

NON-PROFIT DIRECTORS AND OFFICERS (D&O) LIABILITY - RENEWAL APPLICATION

1. Name of Organization/Entity: _____

2. Has the legal structure changed in the past 12 months?: Yes No
If "yes" please describe (ex. corporation, association, foundation, trade or service, etc):

3. Size of operating budget (revenue plus cash assets): Current year \$ _____ Anticipated for next year \$ _____
Have your sources of funds changed by 25% or more? If so please complete the following and attach updated financials:

Indicate the percentage of funds received from the following sources:

Federal, provincial, local government: _____ Other (please specify): _____

Fees for service: _____ Are contributions generally solicited Yes No

Dues from members: _____

Donations, contributions from the general public _____ What percentage of total contributions received are available for charitable purposes? _____

4. Any changes to the number of Directors and Officers, Volunteers or Professionals? Yes No
If "yes" please list _____

If significant change in the personal please fill out attached schedule of Directors and Officers.

5. Have there been any amendments or changes to the organizations by-laws or constitution during the past 12 months? Yes No
If "yes" please attach.

6. Any changes to the audit schedule, board meeting process or business procedures? Yes No
If "yes" please describe _____

7. a) Has the organization filed a Registered Charity Information Return (i.e. T-3010) for any of the last five years? Yes No
b) If yes, have the returns been accepted as filed? Yes No If no, provide full details.

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

9. How many employees or officers have been terminated in the past 3 years? _____ Please attach full details of termination(s).
Are any layoffs or staff reductions anticipated in the next three (3) years? Yes No If "yes", please attach full details.

10. List and describe all subsidiaries and affiliated organizations indicating whether for profit or non-profit. Include any subsidiaries, joint ventures or any other entity involved directly or indirectly in the development of land, property, housing, life-lease or condominium projects.

Important Notice: The policy of insurance for which the undersigned is making application does not include coverage for any liability arising out of employee or member pension plans.

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 is agreed that the Application shall be the basis of the contract, should a policy renewal be issued.

SIGNED, SEALED AND DELIVERED this _____ day of _____ 20_____

Organization/Entity

Chairman of the Board or President - Signature

