

Non-Profit Management Assurance or Non-Profit Directors' and Officers' Liability Policy Application

NOTICE: THE NON-PROFIT MANAGEMENT ASSURANCE AND NON-PROFIT DIRECTORS' AND OFFICERS' LIABILITY POLICIES ARE WRITTEN ON A CLAIMS-MADE BASIS. THESE POLICIES COVER ONLY "CLAIMS" FIRST MADE AGAINST "INSUREDS" DURING THE "POLICY PERIOD".

THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS WILL BE REDUCED BY "DEFENCE COSTS", AND "DEFENCE COSTS" WILL BE APPLIED AGAINST THE RETENTION.

THIS APPLICATION SHALL FORM PART OF ANY NON-PROFIT POLICY WHICH MAY BE ISSUED BY ROYAL & SUN ALLIANCE INSURANCE COMPANY OF CANADA TO THE PROPOSED ORGANIZATION.

PLEASE READ CAREFULLY THE ENTIRE POLICY FOR WHICH APPLICATION IS MADE AND DISCUSS THE COVERAGE WITH YOUR INSURANCE BROKER.

1. GENERAL INFORMATION

Name of Proposed Insured Organization			Date & Jurisdiction of Incorporation	
Street Address				
City	Province	Postal Code	Is the proposed Insured Organization currently operational? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the proposed Insured Organization have a Website? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please provide the Web address		

Does the proposed Insured Organization currently have directors' and officers' and/or employment practices liability coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please provide the following:	
	Directors' & Officers' Liability	Employment Practices Liability	
Company			
Expiration Date			
Limit of Liability	\$	\$	
Self Insured Retention	\$	\$	
Continuity Date (if different from effective date)			
Annual Premium	\$	\$	

2. REQUESTED POLICY FORM (SELECT ONE ONLY)

- A. Non-Profit Management Assurance Policy
- B. Non-Profit Directors' and Officers' Liability Policy

3. REQUESTED COVERAGE

- A. Limit of Liability \$ _____
- B. Retention \$ _____

4. ORGANIZATION STRUCTURE AND OPERATIONS

- A. Does the proposed Insured Organization control any for-profit entity? Yes No
- B. In addition to any details given in response to question 4.A, does the proposed Insured Organization control any other organization or political action committee? Yes No
- C. Does another entity own or control the proposed Insured Organization? Yes No

If yes to A, B or C above, please attach details including the structure outline, description of the operations, ownership and tax status of each entity.

- D. What is the scope of the proposed Insured Organization's operations?
 Local Municipal Provincial National International
- E. Please describe the activities of the proposed Insured Organization's operations. _____

- F. Does the proposed Insured Organization provide any professional services including, but not limited to, counselling, peer review and credentialing activities? Yes No
 If yes, please describe. _____

- G. Does the proposed Organization publish any newsletters, magazines, periodicals, or technical manuals? Yes No
 If yes, please attach a copy of the most recent publication(s).

5. EMPLOYMENT INFORMATION

A. Employment Breakdown	This Year	Previous Year
Full-time		
Part-time		
Volunteers		
Leased		
Independent contractors		

- B. Has the proposed Insured Organization had a reduction in workforce in the last 12 months or is one planned for the next 12 months? Yes No
 If yes, please attach details including the number of individuals involved and position (management or staff), amount of notice given and whether any express written contracts were in effect for any of the individuals involved.
- C. Does the proposed Insured Organization have a separate Human Resources Department? Yes No
 If yes, are they HR professionals with a formal designation? Yes No

- D. Does the proposed Insured Organization have written policies and procedures in place regarding:
- 1) hiring and firing employees? Yes No
 - 2) sexual harassment? Yes No
 - 3) internal grievance procedures for (1) and (2)? Yes No
 - 4) Equal Opportunity Employment? Yes No
- E. Does the proposed Insured Organization enter into standard written employment contracts with any employees? Yes No
- If yes, please attach details including the number of contracts, the contract term and contract amounts.
- Are there exceptions to the standard contract form? Yes No
- F. Does the proposed Insured Organization have an Employee handbook? Yes No
- G. Does the proposed Insured Organization use an Employment Application? Yes No
- H. Does the proposed Insured Organization conduct annual performance evaluations for all employees in writing? Yes No
- I. Does the Human Resources Department or legal counsel conduct a pre-termination review of the personnel file? Yes No

6. LOSS HISTORY

Have any claims that would fall under the scope of this coverage been made against the proposed Insured Organization, Directors, Officers or employees in the last 3 years, whether an insurance policy covered such claim(s) or not? Yes No

If yes, please provide details in the following table:

Date of Claim	Description of Claim	Status of Claim	Defence Costs	Indemnity Amount
			\$	\$
			\$	\$
			\$	\$
			\$	\$

7. CONTINUITY INFORMATION

If Continuity is being requested, please attach a copy of the warranty statement and declarations in support of the date requested and validation of continuous coverage from such date.

Continuity date requested: _____

8. WARRANTY INFORMATION

No person proposed for coverage is aware of any facts or circumstances which he or she has reason to suppose might give rise to a future claim that would fall within the scope of the proposed coverage, except as follows:

If they have no such knowledge or information, check here:

IT IS AGREED THAT IF SUCH FACTS OR CIRCUMSTANCES EXIST, WHETHER OR NOT DISCLOSED, ANY CLAIM ARISING FROM OR RELATED TO SUCH FACTS OR CIRCUMSTANCES IS EXCLUDED FROM THIS PROPOSED COVERAGE.

9. ADDITIONAL INFORMATION



Please attach to the application:

- Articles of incorporation, bylaws and any indemnification provisions;
- List of board members;
- Latest audited financial statement;
- Copies of any brochures describing, and/or publications distributed by, the proposed Insured Organization;
- Employee Handbook and/or applicable employment policies (if Question 5 completed)
- Employment Application (if Question 5 completed)

10. DECLARATIONS AND SIGNATURE

The undersigned declares that he/she is duly authorized by the proposed Insureds to complete and sign this application on their behalf and that the statements set forth herein are true and complete.

The undersigned agrees that:

- (i) the signing of this application does not bind the undersigned, the proposed Insureds or Royal & Sun Alliance Insurance Company of Canada to effect insurance;
- (ii) 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;
- (iii) if there is any 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 Royal & Sun Alliance Insurance Company of Canada, and any outstanding quotation may be modified or withdrawn; and
- (iv) Royal & Sun Alliance Insurance Company of Canada is hereby authorized to make any investigation and inquiry in connection with this application that it deems necessary.

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.

Date: _____

* Signed: _____

Corporation: _____

Name & Title (please print): _____

**Please Note: The application must be signed by the Chairperson of the Board or President.*

A POLICY CANNOT BE ISSUED UNLESS THIS APPLICATION IS PROPERLY SIGNED AND DATED