



NON-PROFIT MANAGEMENT AND CORPORATE LIABILITY INSURANCE POLICY

RENEWAL APPLICATION – NON-PROFIT CORPORATIONS

THIS IS A RENEWAL APPLICATION FOR A CLAIMS MADE POLICY WITH DEFENCE COSTS INCLUDED IN THE LIMIT OF LIABILITY. ALL QUESTIONS MUST BE ANSWERED.

Corporate Information

1. (a) Name of Applicant: _____

(b) Address: _____

(c) Check one of the following categories that best describes your operations:

- Grid of checkboxes for categories: Condominium / Cooperative, Historical Society, Research / Development Institute, Crown Corporation, Industrial / Agricultural Co-op, Self-Regulatory Organization (SRO), Daycare, Labour Union, Social / Recreational Club, Environmental Group, Museum, Social Welfare Organization, Foundation, Nursing / Retirement Home, Sports Club, Golf / Curling / Country Club, Performing Arts Organization, Trade / Business Association, Health Care Organization, Religious Organization, Other: _____

Operational Activities

2. Since the date of the last Application have there been any significant changes, or are there any anticipated changes in the next twelve months, in the following areas:

- (a) Scope of operations? Yes [] No []
(b) Acquisition, creation or divestiture of subsidiaries? Yes [] No []

If yes to any of the above, attach details.

3. Percentage of the services provided or activities performed in:

Canada: _____% United States: _____% Other Country: _____%

Financial Information

- 4. (a) Is the Applicant currently, or has it at any time during the past twelve months been, in arrears in its payments to the Canada Revenue Agency or the provincial ministries of revenue (including source deductions, G.S.T and P.S.T)? Yes [] No []
(b) Is the Applicant currently, or has it at any time during the past twelve months been, in breach of any of its debt covenants or loan agreements, or does it anticipate any such breach occurring within the next twelve months? Yes [] No []

If yes to any of the above, attach details.

5. For the most recent consolidated fiscal year-end provide the following financial information for the Applicant:

- (a) Fiscal Year-end Date: _____
(b) Total Assets: \$ _____
(c) Total Liabilities \$ _____
(d) Total Revenues: \$ _____
(e) Net Income: \$ _____

Employment Practices Information

6. (a) Number of employees located in:

Canada: _____ United States: _____ Other Country: _____

(b) Number of volunteers located in:

Canada: _____ United States: _____ Other Country: _____

(c) Are any layoffs or staff reductions anticipated within the next two years? Yes No

If yes to the above, attach details.

It is agreed that this Application is a supplement to all other Applications previously submitted to the Insurer in conjunction with the underwriting and issuance of insurance coverage for which this policy is a renewal or replacement or otherwise succeeds in time, and those Applications together with this Application shall constitute the complete Application which shall be the basis of any quotation which may be made.

FALSE INFORMATION

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

DECLARATIONS AND SIGNATURE

The undersigned authorized officer of the Applicant:

- (i) declares, after inquiry, that the statements and representations set forth in this Application, and all materials submitted to or requested by the Insurer in conjunction with this Application, are true;
- (ii) acknowledges that these statements, representations, and materials are relied on by the Insurer and that they shall be deemed material to the acceptance of the risk assumed by the Insurer under the insurance applied for, should the insurance be effected;
- (iii) agrees that if the information supplied in connection with this Application changes between the date of this Application and the effective date of any insurance effected pursuant to this Application, the undersigned will immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding indications, quotations and/or authorization or agreement to effect the insurance; and
- (iv) acknowledges that any personal information provided in connection with the insurance applied for, including but not limited to the information contained in this Application, has been collected in accordance with all applicable privacy legislation. The undersigned confirms that all necessary consents have been obtained for the collection, use, and disclosure of such information for the purposes of any investigation and inquiry in connection with this Application for insurance and, if applicable, investigating and settling claims, detecting and preventing fraud, and acting as required or authorized by law.

Signing of this Application does not obligate the Applicant or the Insurer to effect the insurance, but it is agreed that all materials submitted to or requested by the Insurer in conjunction with this Application are hereby incorporated by reference into this Application and made a part hereof. Terms and conditions, including limits of coverage, offered by the Insurer may differ from those applied for by the Applicant. It is further agreed that this Application and all materials submitted to or requested by the Insurer in conjunction with this Application are the basis of and are deemed attached to and incorporated into any policy effected pursuant to this Application.

PLEASE NOTE: COVERAGE CANNOT BE BOUND UNLESS THIS APPLICATION HAS BEEN FULLY COMPLETED AND DULY SIGNED AND DATED.

Applicant	Date
Signature of duly authorized signing Officer	Title