



**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**

**VERY IMPORTANT:**

IN ORDER TO OBTAIN A QUOTATION, THE FOLLOWING DOCUMENTS ARE MANDATORY:

- Latest Annual Financial Statements

**ALL QUESTIONS MUST BE ANSWERED**

**1. APPLICANT:**

1.1 Name of Organization: \_\_\_\_\_

1.2 Postal Address: \_\_\_\_\_  
Postal Code: \_\_\_\_\_

1.3 Web Site: \_\_\_\_\_

1.4 Nature of Business: \_\_\_\_\_

1.6 The Organization:

a) Year of Incorporation: \_\_\_\_\_ Date Established: \_\_\_\_\_

b) Is a non profit Organization, chartered under the law in the Province of domicile? If not, explain:  
 YES  NO

c) Is a member of the British Columbia Historical Federation?  
 YES  NO

c) Organization Type is:  Regional  Provincial  National  International

**2. STRUCTURE:**

2.1 Number of employees including subsidiaries: \_\_\_\_\_

2.2 Total number of volunteers: \_\_\_\_\_

2.3 What is the Annual Budgeted Income for the current fiscal year?: \_\_\_\_\_

Income/sales \$ \_\_\_\_\_ Surplus: \$ \_\_\_\_\_ Deficit: \$ \_\_\_\_\_

2.4 Do you have any subsidiaries? If so, please list them and indicate if operating for profit:  
 YES  NO

NAME	DATE OF ACQUISITION	% OF OWNERSHIP	FOR PROFIT	
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> 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 written details):

- a) act as 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) publish any magazines, periodicals or newsletters? (If so, attach a copy of each.)  YES  NO
- d) publish a technical manual? (If so, describe.)  YES  NO
- e) advertise, broadcast or reproduce copyright material in its name or the name of its members?  YES  NO
- f) negotiate any collective agreement (i.e. being part of any labour negotiation)?  YES  NO
- g) conduct any activity which evaluates or sets standards for the qualifications and performance of others or the quality of products manufactured, sold, handled or distributed by others?  YES  NO
- h) take any disciplinary action or recommend disciplinary action as a result of peer review activities?  YES  NO
- i) provide a legal aid service, computer service or translation service to its members?  YES  NO
- j) have outstanding or anticipated loans to Directors or Officers of a Corporation controlled by Directors or Officers?  YES  NO
- k) render professional services to others? If so, describe the nature of services rendered.  YES  NO

2.6 a) How frequently does the Board of Directors meet per year? \_\_\_\_\_  
 How many Board members must be present to constitute a quorum? \_\_\_\_\_

**3. PRIOR INSURANCE AND EXPERIENCE:**

- a) Do you currently carry Directors' & Officers' Liability Insurance?  YES  NO  
 If yes, please advise: \_\_\_\_\_  
 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 3.2 c), 3.2 d), please provide written details including the date, circumstances, name of claimant and the amount claimed.

**4. EPL SUPPLEMENTAL QUESTIONNAIRE:**

4.1 Total number of employees: \_\_\_\_\_ Total number of volunteers: \_\_\_\_\_

4.2 Number of employees located in the United States: \_\_\_\_\_

4.3 How many employees have been laid off in the last twelve months?: \_\_\_\_\_

4.4 Do you have an employment practice guide?  YES  NO

4.5 Is the guide distributed to the employees?  YES  NO

4.6 Do you have a written policy on discrimination practices including sexual harassments?  YES  NO

4.7 Do you ask for a specialist advice before laying off an employee?  YES  NO

**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 \_\_\_\_\_  
**Authorized Representative of the Board or President**

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

**COVERAGE CANNOT BE BOUND UNLESS**

- THIS APPLICATION IS FULLY COMPLETED, DULY DATED AND SIGNED
- THE **APPLICATION** IS RETURNED TO YOUR BROKER WITH AN **ORIGINAL SIGNATURE**

Note: Copies transmitted by fax/email will be accepted only for quotation purposes. This application form and any other information will be treated in total confidentiality.