

Professional Liability Application

For Not-For-Profits and Charities

Risk Profile = Errors and Omissions

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, including: 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

GENERAL INFORMATION

Name of broker/producer				
Full legal name of the organization (Clearly define all parties to be insured)				
Risk location address (attach schedule if multiple locations)				
City	Prov		Postal Code	
Mailing address (if different from above)				
City	Prov		Postal Code	
Name & mailing address of mortgagee/loss payee				
City	Prov		Postal Code	
Applicant's website				
Contact name and title				
Contact telephone number	Email			

LIMITS REQUIRED¹

Limit		Effective date	
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ORGANIZATIONAL INFORMATION

CRA registration number			
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Have you ever been subject to investigation or suspended from practice by the Charity Directorate (Canada Revenue Agency) or any other governing body?	Y	N
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If "Yes" please provide details			
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If you are not a registered charity, please define your status:	Non Profit	Not-for-Profit	For Profit
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Are you a member of any associations?	Y	N
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If "Yes" please specify			
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Please state or enclose your mission statement outlining your aims and ideals			
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When were you established?			
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Total annual gross revenues ²	Current 12 months		Previous 12 months	
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PROFESSIONAL SERVICES PERFORMED	% OF REVENUE

Please describe in detail the activities for which coverage is requested			
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Are you controlled, owned or associated with any other company, firm or corporation?	Y	N
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If "Yes" please specify			
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Is a license required in order for you to practice?	Y	N
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Has any principal or employee had their license revoked or suspended?		Y	N
If "Yes", please provide details of the circumstances			
To what professional associations do you belong?			
Do you provide services under contract? <i>Please attach a copy of the standard contract.</i>		Y	N
Do you offer counseling or advice to third parties?		Y	N
If "Yes", please provide details			
Do you have any risk management procedures in place?		Y	N
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?			

RISK INFORMATION

Number of Employees			
Number of Volunteers			
Number of Principals, Partners, Officers and Professionals			
Are your activities limited to Canada?		Y	N
If "No" please advise the scope of your activities			

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?		Y	N
If "Yes", please provide details of the circumstances			
Please provide information for all claims in the last five years		No claims	
DATE OF CLAIM	DESCRIPTION	AMOUNT PAID OR RESERVED	
Has any disciplinary action been taken against you or any of your employees?		Y	N
If "Yes", please provide details of the circumstances			
Are you aware of any situation or circumstance which may result in a claim?		Y	N
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.

Signature of authorized officer	
Print name and title of signing officer	
Date	

Please ensure the following are provided with the application:

- Standard contract
- Brochures and/or promotional material
- Profile or resume of key personnel

1 Please refer to product highlight brochure for details of automatic liability coverages and extensions
2 Revenues include donations, sales and government grants