

DIRECTORS & OFFICERS INSURANCE POLICY



For Nonprofit Organizations RENEWAL

Please answer the following questions on behalf of the organization.

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

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

DETAILS OF APPLICANT

| | | | | | |
|----------------------------------|--|------|--|-------------|--|
| Name of broker/producer | | | | | |
| Full legal name of the applicant | | | | | |
| Applicant's address | | | | | |
| City | | Prov | | Postal Code | |
| Applicant's website | | | | | |

OPERATIONAL ACTIVITIES

| | | | | | |
|--|---|---|---|---------|--|
| Since the date of the last application, have there been any changes, or are there any anticipated changes within the next twelve months, in the following areas: | Scope of operations? | Y | N | Details | |
| | Any acquisitions, creation, or divestiture of subsidiaries? | Y | N | Details | |

ORGANIZATIONAL DETAILS

| | | |
|--|---|---|
| Does the organization have any activities outside of Canada? | Y | N |
| If yes, please describe | | |
| Does the organization operate as a registered charity or non-profit organization as described under subsection 149 (1) of the Income Tax Act in Canada ? | Y | N |
| Has the organization's charitable status ever been revoked? | Y | N |
| If yes, please provide details | | |

| | | |
|---|---|---|
| Does the organization act as a licensing or regulatory body for its members? | Y | N |
| Does the organization sponsor a pension or employee benefit plan or contributes to a plan operated by a third party? | Y | N |
| To the best of your knowledge are there now or have there ever been any above ground or underground tanks on your premises that are being used or have been used to store oil or propane or other substances that could cause environmental damage? | Y | N |
| Has there been any changes to the list of board member who have been requested by the organization to serve on the board of another non-profit or charitable organization on their behalf? | Y | N |
| If so please provide board member, name of organization they will be serving, and if that organization carries D&O insurance | | |

FINANCIAL INFORMATION

| | | | |
|---|-----------------------|-----------|---------------|
| Is the Corporation currently, or has it at any time during the past twelve months, been in arrears in its payments to the Canada Revenue Agency or the provincial ministries of revenue (including source deductions for GST, HST, or PST)? | Y | N | |
| Has the Corporation at any time during the past year been in breach of any of its debts, covenants, or loan agreements, or does it anticipate any such breach occurring within the next twelve months? | Y | N | |
| If yes, furnish details (on separate sheet if necessary) | | | |
| For the two most recent fiscal year-ends, please complete the following information | | Last Year | Previous Year |
| | Current assets | | |
| | Total assets | | |
| | Current liabilities | | |
| | Long term debt | | |
| | Net equity/net assets | | |

EMPLOYMENT PRACTICES

| | | |
|--|--|--|
| Including leased, seasonal, and temporary employees, please advise the number of: | Full-time employees | |
| | Part-time employees | |
| | Volunteers | |
| | Unionized employees | |
| | Employees with annual compensation in excess of \$ 100,000 | |
| How many employees have been involuntarily terminated? (excluding layoffs) | In the past year | |
| | In the year previous to that | |
| Please include a copy of the organization's employee handbook, written guidelines, policies, or procedures related to employment practices and disciplinary proceedings. | | |

ADDITIONAL INFORMATION

| | | |
|----------------------------------|--|--|
| Please attach to the Application | Current list of Directors and Officers | |
| | Most recent year-end financial statement | |



DECLARATIONS AND SIGNATURES

The undersigned declares that he /she is duly authorized by the Corporation to complete and sign the Renewal Application on its behalf and that the and that the statements set forth herein are true and complete.

The undersigned agrees

1. The signing of the proposal does not bind the undersigned to complete the insurance but it is agreed that this form shall be the basis of the contract should a policy be issued, and this form will be attached to and become part of the policy.
2. In the event that there is any material change in the answers given to the questions contained in this application prior to the inception of the policy, the applicant must notify the Underwriters in writing and the Underwriters may revoke, or effect changes to the quotation provided.
3. Ecclesiastical Insurance Office plc is hereby authorized to make any investigation and inquiry in connection with this Application that it deems necessary.

Coverage cannot be bound unless this application has been fully completed and duly signed and dated and is accepted by the insurer.

False Information

Any person who, knowingly and with intent to defraud any insurance company or other person, files an Application for insurance containing any false information, or conceals information concerning any fact material thereto for the purpose of misleading any insurance company or other person, commits a fraudulent insurance act which is a crime.

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 | |