



Intact Insurance Company

Non-Profit Organization Directors & Officers and Entity Coverage Liability Insurance Application

NOTICE

THE POLICY YOU ARE APPLYING FOR IS A CLAIMS-MADE POLICY AND IS SUBJECT TO ITS TERMS AND CONDITIONS.

PLEASE REVIEW THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE BROKER.

INSTRUCTIONS FOR COMPLETING THIS APPLICATION

Please read this application carefully. 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. All information and all submitted materials will be held in confidence.

1. Name of Organization:

Address (Number/Street/City/Province/Postal Code):

Website Address:

2. a) Is this Organization incorporated?

Yes No

With share capital?

Yes No

b) What is Organization's legal structure?

- Corporation
 Association
 Foundation
 Trust
 Other

If Other, give details:

If incorporated, under which statute(s):

- Business Corporations Act
 Corporations Act
 Other

If Other, state which statute(s):

c) When was the organization formed/incorporated?

d) Check one of the following categories that best describes your Organization:

- | | | |
|---|---|---|
| <input type="checkbox"/> Association | <input type="checkbox"/> Cultural organization | <input type="checkbox"/> Museum |
| <input type="checkbox"/> Benefit Trust | <input type="checkbox"/> Educational Organization | <input type="checkbox"/> Nursing Home/Home for Aged |
| <input type="checkbox"/> Chamber of Commerce | <input type="checkbox"/> Fraternal Society | <input type="checkbox"/> Religious Organization |
| <input type="checkbox"/> Charitable Organization | <input type="checkbox"/> Foundation | <input type="checkbox"/> Research/Development Institute |
| <input type="checkbox"/> Community Health Centre | <input type="checkbox"/> Golf/Country Club | <input type="checkbox"/> Social/Recreational club |
| <input type="checkbox"/> Community Service Organization | <input type="checkbox"/> Healthcare Organization | <input type="checkbox"/> Social Welfare organization |
| <input type="checkbox"/> Cooperative | <input type="checkbox"/> Medical clinic | <input type="checkbox"/> Trade Association |
| <input type="checkbox"/> Other – <i>specify:</i> | | |

e) Describe the function, purpose and general operations of the Organization? (***Provide copies of information booklet if available:***)

3. Does the Organization have any operations outside Canada? Yes No

If yes, give details:

4. Does the Organization have any direct or indirect subsidiaries, affiliates, associations or fraternities? Yes No

If yes, give details:

5. Does the Organization have any affiliated or subsidiary company operating for a profit? Yes No

If yes, give details:

6. Does the Organization have any stockholders or persons who profit from the operation except as salaried employees? Yes No

If yes, give details:

7. Size of Operating Budget (Revenue + Cash Assets):

\$

8. Please indicate percentage of funds from the following sources:

- | | |
|--|---|
| a) Federal, provincial, local government | % |
| b) Dues from members | % |
| c) Donations, contributions obtained from general public | % |
| d) Fee(s) for service(s) | % |
| e) Other: | % |

9. What percentage of the total funds received for the previous and current year was used for?

- a) Fund raising %
- b) Administration %
- c) Services %
- d) Lobbying %
- e) Labour negotiations %

10. a) Is the Organization tax exempt? Yes No

b) Has the Organization filed a Federal Income Tax Return for any of the last five years? Yes No

Have the returns been accepted as filed? Yes No

If no, give details:

c) If the organization holds a charitable status, has this status ever been revoked or been subject to review? Yes No

If yes, give details:

d) Is the organization in arrears in its payments of monies payable to Canada Customs and Revenue Agency or the provincial ministries of revenue? Yes No

If yes, give details:

e) Is the organization currently or has it at any time during the past 5 years been in breach of any of its debt covenants, loan agreements or contractual obligations? Yes No

If yes, give details:

11. a) Number of:

Directors: Officers: Members: *(Schedule attached)*

Professional Employees state number, profession and whether part time or full time *(attach separate sheet if necessary)*:

Clerical Employees: Full Time: Part Time: Volunteers: Other:

Other, state number and description:

b) Indicate number of unionized employees?

c) Indicate number of employees terminated voluntarily in the last 2 years?

d) Indicate number of employees terminated involuntarily in the last 2 years?

e) Indicate annual turnover rate of employees?

f) Have any layoffs or staff reductions taken place within the last 2 years or is any anticipated within the next two years? Yes No

If yes, attach full details.

g) Does the Organization have a full-time Human Resources manager or department? Yes No

h) Does the Organization have written Human Resources procedures to address compensation, performance appraisals and grievance procedures? Yes No

i) Does the Organization have policies to prohibit discrimination and harassment of all types? Yes No

j) Are written records kept of applications, performance related issues and exit interviews? Yes No

k) Does the Organization have an Employee Handbook? Yes No

12. a) Does the Organization engage in any form of research, development, testing or experimentation? Yes No

If yes, attach full details.

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- b) Does the Organization set standards for qualifications and performance of others or for the quality of products manufactured, sold, handled or distributed by others? Yes No

If yes, attach full details.

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- c) Is the Organization a licensing body for its members? Yes No

If yes, attach full details, including title of applicable legislation.

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- d) Does the Organization take or recommend any disciplinary action as a result of peer review activities? Yes No

If yes, attach full details.

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- e) Does the Organization provide counseling services, legal aid services, healthcare services or any other professional services to its members or to the public? Yes No

If yes, attach full details.

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- f) Does the Organization publish any magazines, periodicals, newsletters or technical manuals? Yes No

If yes, attach full details.

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- g) Does the Organization promote, sponsor or provide any form of insurance to its members or non-members? Yes No

If yes, attach full details.

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- h) Is the Organization directly involved in the promotion of any specific product or service to Organization members which will produce a profit for the Organization? Yes No

If yes, attach full details.

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- i) Does the Organization engage in lobbying, labour negotiations, collective bargaining or similar activities? Yes No

If yes, attach full details.

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13. a) Within the last five years, has the Organization received an enquiry, complaint or notice of hearing from any Provincial or Federal Regulatory Authority? Yes No

If yes, give details:

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- b) Within the last five years, has the Organization received an enquiry, or complaint from any Provincial or Federal Tax Auditor? Yes No

If yes, give details:

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14. Has the Organization and/or its Directors, Officers, or any person(s) proposed for this insurance Yes No
been involved in or have they any knowledge of pending Federal, Provincial or local legal actions
or proceedings against the Organization and/or its Directors, Officers, or any person(s) proposed
for this insurance:

If yes, give details:

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15. Within the scope of this proposed insurance:

- a) Has any claim been made, or is any claim now pending against the Organization or any person Yes No
proposed for insurance?

If yes, give details:

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- b) Has any Director, Officer or any person(s) proposed for insurance any knowledge or information Yes No
of any "Wrongful Act", "Outside Directorship Wrongful Act" or "Employment Practices Wrongful Act"
which he or she should expect could give rise to a claim against him or her?

If yes, give details:

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16. Are any of the Directors, Officers, or any person(s) proposed for insurance indebted to the Organization? Yes No

If yes, give details:

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17. Has any similar insurance on behalf of the Organization been declined, cancelled or renewal thereof refused? Yes No

If yes, give details:



18. Directors and Officers Liability Insurance or Association Liability Insurance carried during the past three years:

Insurer	Limit of Liability	Deductible	Period	Premium

19. Limit of Insurance requested:

\$

ACKNOWLEDGEMENTS:

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

Comments:



The undersigned authorized Officer of the Organization on behalf of the Directors and Officers and the Organization declares that to the best of his/her knowledge, after reasonable enquiry the statements set forth herein are true and complete. The Insurer is authorized to make any inquiry in connection with this Application. Signing this Application does not bind the Insurer to complete the Insurance.

The information contained in and submitted with this Application is on file with the Insurer and along with the Application is considered physically attached to the Policy and will become part of it. The Insurer will have relied on this Application and attachments in issuing any Policy. This Application will become a part of such Policy if issued.

If the information in this Application materially changes prior to the effective date of the Policy, the Applicant will notify the Insurer, who may modify or withdraw any quotation.

I may have provided personal information in this document and by other means and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, renewals, changes of coverage, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

Signature:	Date:
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Capacity:

- Chairman of the Board President

One copy of the following is attached and made part of this proposal:

1. Last Annual Report or Audited Financial Statement
2. Charter or Bylaws

Agent/Broker:

THIS APPLICATION WILL BE CONSIDERED AS FORMING PART OF THE POLICY.



Schedule of Directors and Officers

Name	Present Position in the Organization	Length of Time as a Director/Officer	Occupation	Salaried or Non-Salaried	Voting or Non-Voting
				<input type="checkbox"/> Salaried <input type="checkbox"/> Non-salaried	<input type="checkbox"/> Voting <input type="checkbox"/> Non-voting
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