

PROFESSIONAL LIABILITY APPLICATION FOR NOT-FOR-PROFIT AND CHARITIES

RISK PROFILE = ERRORS AND OMMISIONS

- (A) Categories for charitable and not for profit purposes may involve:
- (1) The relief of poverty,
 - (2) The advancement of education,
 - (3) The advancement of religion, and
 - (4) Purposes that benefit the community, includes providing relief to victims of disasters, preserving the environment, protecting the welfare of children, humane societies and the prevention of cruelty to animals.

(B) Operations within Canada only.

THIS APPLICATION IS FOR A CLAIMS MADE POLICY

1. GENERAL INFORMATION

Name of Broker & Producer			
Full Legal Name of Organization Clearly Define All Parties To Be Insured			
Risk Location Address		Postal Code	
Mailing Address (If Different From Above)		Postal Code	
Name & Mailing Address if Mortgagee/ Loss Payee		Postal Code	
Applicant's Web Site Address			
Contact Name (& title); Telephone No. and E-mail Address			

2. LIMITS REQUIRED

Limit:	\$	<input style="width: 95%;" type="text"/>	Effective Date:	<input style="width: 95%;" type="text"/>
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*** Please refer to product highlight brochure for details of automatic liability coverages and extensions ***

3. ORGANIZATIONAL INFORMATION

CRA registration number:	<input style="width: 95%;" type="text"/>		
Have you ever been subject to investigation or suspended from practice by the Charity Directorate (Canada Revenue Agency) or any other governing body? If 'Yes' please provide details:			
<input style="width: 100%; height: 100%;" type="text"/>			
If you are not a registered charity, please define your status:			
Non Profit <input type="checkbox"/> Not for Profit <input type="checkbox"/> For Profit <input type="checkbox"/>			
Are you a member of any association(s) (please specify)?			
<input style="width: 100%; height: 100%;" type="text"/>			
Please state or enclose your Mission Statement outlining your aims and ideals.			
<input style="width: 100%; height: 100%;" type="text"/>			
When were you established?	<input style="width: 150px;" type="text"/>		
Total annual gross revenues * Current 12 months \$	<input style="width: 150px;" type="text"/>	Previous 12 months \$	<input style="width: 150px;" type="text"/>
* Revenues include donations, sales and government grants			
PROFESSIONAL SERVICES PERFORMED		PERCENTAGE of REVENUES	
<input style="width: 100%; height: 100%;" type="text"/>		%	
<input style="width: 100%; height: 100%;" type="text"/>		%	

		%
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Please describe in detail the activities for which coverage is requested:

Are you controlled, owned or associated with any other company, firm or corporation? Yes No If 'Yes', please explain:

Is a license required in order for you to practice? Yes No

Has any principal or employee had their license revoked or suspended? Yes No

If 'Yes', please provide details of the circumstances:

To what professional association (s) do you belong?

Do you provide services under contract? Yes No Please attach a copy of the standard contract.

Do you offer counseling or advice to third parties? Yes No If 'Yes', please provide details:

Do you have any risk management procedures in place? Yes No If 'Yes', please provide details:

Please provide details of any publishing activities (brochures, periodicals, newsletters) and attach a sample of each.

IS THERE ANY THING MORE YOU WISH TO TELL US ABOUT YOUR OPERATIONS?

4. RISK INFORMATION

Number of Employees

Number of Volunteers

Number of Principals, Partners, Officers and Professionals

Are your activities limited to Canada? Yes No If 'No' please advise the scope of your activities:

5. PREVIOUS INSURANCE AND CLAIMS INFORMATION

Current Insurance	Limit of Policy	Name of Insurer	Expiry Date	Retroactive Date
Professional Errors & Omissions	\$			
Commercial General Liability (CGL)	\$			

Has any Insurer cancelled or declined to renew an insurance policy for applicant? Yes No

If 'Yes', please provide details of the circumstances:

Please provide information for all claims in the last five years. If no claims, please check

Date of claim	Description	Amount Paid or Reserved
		\$
		\$
		\$

Has any disciplinary action been taken against you or any of your employees? Yes No

If 'Yes', please provide details of the circumstances:

Are you aware of any situation or circumstance which may result in a claim? Yes No

If 'Yes', please provide details of the circumstances:

To Be Completed by Applicant

The undersigned authorized officer of the organization declares that, to the best of his/her knowledge, the statements set forth herein are true. Signing of this proposal does not bind the Insurer to offer, nor the applicant to accept insurance, but, it is agreed that this form shall be the basis of the contract should a policy be issued.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Ecclesiastical Insurance Office plc's insurance business in Canada.

This Application was completed by:

Position:

Date

Signature of Officer

PLEASE ENSURE THE FOLLOWING ARE PROVIDED WITH THE APPLICATION:
STANDARD CONTRACT
BROCHURES AND/OR PROMOTIONAL MATERIAL
PROFILE OR RESUME OF KEY PERSONNEL