

**DIRECTORS & OFFICERS LIABILITY – RENEWAL QUESTIONNAIRE**

This Application Form and any other information provided by the applicant shall be deemed to be incorporated in the contract between the Underwriters and the Insured and shall be deemed the basis of the contract of Insurance.

1. Full Name of Company or Organization:	Policy Number:	
2. Description of Operations or purpose of Organization:		
3. Has the structure of board, and/or shareholding changed since last application for insurance? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		
If Yes, Explain:		
4. Do you conduct any operations away from premises: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, Describe:		
5. Activities outside of Canada: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, Describe:		
6. Gross Revenue:	Gross Total Assets:	Retained Earnings:
7. If Strata or Condominium, please confirm # Residential Units:		# of Commercial Units:
Year built:		
Is there a maintenance fund? <input type="checkbox"/> Yes <input type="checkbox"/> No	Balance:	
Is there a contingency fund? <input type="checkbox"/> Yes <input type="checkbox"/> No	Balance:	
Is there a Replacement fund? <input type="checkbox"/> Yes <input type="checkbox"/> No	Balance:	
Is the Strata/Condominium managed by an outside Professional Management Company?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Management Company:		
Does the Management Company have Professional Liability Insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
8. The Company or Organization has published reports and accounts in the two latest consecutive financial years showing unqualified reports by independent auditors or accountants, net profit and positive net worth, no litigation, disputes or contingent or extraordinary liabilities and can pay any and all of its debts as they fall due.		<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, please provide details:		
9. Are there any plans or intentions for the Organization or any of its subsidiaries to file or register or to make a listing offering or issuance of stock, shares, debentures, bonds, commercial paper or other debt or equity instruments or any other securities? Or merge with, or be taken over by any other entity or make any acquisitions or disposal or to terminate or wind-up or reorganize or for there to be any material change in the ownership of the Company (including, but not limited to a management buy-out)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide full details:		
10. Have there been any changes to employment policies / procedures since the last application for insurance:		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Explain:		
11. Does any Director or Officer or the organization have any knowledge of any claims or circumstances which may give rise to a claim, or of any disciplinary proceedings or any complaints having been threatened, intimated or made (successfully or otherwise) against the Directors or Officers or the organization or the employees or the organization in respect of the legal liabilities or loss?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide details:		
12. <b>2Smart – Property Casualty Companion Policy – available for Non-Profit organization only (excluding Strata/Condo Program)</b>		
\$2m Commercial General Liability Limit and \$50,000 Blanket Property coverage for an additional premium as low as \$750		
Required: <input type="checkbox"/> Yes <input type="checkbox"/> No		
13. <b>Additional Insured(s) (if applicable):</b>		

**DECLARATION / CONSENT:**

**PLEASE READ BEFORE SIGNING:** A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim. The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

**NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.**

Name of Signatory (Print):	Date:
Signature of Signatory:	Position:
Brokerage:	Broker Email:
Broker Name: (Print):	Broker Signature:

*Premier Canada Assurance Managers Ltd. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).*

**\*\* Email application and attachments to - [processingcommercial@premiergroup.ca](mailto:processingcommercial@premiergroup.ca) \*\***

Vancouver - T 604.669.5211 F 604.669.2667	London - T 519.850.1610 F 519.850.1614	
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