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SUM NOT FOR PROFIT DIRECTORS & OFFICERS & ORGANIZATION LIABILITY INSURANCE

APPLICATION FORM

General Notes With Regard To This Application Form

This form is in respect of a claims made policy which covers claims made against the Organization in whose name a policy will be issued (which includes all its subsidiaries), any other company or other person(s) insured under the policy and any main board director, officer, manager, governor, council member, trustee or employee or the like of any of the forgoing during the currency of the Policy Period.

This application form is to be completed by or on behalf of each prospective or actual Insured under the policy.

Signing or completing this form does not bind the Insured or the Insurers to complete a contract of insurance.

Please respond to all questions requiring responses.

If there is not enough room on the form to provide responses to all questions or provide any other requested information, please provide an additional sheet or sheets (preferably on the Organization's headed paper).

Please provide the following data with this application form:

1. The most recent annual report and accounts or financial statements in respect of the Organization.
2. Any other information requested elsewhere in the form.

SECTION 1 – ORGANIZATION INFORMATION

1. Full Name of Organization: _____

2. Main Address of Organization: _____

3. Province of Incorporation of the Organization: _____

4. Date of Incorporation of Organization: _____

5. Official Website Address of Organization: _____

6. What was the Organization’s total revenue for the last full year? CAD \$ _____

7. What is the total number of full and part-time Employees? _____

8. What are the activities and/or purpose of the Organization?

Charitable Organization registered as such in Canada

Educational Organization

Environmental Organization / Association

Governmental Organization / Agency

Medical / Healthcare Association

Public Art Organization

Sports & Leisure Organization

Strata Plan / Residential Association

Trade Association

Trade Union

Other: please state _____

SECTION 2 – COVERAGE REQUIREMENTS:

- 9. Is coverage required for Employment Practices Liability Insurance? Yes No
- 10. If the answer to 1 above is 'yes', is a separate limit required for this cover? Yes No

SECTION 3 – GENERAL QUESTIONS:

- 11. Does the Organization undertake any medical or healthcare activities or provide medical or healthcare advice?
 Yes No If Yes, please provide details:

- 12. Is the Organization a Trade Union and/or does it undertake any labor negotiations?
 Yes No If Yes, please provide details:

- 13. Does the Organization undertake any activity outside of Canada?
 Yes No If Yes, please provide details:

- 14. Does the Organization have more than one Director (or equivalent) on the board?
 Yes No If No, are there any plans to increase the number of Directors (please provide details):

- 15. Is the Organization considering any sale, merger or divestments, or the acquisition of any other entity in the next 12 months?
 Yes No If Yes, please provide details:

- 16. Have the activities of the Organization changed in the past three years?
 Yes No If Yes, please provide details:

- 17. Is the Organization considering any changes to its activities or purpose in the next 12 months?
 Yes No If Yes, please provide details:

- 18. If the Organization is a Strata Plan or Residential Association, has control of the Organization been transferred from the builder/developer? Yes No If Yes, please provide details:

SECTION 4 – LIMIT OPTIONS

19. What Limit is required (please tick multiple options if required)?

- \$250,000 \$500,000
 \$1,000,000 \$2,000,000
 \$3,000,000 \$4,000,000
 \$5,000,000 Other (please state) \$_____

20. What deductible is required (please tick multiple options if required)?

- \$1,000
 \$2,500
 \$5,000

SECTION 5 – CLAIMS INFORMATION

Very important note: the following questions should be responded to after full enquiry.

21. a) Has the Organization or any Insured ever been subject to any investigation by any official body, commissioner or regulatory body or the like?

- Yes No If Yes, please provide details:

b) If the response to (a) above is yes, did the investigation in question result in any disciplinary proceedings, admonishment, or recommendations?

- Yes No If Yes, please provide details:

22. Has any claim been made against the Organization or the Insureds in the past 5 years?

- Yes No If Yes, please provide details:

23. Are the Organization or any Insureds aware of or have any knowledge of any of any act, error, omission, fact, event or circumstances which might reasonably be expected to give rise to a claim that would be covered by a policy, if effected?

- Yes No If Yes, please provide details:

SECTION 6 – PREVIOUS COVER

24. Does the Proposer currently maintain any Management Liability insurance?

- Yes No If yes, please provide details of the:

Current Insurer: _____

Limit: \$_____ Expiry/Renewal date:_____

25. Has any prior policy of Management Liability insurance effected by the Proposer ever been cancelled?

Yes No If Yes, please provide details:

28. Has the Proposer ever been refused Management Liability insurance?

Yes No If Yes, please provide details:

SIGNING THIS PROPOSAL DOES NOT BIND THE ORGANIZATION TO COMPLETE THIS INSURANCE

Declaration

I, the undersigned, declare that:

1. I am authorised to sign this proposal form on behalf of all Insureds.
2. I have read and understood the notes in this application form, in particular the very important note in Section 5 of this proposal form.
3. The statements and particulars in this application form are true and no material facts have been misstated or suppressed after full enquiry.
4. I agree that this application, together with any other information supplied, shall form the basis of the contract of insurance affected thereon.
5. I undertake to inform Insurers of any material alterations to those facts occurring before the completion of the contract of insurance.

A material fact is one which would influence the acceptance or assessment of the risk.

Signed: _____

Title: _____

Date: _____

It is very important that the signatory of this application form is aware of the nature and scope of the insurance that will be afforded by a policy, if effected, in order to respond accurately to the questions in this application form. If necessary, the signatory of this proposal form should consult their insurance broker or agent, as non-disclosure of material facts may prejudice any rights to be indemnified under a policy, if effected.



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