



## Condominium Directors and Officers Liability Policy Application

All questions are to be answered as completely as possible. If a question is not applicable to your situation state N.A. If insufficient space, attach full details.

1. Name of Applicant:  
Postal Address: \_\_\_\_\_  
(Number) (Street) (City) (Prov.) (Postal Code)
2. a) Number of dwelling units:  
b) Number of units conveyed (sold) to date:  
c) What is the approximate average unit value?  
d) What is the approximate maximum unit value?
3. a) Number of commercial occupants leasing space from Applicant:  
b) Annual income to Applicant derived from commercially leased space:  
c) Briefly describe type of commercial occupants:
4. Attach a copy of the Declaration/By-Laws of the Condominium Corporation along with a current Audited Financial statement.  
**Please include a sales brochure if available.**
5. Are the affairs of the Applicant handled by an employee of the Applicant (Resident Manager) or is an outside real estate managing agent retained?  
a) Employee   
b) Outside Managing Agent   
c) Name of Managing Agent:
6. a) Name of Auditor or Accountant:  
b) How often is an audit made?  
c) Does auditor report directly to the entire Board?  Yes  No  
d) How often?
7. a) Number of Directors: \_\_\_\_\_ Officers: \_\_\_\_\_  
b) Are all Directors and Officers individual owners of units?  Yes  No  
If not, how many are not \_\_\_\_\_  
c) Has the Developer/Builder or their designee retained ownership of any unit?  Yes  No  
If yes, how many? \_\_\_\_\_  
Are these units leased?  Yes  No  
d) Is the Developer/Builder or their designee a member of the Board?  Yes  No

If yes, how many?

8. a) Are the majority of units primary residence of the owners?  Yes  No
- b) Percentage of permanent residences %
- c) If the majority of units are not primary residences, is the leasing or the renting of the units facilitated by:
- i) the owner  Yes  No
- ii) outside managing agent  Yes  No
- iii) other (*please specify*)

9. Give particulars of all Directors and Officers Liability Insurance carried during the past three years:

10. Has any similar insurance been declined, cancelled or renewal refused?  Yes  No

If yes, give details:

11. Within the scope of this proposed insurance:

- a) Has a claim been made or is a claim now pending against any person proposed for insurance in the capacity of either a Director or Officer of the above corporation? *If yes, please attach details.*  Yes  No
- b) Does any Director or Officer have knowledge or information of any negligent act, any error, any omission or breach of duty which might give rise to claim against them? *If yes, please attach details.*  Yes  No

12. Limit of Liability: \$

13. The undersigned authorized Officer of the Corporation, on behalf of the Directors and Officers and the Corporation, declares that to the best of his/her knowledge and belief the statements set forth herein are true.

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I/We declare that the statements made herein are in every respect true and correct and hereby apply for contract of insurance to be based upon the truth of the said statements.

Signed by: \_\_\_\_\_

Date: \_\_\_\_\_

Position: \_\_\_\_\_

Broker: \_\_\_\_\_

***Signing of this form does not bind the Applicant to complete the insurance.***