



**PRIVATE COMPANY MANAGEMENT INDEMNITY PACKAGE  
FOR EDUCATIONAL INSTITUTIONS  
Directors, Officers and Corporate Liability, Employment Practices  
Liability, Fiduciary Liability and Educational Services Liability Insurance**

**APPLICATION**

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

**General Information**

1. (a) Name of Applicant: \_\_\_\_\_  
 (b) Address: \_\_\_\_\_  
 (c) Date of Incorporation: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_ Fiscal Year End: \_\_\_\_\_  
 (d) Web-Site Address: \_\_\_\_\_  
 (e) Is the Applicant a:
- |   |  |
|---|--|
| <input type="checkbox"/> School Board             | <input type="checkbox"/> Private Elementary School           |
| <input type="checkbox"/> Private Secondary School | <input type="checkbox"/> Public Elementary School            |
| <input type="checkbox"/> Public Secondary School  | <input type="checkbox"/> College or CEGEP                    |
| <input type="checkbox"/> University               | <input type="checkbox"/> Vocational School (describe): _____ |
| <input type="checkbox"/> Other: _____             |  |

**Operational Details**

2. (a) Indicate the number of members comprising the Board of Directors \_\_\_\_\_ and attach as **Schedule "B"** a list of Directors of the Applicant showing their names, occupations and official titles.  
 (b) The Board of Directors are:  Elected  Appointed  Both  
 (i) If elected, by whom: \_\_\_\_\_  
 (ii) If appointed, by whom: \_\_\_\_\_  
 (iii) Does the Applicant have any subsidiaries or affiliated companies for which coverage is required? Yes  No

If Yes, provide the following information:

Name	Nature of Operations	Jurisdiction of Incorporation

Note: Only boards whose activities benefit the Applicant can be added to the policy.

3. Has any school been closed or school activities disrupted during the past three years? Yes  No   
 If Yes, describe fully: \_\_\_\_\_

4. (a) (i) Total current student enrolment: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_  
(ii) Total international student enrolment: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_  
(iii) Expected student enrolment next year: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_
- (b) Does the Applicant have an international/exchange teacher program? Yes  No   
If Yes, total number of teachers: \_\_\_\_\_
- (c) Does the Applicant provide student housing? Yes  No   
If Yes, indicate number of students provided accommodation: \_\_\_\_\_
- (d) (i) Total number of buildings on school grounds: \_\_\_\_\_  
(ii) Number of school buildings used for educational instruction: \_\_\_\_\_  
(iii) Average number of students per class: \_\_\_\_\_
- (e) (i) Total number of teachers: (A) employed: \_\_\_\_\_  
(B) under contract: \_\_\_\_\_  
(ii) Total number of other employees: \_\_\_\_\_  
(iii) Total number of volunteers: \_\_\_\_\_

**Financial Information**

5. (a) Total current budget: \$ \_\_\_\_\_  
(b) Current year surplus: \$ \_\_\_\_\_ or deficit: \$ \_\_\_\_\_  
(c) Accumulated surplus: \$ \_\_\_\_\_ or deficit: \$ \_\_\_\_\_
6. (a) Is the Applicant currently, or has it at any time during the past three years 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 protected, or has it at any time during the past three years sought protection, under the Companies Creditors Arrangement Act (or similar Canadian or U.S. legislation) or does it anticipate seeking such protection within the next twelve months? Yes  No   
(c) Is the Applicant currently, or has it at any time during the past three years 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   
(d) Are there any loans outstanding or anticipated to the Applicant's directors and officers or companies controlled by its directors and officers? Yes  No

***If yes to any of the above, attach details.***

7. (a) Does the Applicant provide any services to outside parties (parties other than staff or students)? Yes  No   
(b) Complete the attached form, **Schedule "A"**, for all persons employed by the Applicant who are members of a professional corporation or association as recognized by federal or provincial legislation. This list should include doctors, nurses, psychologists, lawyers, engineers, dentists, architects and accountants, plus any other professions regulated by a recognized professional corporation or association. For those professionals who provide services to outside parties, provide a detailed description of the services provided and to whom.

**Employment Practices Liability Insurance**

8. (a) Total number of employees with total annual compensation greater than \$100,000: \_\_\_\_\_  
(b) Total number of employees, including officers, who have been terminated in the past two years: \_\_\_\_\_  
(c) Historical annual employee turnover rate: \_\_\_\_\_ %

(d) Has the turnover rate exceeded historical levels during the past two years? Yes  No

If Yes, describe fully: \_\_\_\_\_

(e) When an employee is terminated: (i) is officer approval required? Yes  No

(ii) are human resources personnel directly involved? Yes  No

(f) Does the Applicant use outside legal counsel for employment advice? Yes  No

If Yes, is outside legal counsel consulted prior to terminating an employee? Yes  No

9. Does Applicant have the following in current use and practice:

(a) a written policy against discrimination or harassment (sexual or workplace)? Yes  No

(b) a written policy for the handling of complaints of discrimination or harassment (sexual or workplace)? Yes  No

If No, how do you currently handle complaints? \_\_\_\_\_

(c) a written policy dealing with the use of corporate electronic mail, voice mail and internet access? Yes  No

(d) a protocol for background checks on employees/volunteers? Yes  No

**Legal Expense Coverage Extension**

10. Does the Corporation require the Legal Expense Coverage Extension? Yes  No

The Legal Expense Coverage Extension provides defence costs reimbursement coverage for claims brought against the Insured involving sexual abuse or corporal punishment of students of the Applicant. If these claims are successfully defended, the extension reimburses the Insured for the costs incurred in defending itself against these claims.

Limits of Coverage:        \$100,000    per Claim  
                                      \$100,000    in the aggregate per Insured  
                                      \$1,000,000 in the aggregate all Insureds

**Prior Insurance**

11. Does the Applicant currently carry general liability insurance? Yes  No

If Yes, does the policy provide coverage for personal injury? Yes  No

12. Provide details of the Applicant's current or expiring coverages:

Coverage	Name of Insurer	Limit of Policy	Deductible /Retention	Expiry Date	Premium	Claims (Y/N)
General Liability						
D&O Liability						
E&O Liability						
Employment Practices Liability						
Educational Institution Liability						

**Past Activities**

13. During the past three years, has the Applicant or any person(s) applying for this insurance:

(a) been the recipient(s) of any declination, cancellation or non-renewal of any insurance similar to that now applied for? Yes  No

(b) given or delivered written notice under the provisions of any prior or current liability insurance policies similar to that now proposed, of any claim, or notice of potential claim? Yes  No

***If yes to any of the above, attach details.***

14. During the past three years, has the Applicant or any person(s) applying for this insurance been involved in the following:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| (a) any claim, which has been made or is now pending, which would fall within the scope of an insurance policy similar to that now proposed if such insurance had been in force? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (b) any claim where loss payments have been made under any insurance policy similar to that now proposed?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (c) any anti-trust, combines, price fixing, restraint of trade, tax, copyright or patent infringement proceeding?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (d) any civil, criminal, administrative or regulatory investigation or proceeding?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (e) any pollution suits or claims?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (f) any receivership or insolvency or bankruptcy proceeding?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

***If yes to any of the above, attach details.***

**THE APPLICANT DOES HEREBY PROVIDE THE FOLLOWING WARRANTY TO THE INSURER**

---

15. Does the Applicant, any of the Applicant's employees or any other person proposed for this insurance have knowledge or information of any fact, circumstance or situation which could reasonably give rise to a claim which would fall within the scope of the proposed insurance? Yes  No

If Yes, provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

It is understood and agreed that if knowledge of any such facts, circumstances or situations exists, whether or not disclosed, any claim or action subsequently arising or developing therefrom shall be excluded from coverage under any policy issued by Trisura Guarantee Insurance Company.

**Additional Information Required**

16. As a part of this Application, submit one copy of each of the following documents:

- (i) Latest audited financial statements;
- (ii) Latest interim financial statements; and
- (iii) Brochures, calendar of events and/or enrolment package.

**PRIVACY DISCLOSURE AND CONSENT**

---

The undersigned authorized representative of the Applicant 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.

**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 representative 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	Title



**SCHEDULE "A"  
PROFESSIONAL MEMBERS**

Name	Profession	Association / Corporation	Service Provided By The Professional	Service Provided to Outside Parties
------	------------	---------------------------	--------------------------------------	-------------------------------------