



**NON-PROFIT ORGANIZATION DIRECTORS AND OFFICERS  
LIABILITY INSURANCE APPLICATION**

**GENERAL INFORMATION**

1. Name of Insured: \_\_\_\_\_
  2. Mailing Address: \_\_\_\_\_
  3. Person designated to receive all notices from the Insurer or their representative: \_\_\_\_\_  
Title: \_\_\_\_\_ Mailing Address: \_\_\_\_\_
  4. Web site(s): \_\_\_\_\_
  5. Description of activities and operations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  6. Number of years in operation: \_\_\_\_\_ Operating continuously since: \_\_\_\_\_
  7. Jurisdiction of Incorporation: \_\_\_\_\_ Date: \_\_\_\_\_
  8. Does the Organization have any Subsidiaries or Affiliated Companies?  Yes  No
  9. Does the Organization control any for-profit entity?  Yes  No
  10. Does the Organization have operations outside Canada?  Yes  No
  11. Does another entity own or control the organization?  Yes  No
  12. Has any Insurer declined, cancelled or non-renewed similar insurance for which you are applying?  Yes  No
- If the answer to any of Question(s) 8-12 is Yes, please attach full details**
13. What is the scope of the Organization?  Local  Municipal  Provincial  National  International
  14. Effective Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_
  15. Limit of Liability Requested: \_\_\_\_\_ Deductible: \_\_\_\_\_

**CURRENT/MOST RECENT COVERAGE INFORMATION**

During the past 5 years, has the organization carried Non-Profit Directors & Officers Insurance?  Yes  No

**If Yes, please complete the following information for all previous policies:**

<u>Insurer</u>	<u>Limit</u>	<u>Deductible</u>	<u>Premium</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Any losses in the past five years?  Yes  No

**If Yes, Please attach a complete Loss History, including a schedule of all known, suspected or reported claims.**

**FINANCIAL INFORMATION**

*Please identify the amount of funds and percent of revenue attributable to each:*

1. Membership dues: \_\_\_\_\_ %
2. Donations: \_\_\_\_\_ %
3. Government Grants: \_\_\_\_\_ %
4. Other: \_\_\_\_\_ % Please identify: \_\_\_\_\_
5. Total Annual Revenue: \_\_\_\_\_
6. Total Operating Budget: (Annual Revenue plus Cash Assets):  
 Current year: \_\_\_\_\_ Projected for next year: \_\_\_\_\_
7. Are donations solicited?  Yes  No      Government Grants?  Yes  No
8. How often is an audit done? \_\_\_\_\_
9. Has the Organization filed an Income Tax return in the last 5 years?  Yes  No  
 If Yes, have the returns been accepted as filed?  Yes  No
10. Has the organization changed its auditor/accountant or external legal advisor in the last 5 years?  Yes  No
11. Is the organization in arrears in any amounts payable to Revenue Canada or the provincial ministries of revenue (Including source deductions, GST and PST)?  Yes  No
12. In any time during the past 5 years, has the organization been in breach of any contractual obligation (including debt covenants and loan agreements) or does it anticipate any such breach occurring within the next year?  Yes  No
13. Are any person(s) proposed for this insurance indebted to the Organization?  Yes  No

**If the answer to any of Question(s) 10-13 is Yes, please attach full details**

## OPERATIONAL INFORMATION

1. Indicate Number of: Directors: \_\_\_\_\_ Officers: \_\_\_\_\_ Employees: \_\_\_\_\_  
Members: \_\_\_\_\_ Volunteers: \_\_\_\_\_ Managers: \_\_\_\_\_

2. Does the Organization have written policies, guidelines or procedures in place regarding:

- A. Hiring /Firing employees  Yes  No
- B. Sexual Harassment  Yes  No
- C. Internal grievance procedures for (A) and (B) above  Yes  No
- D. Equal Opportunity Employment  Yes  No
- E. Loans on behalf of the Organization  Yes  No

3. Does organization or any person(s) proposed for this insurance perform, or plan to perform any of the following?  
**(If Yes, please attach full details)**

- a) activities such as lobbying or labour negotiations?  Yes  No
- b) publishing a technical manual?  Yes  No **(If Yes, please attach a copy)**
- c) publishing any magazines, periodicals or newsletters?  Yes  No **(If Yes, please attach a copy)**
- d) providing counseling, referral, legal, computer, medical or other professional services?  Yes  No  
If "Other" please specify: \_\_\_\_\_
- e) promoting or sponsoring any type of group travel, conventions, parades, trade shows, corporate parties or other similar events, or assuming any liability therewith?  Yes  No
- f) engaging in any research, development, experimentation or testing?  Yes  No
- g) acting as or participating in a peer review group or committee for assessing the qualification and performance of others or the quality of any product which is manufactured, sold, handled or distributed by others?  Yes  No
- h) developing standards used to evaluate the quality of services rendered?  Yes  No
- i) promoting any specific products to members, which will produce a profit for the organization?  Yes  No
- j) carrying out any disciplinary action, review activities, or issuing of licenses and/or permits?  Yes  No
- k) engaging in advertising, broadcasting or reproduction of copyright on behalf of members?  Yes  No

## CORPORATE GOVERNANCE

1. How frequently does the Board of Directors meet? \_\_\_\_\_
2. Are meeting agenda and minutes of the previous meeting sent to each Director for review at least 10 days prior to each Board Meeting?  Yes  No
3. How many Board members must be present to constitute a quorum? \_\_\_\_\_
4. Describe the procedures in place to keep the Directors and Officers informed of new information between meetings:  
\_\_\_\_\_
5. Indicate the source of the Board's legal advice: \_\_\_\_\_

1. Applicant represents and warrants that 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 are true and complete, and that reasonable efforts have been made to obtain sufficient information from each Director and Officer and employees of the Organization, including its subsidiaries and affiliated companies, to properly and accurately complete this Application:

If no exceptions, Please Initial

Except as Follows (attach separate sheet if necessary): \_\_\_\_\_

2. Applicant represents and warrants that neither the Organization, nor any of its Officers, Directors, Employees or Partners, or their Counsel, have any knowledge or information, actual or constructive:

(a) of any fact or circumstance that might give rise to a claim:

If no exceptions, Please Initial

Except as Follows (attach separate sheet if necessary): \_\_\_\_\_

(b) of any threatened claims, or facts or circumstances which might reasonably give rise to a claim, which have been reported, or should have been reported, to the current or previous organization Non-Profit Directors and Officers liability insurer, whether an insurance company covered such claim(s) or not?

If no exceptions, Please Initial

Except as Follows: \_\_\_\_\_

(c) of any suit or legal action which has been filed by or on behalf of the organization against any person(s) proposed to be covered by this insurance?

If no exceptions, Please Initial

Except as Follows: \_\_\_\_\_

***It is hereby agreed that if there is knowledge of any such fact, circumstance or situation, any claim or action resulting therefrom, whether or not disclosed, shall be excluded from coverage under the proposed insurance.***

Please Initial

**THIS APPLICATION IS SUBMITTED WITH THE FOLLOWING SPECIFIC UNDERSTANDING:**

- (a) Applicant warrants and represents that the above answers and statements are in all respects true and material to the issuance of an Insurance Policy and that Applicant has not omitted, suppressed or misstated any facts.
- (b) Any person, who knowingly or with intent to defraud any insurance company or other person, files an application for insurance containing false information, or conceals for the purpose of misleading the insurer, information concerning any fact material thereto, commits a fraud, which is a crime.**
- (c) If any claims, threatened claims, or other matters which might affect issuance of a Policy come to the attention of Applicant after execution or filing of this Application with the Insurer but before a Policy issues, Applicant must notify the Insurer immediately, and any outstanding quotation may be modified or withdrawn.
- (d) All exclusions in the Policy apply regardless of any answers or statements in this Application.
- (e) Applicant understands that the limit of liability, term of coverage and other terms and conditions in any Policy issued in response hereto may be different than those requested herein and Applicant agrees to such differences.
- (f) The Insurance Company is hereby authorized to make any investigation and inquiry in connection with this Application that it deems necessary.

**This Application and all information provided herewith shall be the basis of the contract, and shall be attached to and become a part of any Policy, should a Policy be issued as a result of this Application. The Application shall be deemed a schedule to such Policy, but the signing of this Application does not bind the Applicant or the Company unless and until a Policy of Insurance is issued in response to this Application.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Corporation: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone: \_\_\_\_\_

**POUR LES RÉSIDENTS DU QUÉBEC SEULEMENT:**

Je confirme que ma demande pour la présente assurance ainsi que la proposition et tout autre document et correspondance soient en anglais.

**QUÉBEC RESIDENTS ONLY:**

I hereby confirm my request that the present document and any other document and correspondence pertaining to the present insurance be in the English language.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**TO COMPLETE YOUR APPLICATION, PLEASE ATTACH THE FOLLOWING:**

- 1. Last two most recent audited annual reports
- 2. Copy of the Organization's Bylaws and Constitution
- 3. Copy of Minutes from most recent Annual General Meeting
- 4. Complete list of Directors and Officers
- 5. Brochures, advertisements and/or promotional literature
- 6. Complete Five Year Loss Runs and Loss Information as requested above

Forward completed application and related documents to:  
StoneRidge Specialty Insurance  
1336 Sandhill Drive, Unit 4  
Ancaster, Ontario  
L9G 4V5

Phone: 226-318-1744  
Fax: 905-648-7399  
Email: Motorsports@StoneRidgeSpecialty.ca