



APPLICATION FOR NON-PROFIT DIRECTORS' AND OFFICERS' LIABILITY

1. Name of Organization/Association: _____

2. Address: _____

3. Date Organized: _____ Conducted business continuously since: _____

4. Is the corporation a Not for Profit Corporation: _____

5. Purpose of the organization and nature of operation(s) (provide copies of information booklet or brochure is available):

Daycare Facility: _____

Other: _____

6. Limit of liability requested: \$ _____

7. 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 from parents	
Donations, contributions from the general public	
Other (Please Specify):	

Are contributions generally solicited? Yes No

8. Number of: Directors: _____ Officers: _____ Volunteers: _____ Employees: _____

9. Does the organization administer a pension fund for its employees? Yes No

If yes, who manages the fund? _____

10. (a) Name of auditor/accountant: _____

(b) How often is an audit done? _____

(c) Has the organization changed its auditor/accountant in the last five years? Yes No

If yes, provide full details: _____

11. (a) Has the organization filed a Federal Income Tax Return for any of the last five years? Yes No

(b) If yes, have the returns been accepted as filed? Yes No

If no, provide full details: _____

12. Are any of the Directors or Officers or any other person(s) proposed for this insurance indebted to the organization?

Yes No

If yes, provide full details: _____



13. (a) How frequently does the Board of Directors meet? _____

(b) How many Board members must be present to constitute a quorum? _____

(c) Are meeting agenda and minutes of previous Board meetings and Board committee meetings distributed to each director at least 10 days prior to each Board meeting date? Yes No

(d) Describe the procedures which are in place to keep the Directors and Officers informed of new developments, operations results, etc., between meetings. _____

(e) Does each Director have a formal job description which clearly defines his/her scope of duties? Yes No

(f) What are the Corporation's rules with respect to loans on behalf of the Organization? _____

(g) Indicate the source of the Board's legal advice: _____

(h) Are all Directors, Officers and senior employees required to obtain legal counsel prior to publicly commenting on any of the Corporation's activities? Yes No

14. Provide details of current or expiring liability coverage: _____

15. Provide details of Directors and Officers Liability Insurance carried in the past three years: _____

16. During the past five years, has the organization had similar insurance declined, cancelled, non-renewed or refused?

Yes No

If yes, provide details: _____

17. (a) Has any claim been made or is a claim now pending against the organization or any person proposed for the insurance? Yes No

If yes, provide full details: _____

(b) Has any suit or legal action been filed by or on behalf of the organization against any person(s) proposed for this insurance? Yes No

If yes, provide full details: _____

(c) Does the organization or any other person(s) proposed for this insurance have knowledge or information of any actual or alleged error, omission, negligent act, misstatement or misleading statement, breach of duty or neglect of duty which might give rise to a future claim? Yes No

If yes, provide full details: _____



18. It is agreed that any claim or action arising from any error, omission, negligent act, misstatement or misleading statement, breach of duty or neglect of duty which is known to any Director or Officer prior to issuance of the policy shall be excluded from coverage.

DECLARATION:

The undersigned declares that all statements made in the Application and the information contained in documents submitted with it are true. The undersigned also declares that all officers and directors acknowledge the contents of Question 16 and that each of them has attested to the accuracy of the responses given. Signing of this document does not bind the applicant to complete the insurance, but it is agreed that the Application shall be the basis of the contract, should a policy be issued.

Signed, Sealed and Delivered this _____ day of _____, 20_____.

Corporation

Chairman of the Board or President

Must be signed by the Chairman of the Board

MCCA MEMBERSHIP NO _____

I authorize you to collect, use and disclose personal information as permitted by law, in connection with your commercial insurance policy or a renewal, extension or variation thereof, by Aviva for the purposes necessary to assess the risk, investigate and settle claims, and detect and prevent fraud, such as credit information, and claims history.

Chair of the Board or Alternate

AMOUNT OF LIABILITY REQUIRED:

- \$1,000,000.00 : PREMIUM \$345 + 8% RST = \$372.60 _____
- \$2,000,000.00 : PREMIUM \$375 + 8% RST = \$405.00 _____
- \$3,000,000.00 : PREMIUM \$400 + 8% RST = \$432.00 _____