Nonprofit Organizations Directors' and Officers' Liability Insurance Application

Clear Form

1. Applicant

a. Legal name: _____

b. Mailing address: _____

c. Incorporation date: _____

d. Type of corporation: Fundraising foundation ☐ Licensing body ☐ Marketing board ☐
Public trust ☐ Recreational organization ☐ Religious organization ☐
Social organization ☐ Other _____

e. Purposes: _____

f. Is the applicant a not-for-profit organization as described in section 149 (1) of the Income Tax Act (Canada)? Yes ◯ No ◯

NOTE: If the answer to question 1. f. is No, the applicant is not eligible for this insurance.

g. Names of subsidiaries (organizations for which the applicant is legally entitled to appoint the majority of directors or trustees):
i. For-profit: _____
ii. Nonprofit: _____

h. Does the applicant or any subsidiary perform activities outside Canada? Yes ◯ No ◯
If the answer to question 1. h. is Yes, please describe: _____

i. i. Is the applicant a registered charity? Yes ◯ No ◯
If the answer to question i. i. is Yes:
ii. (a) what is its Canada Revenue Agency registration number? _____
(b) has the applicant ever had its charitable status revoked or placed under review? Yes ◯ No ◯
If the answer to question 1. i. ii. (b) is Yes, please describe when and why: _____

j. Number of: Directors/trustees and officers: _____ Employees: _____ Volunteers: _____

2. Board of directors/trustees

a. Are written minutes kept of all board meetings? Yes ◯ No ◯

b. Has any director/trustee ever been removed from the board for cause? Yes ◯ No ◯

c. Are any directors/trustees paid for their services as a director/trustee or officer? Yes ◯ No ◯

d. Does any director/trustee hold a management position with another organization from which the applicant buys goods or services? Yes ◯ No ◯

e. Have any activities, meetings or transations of the applicant or its subsidiaries ever been conducted in contravention of the applicant's governing documents? Yes ◯ No ◯

f. If the answer to any of questions 2 b. through 2. e. is Yes, please provide details:

_____

_____

3. Financial Information

a. Are the annual financial statements always independently audited? Yes ◯ No ◯

b. Name and address of auditor: _____

c. Current operating budget (revenue plus cash assets): _____

d. i. In any of the past 3 years, has the applicant reported an operating deficit? Yes ◯ No ◯
ii. If the answer to question 3. d. i. is Yes, please provide details.

_____

_____

_____

e. Source of funds: Donations% _____ Fees for service % _____ Government % _____
Membership fees % _____ Other % _____

f. i. Is the applicant or any of its subsidiaries in arrears for monies (including source deductions, GST and PST) payable to Canada Revenue Agency or provincial revenue ministries? Yes ○ No ○

ii. If the answer to question 3. f. i. is Yes, please provide details:

_____

_____

_____

g. i. Has the applicant or any of its subsidiaries, at any time during the past 3 years, breached any of their contractural obligations, debt covenants or loan agreements, or is any such breach expected within the next 12 months? Yes ○ No ○

ii. If the answer to question 3. g. i. is Yes, please provide details:

_____

_____

_____

4. Insurance

a. If the applicant now has insurance for Directors' and Officers' Liability, please complete the following:

i. Insurer's Name: _____

ii. Expiry date: _____

iii. Limits: Each claim _____ Aggregate _____

iv. Deductible _____

b. Has any insurer, including the applicant's current insurer, ever declined, cancelled or refused to renew any type of insurance covering the applicant or its directors/trustees and officers? Yes ○ No ○

c. If the answer to question 4.b is Yes, please explain. _____

_____

_____

d. Details of insurance being applied for:

i. Effective date: _____

ii. Aggregate Limits: Directors' & Officers' Liability _____

Employment Practices Liability _____ Not required ☐

Outside Directorships Liability _____ Not required ☐

iii. Deductible: _____

5. Previous claims and legal actions

a. During the past 5 years, has any allegation, complaint or claim been made or legal action been brought against the applicant or any of the applicant's past or current directors/trustees, officers or employees for any error, ommission, misstatement, misleading statement, breach of duty or neglect of duty? Yes ○ No ○

b. Does any current director / trustee, officer or employee know of any acts, omissions, breach or neglect of duty, circumstances or facts which may reasonably be expected to result in a claim or legal action? Yes ○ No ○

c. If the answer to question 5. a. or 5. b. is Yes, please provide details, including dates and present status:

_____

_____

_____

6. Consent to verify and share information

With respect to this application, or any renewal or change in coverage, the undersigned authorizes the insurer and its service providers to:

a. verify, using outside sources, any information provided by this application or by documents attached to this application or by any subsequent documentation submitted by or on behalf of the applicant;

b. transmit, in the event of a claim, such information to lawyers, loss adjusters and similar organizations for the purposes of investigating, defending, negotiating or settling such claim.

7. Declarations

The undersigned declares that:

a. he/she is duly authorized by the applicant's board of directors / trustees to complete this application;
b. the answers provided in this application are true and complete;
c. reasonable effort has been made to obtain sufficient information from each and every person who will be protected by this insurance to ensure the proper and accurate completion of this application; and
d. the financial information submitted accurately represents the current financial position of the applicant.

8. Agreements

The undersigned agrees that:

a. if the information provided by this application changes between the date this application is signed and the effective date of the insurance for which application is being made, he/she will immediately give the Insurer written notice of such changes;
b. the Insurer, after receiving notice of such changes, may withdraw or modify the premium, exclusions previously quoted and any authorization or agreement to bind coverage; and
c. if a policy is issued for the insurance for which application is being made, this application and its attachments shall form part of the policy.

9. Signature of applicant's officer

Name (please print): _____ Position: _____

Signature: _____ Date: _____