

**Directors and Officers Liability Insurance Application (NEW)**  
(For Churches under \$500,000 Annual Revenue)

1. Organization's Legal Name: \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_

3. Registered Charitable Number: \_\_\_\_\_

4. Date Organized: \_\_\_\_\_

Date of Incorporation: \_\_\_\_\_ (if applicable)

5. Size of operating budget (revenue plus cash assets): \$ \_\_\_\_\_

6. Number of:

Directors	Officers
Clerical Employees	Volunteers
Members	Adherents

7. Does the organization have any operations outside Canada?

\_\_\_ No \_\_\_ Yes, if so, provide details

\_\_\_\_\_  
\_\_\_\_\_

8. Does the organization managerially or financially control any other non-profit or for profit entity, organization or subsidiary?

\_\_\_ No \_\_\_ Yes, if so, provide details

\_\_\_\_\_  
\_\_\_\_\_

9. Is the organization involved in the development of land, property, housing, life-lease or condominium projects either directly or indirectly through subsidiaries, joint ventures or any other entity?

\_\_\_ No \_\_\_ Yes, if so, provide details

\_\_\_\_\_  
\_\_\_\_\_

10. Name of Auditor/Accountant: \_\_\_\_\_

How often is an audit conducted: \_\_\_\_\_

Does auditor report directly to the entire board: \_\_\_\_\_

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11. Within the scope of this proposed insurance:

a) Has any claim been made or is a claim now pending against the organization or any person proposed for the insurance? (If yes, please provide full details).

\_\_\_\_\_

\_\_\_\_\_

b) Has any suit or legal action been filed by or on behalf of the organization against any person(s) proposed for this insurance? (If yes, please provide full details):

\_\_\_\_\_

\_\_\_\_\_

c) Does the organization or any person(s) proposed for this insurance have knowledge or information of any actual or alleged negligent act, error, omission, misstatement or misleading statement or breach of duty which may give rise to a future claim? (If yes, please provide full details).

\_\_\_\_\_

\_\_\_\_\_

It is agreed that any claim or action arising from any negligent act, error or omission, misstatement or misleading statement, or breach of duty which is known to any Director or Officer prior to issuance of the policy shall be excluded from coverage.

12. Please provide details of current or expiring liability coverage:

	<u>Insurer</u>	<u>Policy Period</u>	<u>Limit</u>
CGL	_____	_____	_____
D&O Liability	_____	_____	_____

13. During the past five years, has the organization had similar insurance declined, cancelled, non-renewed or refused? (If yes, provide full details).

\_\_\_\_\_

\_\_\_\_\_

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14. Attached to and forming part of this application please provide the following:

- a) Schedule of Directors and Officers.
- b) Copy of the organization's constitution or charter and by-laws.
- c) Copy of the organization's latest financial statements.

15. The director or officer designated to receive any and all notices from the Insurer or their representative concerning this insurance is:

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

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Declaration:**

The undersigned declares that all statements made in the Application and the information contained in documents submitted with it are true. The undersigned also declares that all officers and directors acknowledge the contents of Question 8 and that each of them has attested to the accuracy of the responses given. Signing of this document does not bind the Applicant to complete the insurance, but it is agreed that the Application shall be the basis of the contract, should a policy be issued.

Signed, Sealed and Delivered this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Association/Entity

\_\_\_\_\_  
Chairman of the Board or President

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**Schedule of Directors and Officers**

Name and Title	Present Position in the Organization	Length of Time as a Director	Occupation	Salaried	
				Yes	No
				<input type="checkbox"/>	<input type="checkbox"/>
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