



Victor Canada
 500-1400 Blair Towers Place
 Ottawa, Ontario K1J 9B8
 Telephone 613-786-2000
 Facsimile 613-786-2001
 Toll Free 800-267-6684
 www.victorinsurance.ca

Renewal Application

Non-Profit Entity Directors and Officers Liability and Errors and Omissions Insurance

Submitting Broker, please complete the following to assist us in processing this submission:

Name of Brokerage: _____
 Name of Broker Contact: _____
 Brokerage Address: _____ City: _____ Postal Code: _____
 For renewal purposes only: Policy Number: _____ ISN (Client's Number): _____

Note: All questions must be completed in their entirety.

1. Name: _____
2. (a) Please provide financial details of the ENTITY in the table below.

	Most Recent Year End	Previous Year End
Assets		
Liabilities		
Revenues		
Net Income (Net Loss)		

- (b) Is the ENTITY in arrears in its payments of monies payable to Canada Revenue Agency or the provincial ministries of revenue (including source deductions, GST, HST and PST)? YES NO
- (c) Is the ENTITY currently or has it at any time during the past three years been in breach of any of its debt covenants, loan agreements, contractual obligations, or does it anticipate any such breach occurring within the next 12 months? YES NO
- (d) If the ENTITY holds a charitable status, has the status ever been revoked or been subject to review? YES NO
3. Has there been in the past 12 months or is it anticipated there will be in the next 12 months, any changes in the following:
 - (a) Address YES NO
 - (b) Amount or Sources of funding YES NO
 - (c) Operations/Services of the ENTITY YES NO
 - (d) Subsidiaries YES NO
 - (e) Disciplinary Function YES NO
 - (f) Number of beds (if medical risk) YES NO
 - (g) Operations outside of Canada YES NO
 - (h) Pension Plan YES NO

If yes to any of the above, please provide details:

4. Please update the total number of staff:
 Professionals _____ Clerical _____ Volunteers _____ Other (specify) _____

If the number of employees is greater than twenty-five (25), complete the question in the box below.

(a)	What is the annual turnover rate of employees?	_____
(b)	How many employees and officers have been terminated in the past two years?	_____
(c)	Has the turnover rate exceeded historical levels during the past two years?	YES <input type="checkbox"/> NO <input type="checkbox"/>
(d)	Are any layoffs, staff reductions, or branch or office closings anticipated within the next two years?	YES <input type="checkbox"/> NO <input type="checkbox"/>
(e)	Does the ENTITY have:	
	(i) written hiring/interviewing guidelines?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	(ii) a Human Resources department? (If no, please provide details.)	YES <input type="checkbox"/> NO <input type="checkbox"/>
(f)	When an employee is discharged:	
	(i) is officer approval required?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	(ii) are Human Resources personnel directly involved?	YES <input type="checkbox"/> NO <input type="checkbox"/>

5. Please submit a copy of the latest annual report including financial statements.

APPLICANT'S CONSENT TO THE TRANSMISSION OF THE INFORMATION CONTAINED IN THE APPLICATION FORM

I hereby acknowledge that the information collected in the Application form is acquired by my insurance broker to be transmitted to Victor Insurance Managers Inc. for the sole purpose of obtaining an insurance policy, and will be kept confidential.

Moreover, I authorize Victor Insurance Managers Inc., its insurers or service providers to:

- conduct verification, using outside sources, of the information contained in the Application form, in attached documentation and in subsequently provided documentation;
- in the event of a claim, transmit the submitted and verified information to loss adjusters, lawyers or other similar offices for the purposes of investigating, defending, negotiating or settling any claims, as required.

For more information on Victor's privacy policy, please contact privacypolicyinquiries@victorinsurance.com.

DECLARATIONS AND SIGNATURE

The undersigned declares that:

- he/she is duly authorized to complete this Application and that the statements set forth herein are true and complete;
- the financial statements submitted with this Application are representative of the current financial position of the ENTITY (if not, please attach details).

The undersigned agrees that:

- if the information supplied on this Application changes between the date of this Application and the effective date of the policy, he/she will provide written notice of such changes immediately to Victor and, without limitation to any other remedy, Victor may withdraw or modify any outstanding quotations, and any authorization or agreement to bind coverage;
- should a policy be issued, this Application and its attachments shall form part of the policy.

Signature

Capacity (President or Executive Director)

Date (dd/mm/yyyy)

ENTITY