropriate to sensitivity of that information.

- Please complete all questions. If there is no answer, write "none" or "N/A" in the space provided
- The term "Organization" includes all **Subsidiaries** more than 50% owned for which coverage is proposed under this applications

GENERAL INFORMATION

1. Organization Name _____
2. Mailing address _____
3. Jurisdiction _____
4. Starting date of Organization _____
5. Description and Nature of Operations _____

OPERATIONAL ACTIVITIES

6. Does the Organization have any Subsidiaries for which coverage is required? Yes No
If Yes, please attach full details
 7. Is the Organization a licensing body for its members? Yes No
 8. Does the Organization of any insured perform the following Yes No
 - 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 labor 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 attach full details.*

FINANCIAL INFORMATION

9. Please complete the following table, including information from the most recent audited financial statements

	Total Assets	Total Liabilities	Total Revenues	Net Income
This Year				
Last Year				



10. Has the Organization currently or during the past three years
- a. Been in arrears in its payments to the Canada Revenue Agency or provincial ministries of revenue (including source deductions, GST or PST) Yes No
 - b. Been in breach of any of its debt covenants or loan agreements? Yes No
- If Yes, please attach full details.*

EMPLOYMENT PRACTICES INFORMATION

11. Please complete the following table

	Directors and Officers	Employees	Volunteers	Total
Canada				
US				
Other				

12. What is the Organization's total annual payroll/wages expense? \$ _____
13. 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 attach full details.*

PAST LITIGATION, PROCEEDINGS, ACTIONS OR SUITS

14. During the past three years, has any Claim, or notice of circumstances which could be reasonably give rise to a claim, been reported to any previous Directors and Officers Liability or Employment Practices Liability Insurer? Yes No
- If Yes, please attach full details.*
15. Has the Organization or any of its directors or officers or Insureds been involved in any of the following during the past three years
- a. Any anti-trust, price-fixing or copyright, patent or trademark litigation? Yes No
 - b. Any other material litigation or criminal, governmental or administrative proceeding? Yes No
 - c. Any insolvency or bankruptcy proceedings? Yes No
 - d. Any Claims involving employment law or non-employment related discrimination or sexual harassment Yes No
- If Yes to any of the above, please attach full details.*
16. Is any Insured aware of any fact, circumstance or situation involving the Organization, the directors or officers of the Organization which may give rise to a Claim under the policy to which this application will be attached? Yes No
- If Yes, please attach full details.*

Please note that no coverage will be afforded under the proposed policy for any claim arising out of any fact or circumstance or actual or alleged error, misstatement, misleading statement, act, omission, neglect, or breach of duty disclosed or required to be disclosed in response to questions in this application.

NOTICES

17. The following officer of the **Organization** is designated to receive any and all notices from the Insurer or authorized representative(s) concerning this insurance

Name _____

Title _____

Signing this application does not bind the undersigned or the Insurer to complete the insurance, however, if a policy is issued, this application will be the basis of the policy and a copy of this application is deemed to be attached to and made part of the policy. The Insurer is authorized to make any investigation and inquiry regarding this application as it deems necessary. The undersigned, on behalf of all prospective Insureds, declares that the statements in this application and the information submitted herewith are true, complete and accurate. If there are material changes to any statements in this application or the information submitted herewith prior to the inception of the policy, the undersigned will immediately notify the Insurer of such changes who shall then have the right to change or withdraw any outstanding terms or proposal.

This application must be currently dated and signed by either: (1) the Chief Executive Officer and (2) the Chairman of the Board, the President or the Chief Financial Officer of the Organization.

Signed _____
Date

Name _____
Title