



Application for Non-Profit Directors & Officers Insurance

Vailo Insurance Services Ltd

Suite 430 – 250 Newport Drive,
Port Moody, BC V3H 5H1

Phone: 604.829.3811

Toll Free: 1.877.787.6737

Application for non-profit directors and officers insurance

APPLICATION FOR INSURANCE

PLEASE READ CAREFULLY: This is an application form for **Claims made policy**.

- 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 application.

1. General Information

(a) Name of **Organization**:

(b) Mailing Address:

(c) Website Address:

(d) Jurisdiction:

(e) Date of Organization:

(g) Description and Nature of Operations:

2. Operational Activities

(a) Does the **Organization** have any **Subsidiaries** for which coverage is required?

Yes No *If Yes, please attach full details:*

(b) Is the **Organization** a licensing body for its members?

Yes No

(c) Does the **Organization** or any Insured perform the following

i) provide any professional services

Yes No

ii) take any disciplinary action or recommend disciplinary action as a result of peer review or standard setting activities

Yes No

iii) promote, sponsor or provide any form of insurance to members or non-members?

Yes No

iv) engage in any labor negotiations or collective bargaining?

Yes No

v) engage in any business transactions with businesses which are controlled by any proposed Insured Person?

Yes No

vi) 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.

3. Financial Information

(a) 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				

(b) Has the **Organization** currently or during the past three years:

- i) been in arrears in its payments to the Canada Revenue Agency or provincial ministries of revenue (including source deductions, GST or PST) Yes No
- ii) been in breach of any of its debt covenants or loan agreements? Yes No

If Yes to any of the above, please attach full details.

4. Employment Practices Information:

(a) Please complete the following table:

	Directors and Officers	Employees	Volunteers	Total
Canada				
US				
Other				

(b) What is the Organization's total annual payroll / wages expense?

(c) 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:*
-

5. Past Litigation, Proceedings, Actions or Suits

(a) During the past three years, has any Claim, or notice of circumstances which could 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:*
-

(b) Has the Organization or any of its directors or officers or Insureds been involved in any of the following during the past three years:

- i) any anti-trust, price-fixing, or copyright, patent or trademark litigation? Yes No
- ii) any other material litigation or criminal, governmental or administrative proceeding? Yes No
- iii) any insolvency or bankruptcy proceedings? Yes No
- iv) 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.

APPLICATION FOR INSURANCE (continued from previous page)

5. Past Litigation, Proceedings, Actions or Suits (cont'd)

(c) 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.

6. Notices:

(b) 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: _____

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 Vailo Insurance Services Inc. for the sole purpose of obtaining an insurance policy, and will be kept confidential.

Moreover, I authorize Vailo Insurance Services Ltd., 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 purpose of investigating, defending, negotiating or settling any claims as required.

DECLARATION AND SIGNATURE

The undersigned Applicant for this insurance declares that, to the best of their knowledge and belief, the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this Application form. The undersigned further agrees that if any significant change in the condition of the Applicant is discovered between the date of this Application form and the effective date of the policy, which would render this Application form inaccurate or incomplete, notice of such change will be reported immediately in writing to the Insurance Manager.

Although the signing of this Application form does not bind the Applicant to purchase the insurance, the undersigned Applicant agrees that this form and the information furnished pursuant hereto shall be the basis of the contract should a policy be issued and this form will become part of the policy.

Name of Applicant (please print)

Title of Applicant (please print)

Signature of Applicant

Date (dd/mm/yyyy)