



# CANADIAN SPORTS INSURANCE BROKERS

## NON PROFIT & DIRECTORS & OFFICERS LIABILITY APPLICATION

### APPLICANT INFORMATION:

Applicant's Registered Name:

Legal Address:

Mailing Address:

Telephone Number:

Facsimile Number:

Contact Person:

Position:

Telephone Number:

Facsimile Number:

Applicant is registered for a not-for-profit society/association?      YES      NO

Applicant's date of Registration:

Registration Number:

What is the purpose of your organization?

Outline the types of activities undertaken by the applicant:

Is this applicant's initial application for insurance?      YES      NO

If NO, please provide the name of previous insurer:

Has the applicant been refused coverage in the past three (3) years?      YES      NO

If YES, please attach a written explanation of circumstances.

Have there been any claims brought against the applicant within the past three (3) years?      YES      NO

If YES, please attach full details of claim & amounts paid on Insured's behalf.

### COVERAGE REQUESTS:

Requested effective date:

Limit of Commercial General Liability  
Required: (million \$CDN)

Limit of Directors & Officers Liability  
Required: (million \$CDN)

Number of Meetings:

General:

Committee:

Other:

Number of Directors:

salaried:

non-salaried:

non-voting:

Number of Officers:

salaried:

non-salaried:

non-voting:

Number of Volunteers:

Number of Staff:

Estimated Annual Income:

Public Sources:

Private Sources:

Fund-raising Activities:

Other:

Estimated Annual Expenses:

Services:

Administration:

Marketing:

Other:

Does the Applicant have any operations  
outside of Canada?                      YES              NO

Does the Applicant have any for-profit  
affiliates or subsidiary operations?                      YES              NO

Are there stockholders/persons who  
stand to make a profit from the applicant?                      YES              NO

Has any Director of Officer knowledge of  
any "Wrongful Act" that may rise a claim?                      YES              NO

Please attach:

- most recent year end financial statements
- most recent month end financial statements
- complete list of Directors & Officers with mailing addresses

INSURANCE GRANTED UNDER THIS POLICY IS FOR ANNUAL OPERATIONS OF THE APPLICANT ONLY.  
FOR PROJECT/EVENT SPECIFIC INSURANCE PLEASE SUBMIT APPROPRIATE SUPPLEMENTAL  
APPLICATION(S) AS REQUIRED.

**APPLICANTS DECLARATION:**

**PLEASE NOTE:** This is an application for insurance only. It does not constitute an insurance policy, however, the information provided herein, in addition to any attached documentation, shall be considered to form part of the insurance policy. Insurance shall become effective upon issuance of a written binder, "Certificate of Insurance" or policy document authorized by **Special Risk Insurance Managers Ltd.**

**FURTHER:** it is agreed that any claim arising from any "Wrongful Act" which is known to a Director, Officer, or any person(s) proposed for insurance prior to the issuance of the policy, shall be excluded from coverage.

*I, the undersigned, being authorized to act for the applicant and its Directors & Officers, declare that, to the best of my knowledge and belief, the statements set forth herein are true and correct.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Position

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Broker's Name

\_\_\_\_\_  
Agent's Name

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Local: **1 306-569-2150** FAX: **1 306-781-7066**  
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