



April 10, 2006

To: Toronto BIA Boards of Management

**Re: TABIA Directors and Officers Liability Insurance**

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The application for coverage under the TABIA Directors and Officers Liability Insurance policy follows.

Please complete the application and forward it to TABIA for processing. Be sure to include the "Additional Information Required" listed on the cover page.

**By Mail:**

Toronto Association of Business Improvement Areas  
2257 Bloor Street West  
Toronto, Ontario M6S 1N8  
Attn: John Kiru

**By Fax:**

(416) 263-3125

If you have any questions or concerns, please contact John Kiru (416) 889-4111.



ENCON Group Inc.  
700-350 Albert Street  
Ottawa, Ontario K1R 1A4  
Telephone 613-786-2000  
Facsimile 613-786-2001  
Toll Free 800-267-6684  
www.encon.ca



# Application

## Directors & Officers Liability Insurance (Non-Profit Entity)

**NOTE:** All questions must be completed in their entirety.

### ADDITIONAL INFORMATION REQUIRED

In addition to the information requested herein, please submit one copy of each of the following documents which will be considered to be part of this application:

- (a) latest financial statements and latest interim financial statements, including those of sponsored pension plans (preferably audited);
- (b) copy of the organization's by-laws and constitution;
- (c) complete list of subsidiaries (any corporation of which the organization owns more than fifty percent (50%) of the voting stock) and indicate if any operate for profit;
- (d) complete list of duly elected or appointed Directors/Trustees and Officers of the organization;
- (e) complete list of committees responsible to the Board of Directors and provide a brief description of each committee's functions.

### GENERAL INFORMATION

1. (a) Name: \_\_\_\_\_  
(b) Address: \_\_\_\_\_  
\_\_\_\_\_  
(c) Do you have a website? YES  NO   
Address: \_\_\_\_\_  
(d) Describe the organization's legal structure (corporation, association, foundation, professional, trade, or service, etc.):  
\_\_\_\_\_  
\_\_\_\_\_  
(e) Please provide a complete description of the organization's activities and provide definitions for uncommon terms.  
\_\_\_\_\_  
\_\_\_\_\_  
(f) Does the organization provide services or perform activities outside Canada? YES  NO   
(g) Incorporated under the laws of: \_\_\_\_\_ Date: \_\_\_\_\_

## FINANCIAL INFORMATION

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2. (a) Is the organization in arrears in its payments of monies payable to Revenue Canada or the provincial ministries of revenue (including source deductions, G.S.T. and P.S.T.)? YES  NO
- (b) Is the organization currently or has it at any time during the past three years been in breach of any of its debt covenants, loan agreements, contractual obligations, or does it anticipate any such breach occurring within the next twelve months? YES  NO
- If yes to (a) or (b), attach details.
- (c) For the current year, indicate:
- (i) Estimated revenues: \$ \_\_\_\_\_
- (ii) Estimated surplus or (deficit): \$ \_\_\_\_\_

## OPERATIONAL ACTIVITIES

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3. Does the organization or any person(s) proposed for this insurance perform the following (If yes, please explain):
- (a) Provide counselling services, referral services, legal aid services, computer services, or medical services to its members or the public? YES  NO
- \_\_\_\_\_
- (b) Engage in any form of research, development, experimentation or testing? YES  NO
- \_\_\_\_\_
- (c) Take any disciplinary action or recommend disciplinary action as a result of peer review group activities? YES  NO
- \_\_\_\_\_
- (d) Publish any magazines, periodicals, newsletters or a technical manual? (If yes, attach a copy.) YES  NO
- \_\_\_\_\_
- (e) Engage in activities such as lobbying or labour negotiations? YES  NO
- \_\_\_\_\_

## EMPLOYMENT PRACTICES AND FIDUCIARY INFORMATION

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4. Number of employees located in: Canada \_\_\_\_\_ United States \_\_\_\_\_ Other \_\_\_\_\_
5. Total annual gross payroll: \$ \_\_\_\_\_
6. (a) What is the approximate annual turnover rate of employees? \_\_\_\_\_
- (b) Has the turnover rate exceeded historical levels during the past two (2) years? YES  NO
- (c) Are any layoffs or staff reductions anticipated within the next two (2) years? YES  NO
- If yes to either (b) or (c), attach full details.
7. Does the organization sponsor a pension plan(s)? YES  NO
- If yes, provide the name of the pension plan(s) and the following information:
- \_\_\_\_\_
- (a) Total plan assets (all plans combined): \$ \_\_\_\_\_
- (b) Who manages the plan? \_\_\_\_\_

## INSURANCE INFORMATION

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8. Current or previous insurance:

| Coverage          | Insurer(s) | Expiration Date | Limit | Retention | Premium |
|-------------------|------------|-----------------|-------|-----------|---------|
| D&O Liability     | _____      | _____           | _____ | _____     | _____   |
| E&O Liability     | _____      | _____           | _____ | _____     | _____   |
| General Liability | _____      | _____           | _____ | _____     | _____   |

## PRIOR KNOWLEDGE

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9. (a) Has any claim been made or is any claim now pending against any Director or Officer or the organization or any other person(s) proposed for this insurance? YES  NO
- (b) Has any suit or legal action been filed by or on behalf of the organization against any person(s) proposed for this insurance? YES  NO
- (c) Has the organization within the last three years been the subject of any inquiries, complaints, notices or hearings by any Federal or Provincial regulatory authority? YES  NO
- (d) Is the undersigned or any other person(s) proposed for this insurance aware of any fact or circumstance involving the organization, its subsidiaries or the Directors or Officers or the trustees, employees, volunteers or committee members of the organization or its subsidiaries which he/she has reason to believe might result in any future claim? YES  NO

WITHOUT LIMITATION TO ANY OTHER REMEDY AVAILABLE TO THE INSURERS, THE PROPOSED INSURANCE WILL NOT AFFORD COVERAGE TO ANY CLAIMS OF WHICH ANY PERSON PROPOSED FOR THIS INSURANCE HAS KNOWLEDGE NOR ANY CLAIMS RESULTING FROM ANY FACTS OR CIRCUMSTANCES OF WHICH ANY PERSON PROPOSED FOR THIS INSURANCE HAS KNOWLEDGE.

## DECLARATIONS

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The undersigned declares:

- (a) that he/she is duly authorized to complete this application and that the statements set forth herein are true and complete;
- (b) that reasonable efforts have been made to obtain sufficient information from each and every person proposed for this insurance to facilitate the proper and accurate completion of this application form;
- (c) that the financial statements submitted with this application are representative of the current financial position of the organization (if not, attach details).

The undersigned agrees:

- (a) that if the information supplied on this application changes between the date of this application and the effective date of the policy, he/she will provide written notice of such changes immediately to ENCON Group Inc. and, without limitation to any other remedy, ENCON Group Inc. may withdraw or modify any outstanding quotations, and any authorization or agreement to bind coverage;
- (b) that should a policy be issued, this application and its attachments shall form part of the policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Capacity (President or Executive Director)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Organization