

# Comprehensive Corporate Liability Insurance Non Profit Organization or Association Application

If a policy is issued, the coverage will apply only to claims that are first made against the insured during the policy period.

In order to obtain a quotation, the following documents are mandatory:

- Latest Audited Financial Statements, Review Engagement or Notice to Reader (if required – see Financial Information section)
- Certificate of Incorporation (if newly formed Organization)
- Additional Details on a Separate Sheet when required below

## Applicant/General Information

1. Name of the Organization applying for this insurance (if the Organization has subsidiaries, give the name of the Parent Organization only):  
\_\_\_\_\_
2. The following officer is designated as agent (of the Organization) to receive any and all notices from the Insurer or its authorized representatives concerning this insurance:  
Name \_\_\_\_\_ Title \_\_\_\_\_
3. Organization's Mailing address: \_\_\_\_\_
4. Nature of business: \_\_\_\_\_
5. Web site: \_\_\_\_\_
6. The Organization has been in operation since: \_\_\_\_\_ and, is incorporated under the jurisdiction of: \_\_\_\_\_

7. Does the Organization have any subsidiaries or affiliated companies for which coverage is required? Yes ☐ No ☐

If yes, please provide the following information:

Entity's Name(s)	Operations/Services	% of Ownership	For Profit Entity?	Jurisdiction
_____	_____	%	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	%	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	%	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

8. Percentage of services provided or activities performed in the following areas:  
Canada \_\_\_\_\_ % United States \_\_\_\_\_ % Other Country, please specify ( ) \_\_\_\_\_ %
9. Is the Organization or any of its Subsidiaries involved in or presently considering any merger, consolidation, acquisition, divestment or sale of a portion of its business or has a similar transaction been considered or completed within the last three years? Yes ☐ No ☐
10. Does the Applicant take any disciplinary action or recommended disciplinary action as a result of a peer review or standard setting activities for professional members of the association? Yes ☐ No ☐
11. Does the Organization engage in any labour negotiations or offer services in collective bargaining negotiation? Yes ☐ No ☐
12. Does the Organization provide any professional services? Yes ☐ No ☐
13. Does the Organization engage in any form of research, development or experimentation? Yes ☐ No ☐
14. Does the Organization publish any magazines, periodicals, newsletters or other documentation aside from reports of activities? Yes ☐ No ☐
15. Does the Organization engage in any business transactions with businesses which are controlled by any proposed Insured Persons? Yes ☐ No ☐
16. Does the Organization promote, sponsor or provide any form of insurance to members or non-members? Yes ☐ No ☐

If “YES” to one or more questions above, please provide full details on a separate sheet.

### Financial Information

Most Recent Year End	Canada	U.S.A.	Other country
Total Assets	\$	\$	\$
Total Liabilities	\$	\$	\$
Revenues	\$	\$	\$
Net Income/Loss	\$	\$	\$

Main Sources of Income and Percentage of Total Funding (Government, Members, etc.)	Percentage
	%
	%
	%
	%

- (a) If the Applicant holds a charitable status, has this status ever been revoked or been subject to review? Yes ☐ No ☐
- (b) Is the Applicant or Organization currently or has it at any time during the past three years, been in arrears in its payments to the Canada Revenue Agency or any provincial ministries of revenue (including source deductions, GST and PST/HST), or any foreign equivalent agency or ministry of revenue? Yes ☐ No ☐
- (c) Has the Applicant at any time during the past year, currently or anticipates in the next twelve (12) months, to be in breach of any of its debts, covenants or loan agreements? Yes ☐ No ☐

If “YES” to one or more questions above, please provide full details on a separate sheet.

If the Total Revenues of the Organization are below \$5M and the questions (a), (b) and (c) above are all answered by “NO”, it is not necessary to attach financial statements. If the Total Revenues of the Organization are more than \$5M or one of the questions (a), (b) or (c) above are answered by “YES”, please attach the latest financial statements audited, review engagement or notice to reader.

### Employment Practices Liability Coverage

Total (Organization and Subsidiaries)	Canada	U.S.A.	Other country
Number of Employees			
Number of Volunteers			
Number of Members			

- Total salary expense for the most recent year-end: \$
- What is the approximate employee turnover rate in the last twelve (12) months? %
- Have there been any changes in senior management (Executive Director, President, Executive Vice President, etc.)? If yes, please attach details. Yes ☐ No ☐
- Does the Organization have a Human Resources Department? Yes ☐ No ☐
- Does the Organization have or use:
  - an employee handbook distributed to all employees? Yes ☐ No ☐
  - a written policy against discrimination and sexual harassment? Yes ☐ No ☐
  - consult outside counsel for advice on employment or labour-related matters? Yes ☐ No ☐
- Is the Organization considering any layoff, staff reduction or facility closing within the next two (2) years? Yes ☐ No ☐
- Before an employee is terminated is either officer approval required, Human Resources personnel directly involved, or legal consultation? Yes ☐ No ☐

## Fiduciary Liability Coverage

Is Employee Benefit Plan being provided by the Organization?

Yes ☐ No ☐

Please answer the following additional questions only if the Employee Benefit Plan is being provided by the Organization.

1. Name(s) of Pension Plan(s) \_\_\_\_\_
2. Date established: \_\_\_\_\_
3. Sponsorship: Single employer ☐ Multi-employer (collectively bargained) ☐ Other ☐ \_\_\_\_\_
4. Defined benefit plan ☐ Defined contribution plan ☐ Other ☐ Specify \_\_\_\_\_
5. Has the pension plan been converted from a defined benefit plan to a defined contribution plan? Yes ☐ No ☐  
If yes, date of conversion: \_\_\_\_\_
6. Is the plan adequately funded and solvent as attested to by an actuarial valuation? Yes ☐ No ☐
  - a) Total plan assets (\$000): \$ \_\_\_\_\_
  - b) Surplus/(Loss) according to the last actuarial valuation: \$ \_\_\_\_\_
  - c) Number of participants: \_\_\_\_\_
7. Is there a written investment policy completed with an investment advisor? Yes ☐ No ☐
8. Has any plan ever been involved in a prohibited transaction? Yes ☐ No ☐
9. Has the Organization plan been terminated in the past year or contemplated being terminated in the future? Yes ☐ No ☐
10. Are there any overdue employer contributions for any plan? Yes ☐ No ☐

## Prior Insurance

Do not complete if this is a renewal application for an existing policy with Intact Insurance.

Within the past three years, has any insurer declined, refused to renew or cancelled any Directors and Officers, Employment Practices or Fiduciary Liability Insurance to the Applicant?

Yes ☐ No ☐

	Directors and Officers	Employment Practices	Fiduciary
Limit of liability	\$ _____	\$ _____	\$ _____
Deductible	\$ _____	\$ _____	\$ _____
Expiry date	_____	_____	_____

## Loss History

Do not complete if this is a renewal application for an existing policy with Intact Insurance.

In the past three years, has any director, officer or the Organization been involved in any:

- (a) Civil, criminal, administrative or regulatory investigation or proceeding? Yes ☐ No ☐
- (b) Claim, which has been made or now pending, under a Directors and Officers, Employment Practices or Fiduciary Liability Insurance policy to the Insurer? Yes ☐ No ☐
- (c) Claim or potential claim where a written notice was made under the provisions of any other liability insurance? Yes ☐ No ☐
- (d) Representative actions, class actions or derivative suits? Yes ☐ No ☐

If "YES" to one or more questions above, please provide full details on a separate sheet.

## Prior Knowledge/Warranty

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**Do not complete if this is a renewal application for an existing policy with Intact Insurance.**

- (a) Is continuity of coverage required by the Organization? Yes ☐ No ☐
- (b) Is any person proposed for this insurance aware of any facts, circumstances or situations likely to give rise to a claim? Yes ☐ No ☐

**If "YES" to questions above, please provide all details on a separate sheet.**

It is understood and agreed that if any person(s), director(s), officer(s), Organization(s), subsidiaries or any other entity related therefrom, applying to this insurance, has any knowledge of any such facts, situation, circumstances, or event exists, whether or not disclosed, any claim or action subsequently arising or developing thereon shall be excluded from coverage under any policy issued by Intact Insurance.

## Declarations

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The undersigned designated as an officer of the Organization:

- (a) declares that they have been duly authorized by the Organization to complete this Application and that all statements and representations contained herein are true and complete;
- (b) reasonable efforts have been made to obtain sufficient information from each person proposed for this insurance in order to complete this Application properly and accurately;
- (c) the financial statements submitted with this Application reflect the current financial situation of the Organization and its subsidiaries (if this is not the case, please provide details on a separate sheet);
- (d) acknowledges that these statements, representations and information submitted are relied on by Intact Insurance and shall be deemed material to the acceptance of the risk assumed by the Insurer under the insurance applied for, should the insurance be issued;
- (e) agrees that if between the date of this Application and the effective date of the Policy, the statements and information contained in this Application change in any way, they will immediately advise Intact Insurance in writing and, without prejudice to any other legal remedy available to it, Intact Insurance may modify or withdraw any outstanding quotation or any authorization or agreement to bind;
- (f) acknowledges this application and all documents attached hereto shall be form part of the Policy and shall be the basis of the contract, should one be issued.

It is agreed that the statements, representations and attached supplemental information submitted contained within this Application are true and are the basis of the Policy contract. Terms and conditions, including limits of coverage, offered by Intact Insurance, may differ from those applied for from the Applicant. It is further agreed that this Policy shall not be voided, rescinded or coverage excluded as a result of any untrue statement in this Application, except as to the Organization, its Subsidiaries and those Insured Persons making such statement or having knowledge of its untruth.

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Signature

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Position (Chief Executive Officer, Chairman or General Counsel)

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Date

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Organization