



DIRECTORS AND OFFICERS
LIABILITY INSURANCE APPLICATION

SECTION 1: Applicant Information

- 1. Official/legal name: _____
- 2. Operating name if different: _____
- 3. Street address: _____
- 4. City: _____
- 5. Province: _____ 6. Postal Code: _____
- 7. Phone: _____ 8. Fax: _____
- 9. Website: _____ 10. Email: _____
- 11. Additional insured: _____

SECTION 2: Underwriting Information

- 1. Date organization was created: _____
- 2. Organization registration #: _____
- 3. Is this a: Registered non-profit Unregistered non-profit Proprietorship Corporation
- 4. Does this business operate in countries other than Canada: Yes No
- 5. Describe the purpose: _____
- 6. Describe activities: _____
- 7. Number of meetings in a policy term: General Committee Other
- 8. Number of directors: Salaried Non-salaried
- 9. Number of officers: Salaried Non-salaried
- 10. Number of staff: Salaried Non-salaried
- 11. Number of directors: Salaried Non-salaried

12. List all income and sources

Source	Income

- 13. Do you have any for-profit affiliates or subsidiary operations: Yes No
- 14. Is there anyone who stands to profit from the organization: Yes No
- 15. Does any director or officer have knowledge of any potential claims: Yes No

16. Please provide the following documents or explain why they are not included:

Document	Explanation why it's not included
Most recent financial statements	_____
Complete list of officers and directors with addresses	_____
All advertising materials	_____

SECTION 3: Coverage Requested

- 1. CGL limit: _____
- 1. D&O limit: _____
- 2. Other coverage's requested: _____

- 3. Requested effective date: _____
- 4. Requested expiry date: _____

SECTION 4: Insurance History

- 1. Previous carrier: _____
- 2. Premium: _____
- 3. Type of policy: _____
- 4. Policy #: _____
- 5. Effective date: _____
- 6. Expiry date: _____
- 7. Limit: _____
- 8. Losses: _____

9. Has any insurer ever declined, cancelled, or imposed special conditions for any coverage for you, your facility, or your employees in the past: Yes No _____

10. Have you, your facilities, or your employees ever been subject to any disciplinary proceedings for professional misconduct: Yes No _____

11. Are you aware of any circumstance which may result in a claim against you, your business, or your employees: Yes No _____

11.A. If you answered "yes" to any of the above 3 questions you must provide full details.

SECTION 5: Declaration

It is understood and agreed that the completion of this application and the quote provided shall not be binding either to the proposed insured or to Universal Underwriting Managers/Lloyd's (henceforth called the "insurer") until accepted by both the insurer and insured. The information contained herein shall be the basis of the contract of insurance should a policy be issued.

I declare that the statements made in the this application are complete and true to the best of my knowledge. I understand that the application form will form part of the insurance policy provided through the insurer. I acknowledge that if, at the time of a claim, it is discovered that any question in the application was not answered truthfully, accurately, completely, and to the best of my knowledge it may result in the non-payment of any claim and/or my coverage may be made null and void at the discretion of the insurer.

Your privacy is protect: For a copy of the privacy policy in place please contact your broker.

This policy is for annual operations of the applicant only. For project/event specific insurance please submit appropriate applications.

It is agreed that any claim arising from any "Wrongful Act", which is known to a director, officer, or any person(s) proposed for insurance coverage prior to the issuance of the policy, shall be excluded from coverage.

APPLICANTS NAME (PLEASE PRINT)

APPLICANTS SIGNATURE

DATE

BROKER NAME

BROKER SIGNATURE

AGENCY

BROKER PHONE #

BROKER FAX #

BROKER EMAIL