



APPLICATION FOR NON PROFIT DIRECTORS' AND OFFICERS' LIABILITY

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

- The organization's charter or by-laws
- The organization's latest audited financial statement

1. Name of Organization/Association: _____

Address: _____

2. Date organized: _____ Conducted business continuously since: _____

3. Legal Structure (corporation, association, foundation, professional trade or service, etc.):

4. Purpose of the organization and nature of operations (provide copies of information booklet or brochure if available):

5. Limit of liability requested: \$ _____

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

Indicate the percentage of funds received from the following sources:

Federal, provincial, local government: _____ Other (please specify): _____

Fees for services: _____ Are contributions generally solicited? ☐ Yes ☐ No

Dues from members: _____ What percentage of total contributions received

Donations, contributions from the general public: _____ available for charitable purposes? _____

7. Number of: Directors _____ Officers _____ Professionals _____
Volunteers _____ Members _____ Clerical Employees _____

8. Does the organization have any stockholders or persons who profit from the operation except as salaried employees? ☐ Yes ☐ No

If yes, provide full details:

9. List all subsidiaries and affiliated organizations indicating whether profit or non-profit and nature of operations:

10. Does the organization have any operations outside Canada? ☐ Yes ☐ No If yes, provide full details.

11. Does the organization administer a pension fund for its employees? ☐ Yes ☐ No If yes, who manages the fund?

12. Name of auditor/accountant: _____

How often is an audit done?: _____

Has the organization changed its auditor/accountant in the last five years? ☐ Yes ☐ No If yes, provide full details.

13. 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.

14. 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.

15. 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) Indication the source of the Board's legal advice: _____

Do the Board's legal advisors make regular presentations to the Board to review the responsibilities of the Directors and Officers and of the organization, as defined in the various relevant statutes and related jurisprudence? ☐ Yes ☐ No

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

16. Provide details of current or expiring liability coverages:

| | Insurer | Policy Period | Limit |
|---------------------------------|---------|---------------|-------|
| Commercial General Liability | _____ | _____ | _____ |
| Professional Errors & Omissions | _____ | _____ | _____ |
| Other: _____ | _____ | _____ | _____ |

| | | | | | |
|--|---------------|-------|------------|--|--|
| 17. Provide details of Directors and Officers Liability Insurance carried in the past three years: | | | | Check here if currently insured with Cade Associates and leave other fields empty | |
| Insurer | Policy Period | Limit | Deductible | Premium | |
| _____ | _____ | _____ | _____ | _____ | |
| _____ | _____ | _____ | _____ | _____ | |
| _____ | _____ | _____ | _____ | _____ | |

18. During The past five years, has the organization had similar insurance declined, cancelled, non-renewed or refused? ☐ Yes ☐ No
If yes, provided details.

19. 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.

20. 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 19 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 _____

Corporation

Chairman of the Board or President

[illegible]