

## DIRECTORS & OFFICERS INSURANCE POLICY

## For Non-Profit Organizations

For-profit entities are not eligible for this coverage and should apply for Ecclesiastical's For-Profit D&O coverage using the appropriate application.

Please answer the following questions on behalf of the organization.

The application must be signed and dated by an authorized officer of the organization.

Please read the statement at the end of the application carefully.

This is a policy of insurance for claims first made and reported to the insurer during the policy period. This is not an occurrence-based policy.

DETAILS OF APPLICANT									
Name of broker/producer									
Full legal name of the applicant									
Applicant's address									
City				Prov		Pos	stal Code		
Applicant's website									
Contact name and title									
Contact telephone number			Email						
What does the applicant do?									
Has the applicant made any acquisitions	or disposals during	the past fi	ive (5) ye	ars?				Y	N
If yes, please provide details									
COVERAGE/LIMITSREQUIR	ED								'
Policy year	Effective date				E	Expiry date			
Director and Officer limit of liability	\$1,000,000	\$2,0	000,000	\$5,	000,000	Other			
Employment wrongful acts limit of liability	\$1,000,000	\$2,0	000,000	\$5,	000,000	Other			

ORGANIZATIONAL DETAILS				
Date incorporated		Does the organization have any subsidiaries or affiliated companies ?	Y	N
If yes, please provide details of subsidiaries including nature of operations, percentage owned by the applicant, and the date they were acquired or created				
Number of board members				
Does the organization publish any magazines	s, periodicals, or bulleti	ns?	Y	N
If yes, please list and attach sample copies with application				
Does the organization have any activities outsi	ide of Canada ?		Y	N
If yes, please describe				
Does the organization engage in advertising, borganization or members?	oroadcasting, or reprodu	uction of copyrighted materials on behalf of the	Y	N
If yes, please describe				
Does the organization operate as a registered Tax Act in Canada ?	charity or nonprofit or	ganization as described under subsection 149 (1) of the Income	Υ	N
If a registered charity in Canada please provid	e BN / Registration Nur	mber		
Has the organization's charitable status ever b	peen revoked?		Y	N
If yes, please provide details				
Does the organization hire professional fund-r	raisers?		Y	N
If yes, please provide details				
Does the organization engage in operations th	at would bring it within	the scope of anti-terrorism or money-laundering legislation?	Y	N
If yes, please provide details				

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	anagement or board of directors of the organization in the last three indard age or completion of the director's term?	(3) years fo	PΓ	Y	N
If yes, please provide further information					
Does the organization act as a licensing or re	gulatory body for its members ?			Y	N
Has the organization requested that any pers	on(s) serve on the board of another nonprofit or charitable organiza	tion on their	behalf?	Υ	N
If yes, please provide a list of board members indicate if the board they sit on has D&O insu	s and the organization for which they are acting as directors on behalf rance, and if so, indicate the limit	of the insur	red,	'	
Name	Organization	D&Oinsu	rance?		Limit
		Y	N		
		Y	N		
		Y	N		
		Y	N		
		Y	N		
		Y	N		
A copy of the organization's by-laws must be	enclosed with this application. Enclosed ?			Υ	N
Does the organization sponsor now or has it or contributed to a plan operated by a third p	ever sponsored a pension or employee benefit plan arty ?			Υ	N
Trust accounts total amount ( not just the rev	enue generated )			<u>'</u>	
	n been involved or has been charged for any offense directly or indire It into sewers, water, air, land, or groundwater?	ctly arising	out of	Υ	N
If yes, please provide details					
Are there any circumstances which may reas the release of pollutants into the environmer	I onably be expected to give rise to claims being alleged against the or to r for environmental damage ?	ganization fi	rom	Υ	N
If yes, please provide details					

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PROFESSIONAL AND FINANC	CIAL			
Total revenues from all sources for the next 1	2 months			
Identify source(s) of funds & percent of rever	nues applicable to each			
Source of funds			% ol	f Revenue
Does the organization retain a lawyer?			Υ	N
Does the organization use a qualified indeper	dent accountant to perform audits ?		Υ	N
Does the organization use the services of a qu	ualified independent financial advisor ?	Υ	N	
A copy of the organization's latest audited fin	ancial statement( s ) must be enclosed with this application. Enclosed	?	Υ	N
		Last Year		vious Year
	Current assets			
For the two (2) most recent fiscal year-ends, please	Total assets			
complete the following information	Current liabilities			
	Long term debt			
	Netequity/netassets			
EMPLOYMENT PRACTICES		'		
		Full-time employees		
		Part-time employees		
Including leased, seasonal, and temporary employees, please advise the	Volunteers			
number of:	Unionized employees			
	Employees with annual compensation in	Employees with annual compensation in excess of \$100,000		
How many employees have been		In the past year		
involuntarily terminated (excluding layoffs)	In the year previous to that			

Are employees given warnings prior to termination?				N
If yes, are they <b>verbal</b> or <b>written</b> ?			٧	w
Does the applicant have a human resources d	epartment ?		Υ	N
Does the applicant use outside legal counsel (	or employment advice	9?	Υ	N
Is legal counsel consulted by human resource	es personnel or manaç	gement prior to terminating an employee or volunteer ?	Υ	N
Does the organization have an established wr misconduct of members or volunteers? (If ye		out how disciplinary proceedings are conducted in cases of )	Υ	N
		Hiring/interviewing practices?	Υ	N
	Sexual or other workplace harassment?			N
Does the applicant have an employee handbook, written guidelines, policies, or procedures related to the following:		Υ	N	
	Cyber activities ( use of internet, email, etc. ) ?			N
		Υ	N	
	Reportin	Υ	N	
Are employees and volunteers, if any, require	d to acknowledge rece	eipt of the above guidelines, policies, or procedures ?	Υ	N
Does the applicant utilize employment / volur	iteer applications ?		Υ	N
Does the applicant perform annual performan	ice evaluations on emp	olayees?	Υ	N
PREVIOUS INSURANCE INFO	RMATION			
Current insurance	Limit of policy	Limit of policy Name of insurer		y date
Directors' and Officers' Liability				
Professional Errors & Omissions				
Commercial General Liability ( CGL )				
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There are no pending or past claims against the organization, or any person(s) proposed for insurance in the capacity of director, officer, employee, or committee member of the organization which, if insurance had been in force similar to that now proposed, would have fallen within the scope of such insurance, except as follows:			heck here Ich claims
In the past five (5) years, no insurer has declined, cancelled, or non-renewed similar insurance except as follows:			heck here Ich claims
The corporation has not at any time during the past five (5) years been in breach of its debts, covenants, or loan agreements except as follows:			heck here Ich claims
No person proposed for this insurance is cognizant of any wrongful act or circumstance which he / she has reason to suppose might afford grounds for any future claim which would fall within the scope of the proposed insurance, except as follows:			heck here Ich claims
No fact, curcumstance, or situation indicating the possibility of a claim or action against which indemnification is or would be afforded by the proposed insurance is now known to any officer of this organization, except as follows:			heck here Ich claims
Is the organization in arrears of payment owed to Canada Revenue Ag	ency or the provincial ministries of revenue (including HST or RST)?	Υ	N
Has the organization or any member been the subject of any inquiry, related disciplinary board within the last two (2) years?	notice or grievance by any federal, provincial or peer-	Υ	N
action subsequently emanating there from shall be excluded from co Signing of the proposal does not bind the undersigned to complete the policy be issued, and this form will be attached to and become part of Material Change	ne insurance but it is agreed that this form shall be the basis of the cor f the policy.  The policy of the questions contained in this application prior to the inception of the smay revoke, or effect changes to, the quotation provided.  Inpleted and duly signed and dated and is accepted by the insurer	ntract should	d a
Signature of authorized officer			

Print name and title of signing officer

Date

**DECLARATIONS** 

## APPENDIX A: LIST OF ALL DIRECTORS AND OFFICERS

Please complete for all directors, trustees, and officers (including any affiliates) intended to be covered by the proposed insurance. Please provide explanations for any changes within the past three (3) years

Name	Title	Length of time in position	Company	Experience	Names of any sub committees on which the director/offi cer currently serves