



BROKER:

Shaw Sabey & Associates Ltd., #1710 – 1066 West Hastings Street, Vancouver, BC V6E 3X1
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THE COVERAGE IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS WHICH ARE FIRST REPORTED TO THE INSURER WHILE THE POLICY IS IN FORCE

1. APPLICANT:

1.1 Name of Organization: _____

Phone Number: _____ Fax Number: _____

1.2 Postal Address: _____

Postal Code: _____

1.3 Web Site: _____ Email: _____

1.4 The following Officer of the Organization is designated as **representative** (for the Organization and every Subsidiary more than 50% owned) to receive any and all notices from the Insurer concerning this insurance:

Name: _____ Title: _____

1.5 The Organization:

a) Year of Incorporation: _____ Date Established: _____

b) Is a non profit Organization, incorporated under the Board of Trade act Federally, or under the law in the Province of domicile? If not, explain:

_____ YES NO

2. STRUCTURE:

2.1 Number of employees including subsidiaries: _____

2.2 Total number of volunteers: _____

2.3 Please list the estimated results for the current fiscal year end:

Revenue: \$ _____ Net Income: \$ _____ Deficit: \$ _____

2.4 Do you have any subsidiaries? If so, please attach list. YES NO

CAUTION: Any for profit subsidiary is excluded from the coverage offered to the Non Profit Organization. However, we may offer them a separate coverage.

2.5 Does the Organization (for all positive answers, please give details):

a) Act as an insurance agent, broker, underwriter or consultant? YES NO

b) Offer products or services, other than within its regular activities, to its members for remuneration or commission? YES NO

c) Negotiate any collective agreement (i.e. being part of any labour negotiation)? YES NO

d) Provide a referral service, legal aid service, or computer service to its members? YES NO

3. PRIOR INSURANCE AND EXPERIENCE:

- a) Do you currently carry Directors' & Officers' Liability Insurance?
If yes, please advise: YES NO
Insurance Company _____ Policy Number: _____ Expiry Date: _____
- b) Within the past five years, has any Insurer declined, cancelled or refused to renew any similar insurance? If so, explain. YES NO
- c) Within the past five years, has any claim been made or is a claim now pending, or has any notice been given to any Insurer concerning a probable claim against the applicant, its Directors or Officers? YES NO
- d) Is the applicant, its Directors or Officers aware of any facts, circumstances or situations which might eventually give rise to a claim? YES NO

For all positive answers to questions 3c), d), please state the date, circumstances, name of claimant, and the amount claimed on an attached sheet.

4. COVERAGE OPTIONS:

Option 1: Directors' & Officers' Errors & Omissions: **\$1,000,000 Per Claim**

Option 2: Directors' & Officers' Errors & Omissions: **\$2,000,000 Per Claim**

Premium: (Based on Operating Budget) **Option 1:** \$1,000,000. **Option 2:** \$2,000,000

\$0 - \$500,000 **\$ 400.** Premium **\$ 650.** Premium

\$500,000 - \$1,000,000 **\$ 700.** Premium **\$ 950.** Premium

Greater than \$1,000,000 Underwriter Review Required

5. SIGNATURE:

5.1 It is agreed by all concerned that if any person(s) or entity(ies) applying for this insurance has any knowledge of any fact, circumstance or situation which might eventually give rise to a claim, any claim or suit emanating therefrom is excluded from coverage under the proposed insurance.

5.2 The undersigned authorized Officer to the Organization declares that to the best of his/her knowledge, the statements herein are true. The signing of this application does not bind the undersigned to complete the insurance, but it is agreed that this application form shall be the basis of the contract should a policy be issued, and this application form will be attached to and become a part of such policy.

VERY IMPORTANT:

The Insurer is hereby authorized to make any investigation and inquiry in connection with this application form as it may deem necessary. It is important to declare to your present Insurer, any facts or circumstances that could eventually give rise to a claim.

Signed: X _____ Date: _____
Chairman of the Board or President

Title: _____ Organization: _____

COVERAGE CANNOT BE BOUND UNLESS THIS APPLICATION IS FULLY COMPLETED, DULY DATED AND SIGNED

Note: This application form and any other information will be treated in total confidentiality.

6. BINDING INSTRUCTIONS:

Bind coverage effective _____ (please enclose payment).

Quote only. Please provide contact name and phone number/email address: _____.