



NON-PROFIT ORGANIZATION DIRECTORS AND OFFICERS LIABILITY INSURANCE APPLICATION

THIS APPLICATION IS FOR A CLAIMS MADE POLICY

1. GENERAL INFORMATION

1. Name of Organization or Legal Entity (Applicant) including any subsidiaries:

 (please show complete name as you wish it to appear on the policy)
2. Address (Not P.O. Box):

 Website: _____
3. Province/State of Incorporation: _____
4. Date Established: _____
5. Nature of Business: _____
6. Does the Organization now have tax-exempt status under the Income Tax Act (Canada)? YES NO
 Is there now, or has there been any dispute as to the Organization's tax-exempt status? YES NO
 If YES, please attach an explanation.

2. FINANCIAL INFORMATION

7. Please complete the following amounts from the most recent audited financial statements (or attach latest annual report):

	CURRENT YEAR	PREVIOUS YEAR
Total Assets:		
% US Assets:		
Total Liabilities:		
Total Revenues:		
% from Membership Dues:		
Number of Members:		
% from Donations:		
% from Government Grants:		
Net Income (Net Loss):		

3. SUBSIDIARIES / AFFILIATED COMPANIES

8. Does the Organization have any subsidiaries or affiliated companies? YES NO
 If YES, please complete the following for all entities:

NAME	MAILING ADDRESS	NATURE OF BUSINESS	% OWNED BY THE ORGANIZATION	YEAR INCORPORATED

4. EMPLOYEE INFORMATION

9. Please provide the following information regarding the number of:

Officers/Directors: _____ Employees: _____ Volunteers: _____

5. ORGANIZATION INFORMATION

10. Has the Organization:

- A) Over the last five (5) years, changed its accountants or external legal advisor? YES NO
- B) Carried out any disciplinary action, review activities or issue licenses and/or permits? YES NO
- C) Acted in any capacity as an insurance agent, broker, underwriter or consultant? YES NO
- D) Been involved in publishing any magazines, periodicals or bulletins? YES NO
- E) Published a technical manual? YES NO
- F) On behalf of its members, engaged in advertising, broadcasting or reproduction of copyright? YES NO
- G) Conduct activities related to professional ethics, peer review, accreditation, member certification or licensing? YES NO

6. PREVIOUS OR PENDING LITIGATION, PROCEEDINGS, ACTIONS OR SUITS

- 11. Has the Organization, at any time over the last five (5) years, been in breach of any of its debt covenants or loan agreements? YES NO
- 12. Has the Organization, at any time over the last five (5) years, been in arrears in the payments to Revenue Canada or the provincial ministries of revenue (including source deductions, G.S.T. and P.S.T.)? YES NO
- 13. Does any Director, Officer or employee have any knowledge or information of any fact or circumstance that might give rise to a claim? YES NO
- 14. Have any claims, or facts or circumstances which might reasonably give rise to a claim, been reported to the current or previous Organization Non-Profit Directors and Officers liability insurer? YES NO

If you have answered YES to any question in the above Section, please attach full information.

Without limitation of any other remedy available to the Insurer, it is hereby agreed that if there be knowledge of any such fact, circumstance or situation, any claim or action subsequently emanating therefrom is excluded from coverage under the proposed insurance.

7. PREVIOUS INSURANCE

- 15. During the last five (5) years, has the Organization carried Non-Profit Directors and Officers insurance? YES NO
If YES, please complete the following for all previous policies:

INSURER	TERM	LIMIT	DEDUCTIBLE	PREMIUM
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

- 16. After making an inquiry of all members of the applying Organization's Board of Directors, its Officers and employees, individually or otherwise, has any similar insurance ever been declined, cancelled or non-renewed? YES NO
If YES, please explain:

8. FALSE INFORMATION

Any person who, knowingly and with intent to defraud any insurance company or other persons, files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

9. NOTICE CONCERNING PERSONAL INFORMATION

By purchasing insurance from Beazley Canada Limited, a customer provides Beazley with his or her consent to the collection, use and disclosure of personal information, including that previously collected, for the following purposes:

- the communication with underwriters;
- the underwriting of policies;
- the evaluation of claims;
- the detection and prevention of fraud;
- the analysis of business results;
- purposes required or authorized by law.

For the purposes identified above, personal information may be disclosed to Beazley's related or affiliated companies and service providers.

Further information about Beazley's personal information protection policy may be obtained by contacting their privacy officer at 416-601-2155.

10. DECLARATIONS / AGREEMENTS

The undersigned declares that:

- a) he / she is duly authorized by the Directors and Officers to complete and sign this application on their behalf and that the statements set forth herein are true and complete;
- b) reasonable efforts have been made to obtain sufficient information from each Director and Officer and employees of the Organization, including its subsidiaries, to facilitate the proper and accurate completion of this application form.

The undersigned agrees that:

- a) the signing of this application does not bind the undersigned, the Directors and Officers, the Organization or the insurers to effect insurance;
- b) this application and all additional information provided herewith shall be the basis of the contract, should a policy be issued, and shall be deemed to be attached to, and shall form part of the policy;
- c) if there is any material change to the information supplied on this application between the date of this application and the effective date of the policy, notification will be sent, in writing, to Beazley Canada Limited, and any outstanding quotation may be modified or withdrawn;
- d) Beazley Canada Limited is hereby authorized to make any investigation and inquiry in connection with this application that it deems necessary.

SIGNED: _____
(Authorized Representative)

DATED: _____

NAME (Please Print): _____

TITLE/POSITION: _____