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NON-PROFIT MANAGEMENT AND CORPORATE LIABILITY INSURANCE POLICY APPLICATION – NON-PROFIT CORPORATIONS

THIS IS AN APPLICATION FOR A CLAIMS MADE POLICY. ALL QUESTIONS MUST BE ANSWERED. Corporate Information

1. (a) Name of Parent Corporation _____
 (b) Address _____

(c) Date of Incorporation: _____ Jurisdiction _____ Fiscal Year End _____

(d) Web Site Address: _____

(e) Check one of the following categories that best describes your operations:

- | | | |
|--|--|---|
| <input type="checkbox"/> Condominium / Cooperative | <input type="checkbox"/> Industrial / Agricultural Co-op | <input type="checkbox"/> Research / Development Institute |
| <input type="checkbox"/> Crown Corporation | <input type="checkbox"/> Labour Union | <input type="checkbox"/> Self-Regulatory Organization (SRO) |
| <input type="checkbox"/> Foundation | <input type="checkbox"/> Museum | <input type="checkbox"/> Social / Recreational Club |
| <input type="checkbox"/> Golf / Curling / Country Club | <input type="checkbox"/> Nursing / Retirement Home | <input type="checkbox"/> Social Welfare Organization |
| <input type="checkbox"/> Health Care Organization | <input type="checkbox"/> Performing Arts Organization | <input type="checkbox"/> Sports Club |
| <input type="checkbox"/> Historical Society | <input type="checkbox"/> Religious Organization | <input type="checkbox"/> Trade / Business Association |

Other _____

(f) Briefly describe the functions, purpose and general operations of the Corporation:

Operational Activities

2. Does the Corporation have any subsidiaries or affiliated companies for which coverage is required? Yes No

If Yes, provide the following information:

Name	Nature of Operations	Jurisdiction of Incorporation	Non-Profit Entity?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

3. Percentage of the services provided or activities performed in:
 Canada _____ % United States _____ % Other Country _____ %

4. Is the Corporation a licensing body for its members Yes No

5. Does the Corporation or any person(s) proposed for this insurance perform the following:
- (a) Take any disciplinary action or recommend disciplinary action as a result of peer review group activities? Yes No
 - (b) Act in any capacity as an insurance agent, broker, underwriter or consultant? Yes No
 - (c) Publish any magazines or periodicals, or engage in broadcasting or reproduction of copyright? Yes No
 - (d) Publish a technical manual? Yes No
 - (e) Engage in activities such as labour negotiations or collective bargaining? Yes No

If yes to any of the above, attach details.

Financial Information

6. (a) If the Corporation holds a charitable status, has this status ever been revoked or been subject to review? Yes No
- (b) Is the Corporation currently, or has it at any time during the past three years been, in arrears in its payments to the Canada Revenue Agency or the provincial ministries of revenue (including source deductions, G.S.T and P.S.T)? Yes No
- (c) Is the Corporation currently, or has it at any time during the past three years been, in breach of any of its debt covenants or loan agreements, or does it anticipate any such breach occurring within the next twelve months? Yes No

If yes to any of the above, attach details.

7. For the most recent consolidated fiscal year-end provide the following financial information for the Corporation:

- (a) Fiscal Year-end Date:
- (b) Total Assets \$
- (c) Total Liabilities \$
- (d) Total Revenues \$
- (e) Net Income \$

Employment Practices Information

8. (a) Number of employees located in:
 Canada _____ United States _____ Other Country _____
- (b) Number of volunteers located in:
 Canada _____ United States _____ Other Country _____
- (c) Are any layoffs or staff reductions anticipated within the next two years Yes No
 If Yes, describe fully
- (d) Does the Corporation have the following in current use and practice:
- (i) written guidelines, policies and procedures that have been vetted by a lawyer having expertise in employment law? Yes No
 - (ii) provide formal training for its supervisors in administering these guidelines policies and procedures? Yes No
 - (iii) obtain authorization from an officer prior to terminating an employee? Yes No

Prior Insurance

9. Provide details of Directors' and Officers' liability insurance policies held during the past three years:

Name of Insurer	Limit of Policy	Deductible/Retention	Expiry Date	Premium	Claims (Y/N)

Past Activities

10. During the past three years, has the Corporation or any person(s) applying for this insurance:

- (a) been the recipient(s) of any declination, cancellation or non-renewal of any insurance similar to that now applied for? Yes No
- (b) given or delivered written notice under the provisions of any Directors' and Officers' or Employment Practices liability insurance policy of any claim, or notice of potential claim? Yes No

If yes to any of the above, attach details.

11. During the past three years, has the Corporation or any person(s) applying for this insurance been involved in the following:

- (a) any claim, which has been made or is now pending, which would fall within the scope of an insurance policy similar to that now proposed if such insurance had been in force? Yes No
- (b) any claim where loss payments have been made under any insurance policy similar to that now proposed? Yes No
- (c) any anti-trust, combines, price fixing, restraint of trade, tax, copyright or patent infringement proceeding? Yes No
- (d) any civil, criminal, administrative or regulatory investigation or proceeding? Yes No
- (e) any pollution suits or claims? Yes No
- (f) any receivership or insolvency or bankruptcy proceeding? Yes No

If yes to any of the above, attach details.

THE APPLICANT DOES HEREBY PROVIDE THE FOLLOWING WARRANTY TO THE INSURER

12. Does the Corporation or any director, officer or any other person proposed for this insurance have knowledge or information of any fact, circumstance or situation which could reasonably give rise to a claim which would fall within the scope of the proposed insurance? Yes No

If Yes, provide details

It is understood and agreed that if knowledge of any such facts, circumstances or situations exists, whether or not disclosed, any claim or action subsequently arising or developing therefrom shall be excluded from coverage under any policy issued by South Western Group Limited.

PRIVACY DISCLOSURE AND CONSENT

The undersigned authorized officer of the Parent Corporation acknowledges that any personal information provided in connection with the insurance applied for, including but not limited to the information contained in this Application, has been collected in accordance with all applicable privacy legislation. The undersigned confirms that all necessary consents have been obtained for the collection, use, and disclosure of such information for the purposes of any investigation and inquiry in connection with this Application for insurance and, if applicable, investigating and settling claims, detecting and preventing fraud, and acting as required or authorized by law.

FALSE INFORMATION

Any person who, knowingly and with intent to defraud any insurance company or other person, files an Application for insurance containing any false information, or conceals information concerning any fact material thereto for the purpose of misleading any insurance company or other person, commits a fraudulent insurance act which is a crime.

DECLARATIONS AND SIGNATURE

The undersigned authorized officer of the Parent Corporation:

- (i) declares, after inquiry, that the statements and representations set forth in this Application, and all materials submitted to or requested by the Insurer in conjunction with this Application, are true;
- (ii) acknowledges that these statements, representations, and materials are relied on by the Insurer and that they shall be deemed material to the acceptance of the risk assumed by the Insurer under the insurance applied for, should the insurance be effected; and
- (iii) agrees that if the information supplied in connection with this Application changes between the date of this Application and the effective date of any insurance effected pursuant to this Application, the undersigned will immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding indications, quotations and/or authorization or agreement to effect the insurance.

Signing of this Application does not obligate the Parent Corporation or the Insurer to effect the insurance, but it is agreed that all materials submitted to or requested by the Insurer in conjunction with this Application are hereby incorporated by reference into this Application and made a part hereof. Terms and conditions, including limits of coverage, offered by the Insurer may differ from those applied for by the Parent Corporation. It is further agreed that this Application and all materials submitted to or requested by the Insurer in conjunction with this Application are the basis of and are deemed attached to and incorporated into any policy effected pursuant to this Application.

PLEASE NOTE: COVERAGE CANNOT BE BOUND UNLESS THIS APPLICATION HAS BEEN FULLY COMPLETED AND DULY SIGNED AND DATED.

Parent Corporation	Date
Signature of duly authorized signing Officer	Title

Please Note:

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this form) has been collected in accordance with applicable privacy legislation and this information shall only be used or shared by the insurer to assess, underwrite and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with regulatory or legal requirements. For purposes of the Insurance Companies Act (Canada), this document was issued in the course of South Western Insurance Group Ltd.'s insurance business in Canada.