

DIRECTORS & OFFICERS INSURANCE POLICY



For Nonprofit Organizations

FIDUCIARY LIABILITY EXTENSION

DETAILS OF APPLICANT

Name of broker/producer					
Full legal name of the applicant					
Applicant's address					
City		Prov		Postal Code	
Date of incorporation					
Nature of business of insured					

EMPLOYEE BENEFIT PLAN INFORMATION

Plan name	Plan type*	Date established	Total assets (market value)	Annual contributions	Total participants

* DC: Defined contribution, DB: Defined benefit, ESOP: Employee stock ownership, R: RRSP, W: Welfare/trust fund, O: Other

EMPLOYEE BENEFIT PLAN ADMINISTRATION

Plan name	Plan administrator	Legal counsel	CA/CPA	Investment manager	Actuary (DB plans only)

ORGANIZATIONAL DETAILS

Do you want to include all subsidiaries ?	Y	N
If yes, please provide a list of subsidiaries to be covered including nature of operations, the percentage owned by the applicant, and the date they were acquired or created		
Is there a written investment agreement with the investment manager ?	Y	N
If no, please explain recent plan changes		
Has there been any merger or consolidation of benefit plans in the past three (3) years ?	Y	N
If yes, please provide details		
Has there been any plan terminations in the past three (3) years ?	Y	N
If yes, please provide details		
Are any of the above plans a multi employer plan ?	Y	N
Does the organization contribute to a group plan that is managed, operated, and administrated by a separate third party?	Y	N
Are the investments / assets handled by a third party?	Y	N
In the past 24 months has there been any changes in any of the plans that reduce benefits ?	Y	N
In the next 12 months are there any plans to reduce benefits ?	Y	N
Has the organization within the last five (5) years converted any defined benefit plan to a defined contribution plan or similar plan ?	Y	N

REGULATORY COMPLIANCE

Do all benefit plans conform to the standard of eligibility, participation, vesting, funding, and other provisions of the Canada Pension Benefits Standards Act of 1985 and any other similar provincial statute ?	Y	N
If no, please provide details		
Are there any outstanding delinquent contributions ?	Y	N
If yes, please provide details		

PREVIOUS INSURANCE

Does the corporation or any subsidiary currently carry fiduciary liability insurance ?				Y	N
If yes, name of insurer					
Limit		Deductible		Expiry Date	

DECLARATIONS

Has there been, or is there now pending, any claims or regulatory proceedings against any plan or the corporation or any of its subsidiaries or any fiduciary, director, officer, or employee thereof in relation to the plans for which coverage is required, whether an insurance policy covered such claims or not ?				Y	N
If yes, please provide details					
Has any fiduciary, director, officer, or employee been accused, found guilty, or held liable for any breach of trust under ERISA or similar equivalent US or Canadian federal or provincial law ?				Y	N
If yes, please provide details					
Has any fiduciary, director, officer, or employee been accused or convicted of criminal conduct ?				Y	N
If yes, please provide details					
Is any fiduciary, director, officer or employee, the corporation, or any subsidiary aware of any pending administrative or regulatory inquiry, investigation, or communication which could give rise to a claim within the scope of the proposed insurance ?				Y	N
If yes, please provide details					

WARRANTY

No person proposed for this insurance is cognizant of any facts, circumstances, acts, or omissions which he / she has reason to believe might give rise to a claim that would fall within the scope of the proposed insurance, except as follows;	
Attach complete details, or if no such knowledge or information, check here:	
Signature of authorized officer	
Print name and title of signing officer	
Date	