

GameDay Application Form for Non-Profit Directors' and Officers' Liability

NOTE: Copies of the following information must be attached to this application:

- The applicant's charter or by-laws
- The applicant's latest financial statement
- The list of current directors and officers

Name of organization/incorporated association (applicant) _____

Address: _____

Date organized: _____ Conducted business continuously since: _____

Legal structure (corporation, association, foundation, professional trade or service etc.): _____

Size of operating budget (revenue plus cash assets): \$ _____

Indicate the percentage of funds received from the following sources:

Source	Percentage
Federal, provincial, local government	
Fees for services	
Dues from members	
Donations, contributions from the general public	
Other (please specify):	

Number of: Directors: _____ Officers: _____ Professionals: _____

Volunteers: _____ Members: _____ Clerical Employees: _____

Name of auditor/accountant: _____ How often is an audit done? _____

Are any of the directors or officers or person(s) proposed for this insurance indebted to the organization? Yes No

If yes, provide full details: _____

Is the non-profit corporation running a deficit/loss in the current or prior year? Yes No

If yes, please explain _____

Are board of directors paid a salary or are they unpaid volunteers? Yes No

Has any claim been made or any lawsuits issued against the applicant or its predecessors, owners, directors and officers?

(If yes, please indicate date, nature and present status of the claim or lawsuit). Yes No

Is the organization/ association registered with an active federal or provincial non-profit corporation or charity organization operating number? Yes No

If yes, please explain _____

Does the organization have any operations outside of Canada? Yes No

Liability Coverage Required

Limit of liability coverage:

\$1,000,000 \$2,000,000 \$3,000,000 \$5,000,000

Warranty Statement

1. The undersigned, for himself or herself, or as authorized representative of the applicant organization, declares that to the best of his/her knowledge the statements made and information provided in this application and all questionnaires are true.
2. Signing this application does not bind the applicant to complete the insurance, but signing here does indicate applicant's agreement that the application and the information provided will form the basis of the contract should an insurance policy be issued, and this application will become part any issued policy. Aviva Canada Inc. is hereby authorized to make any investigation and inquiry in connection with this application as necessary. The undersigned, for himself or herself, or as authorized representative understands that Aviva must be advised of any material changes.
3. It is also agreed that in the event there is any material change in the answers to the questions contained herein prior to the effective date of the insurance policy, the applicant will notify Aviva Canada Inc. and at the sole discretion of Aviva, any outstanding quotations may be modified or withdrawn.

Signed By Applicant: _____ Date: _____
(Personally or as Authorized Representative of the Applicant)

Name: _____ Title/Position: _____
(Please Print) (Please Print: President, CEO, CFO, Treasurer)