

**DIRECTORS' AND OFFICERS', ENTITY AND PERSONAL LIABILITY INSURANCE
NOT FOR PROFIT SHIELD PLUS QUICK RENEWAL APPLICATION**

This is an **Application** for an insurance policy relating to **Claims** which are made against the **Insured Persons** and/or the **Entity**, or **Prosecutions** or **Inquiries** which are **Begun** against or involving the **Insured Persons** or the **Entity**, and which are reported to the **Insurer** during the **Policy Period**.

- Please note:**
- In this **Application**, "**Entity**" refers to the entity or organization to be named in Item 1 of the **Policy** DECLARATIONS and includes its **Subsidiaries**, as defined in the **Policy** or as listed herein, if any.
 - In this **Application**, "**Benefit Program**" refers to any pension, profit sharing, health and welfare or other employee or member benefit plan or trust to be named in Item 1 of the **Policy** DECLARATIONS
 - In this **Application**, the term **Proposed Insureds** means all persons, the **Entity** and the **Benefit Program** who would be insured in any capacity under the insurance policy being applied for.
 - Coverage will only be afforded to those individuals and organizations that fall within the definitions of **Insured Persons**, **Entity** and **Benefit Program** contained in the policy unless otherwise agreed to by the **Insurer** and specifically endorsed onto the policy.
 - **The responses, information and warranties provided in this application must be provided with respect to each Entity and Benefit Program to be named in Item 1. of the Policy DECLARATIONS, including subsidiaries thereof.**

1. GENERAL INFORMATION

This general information must be provided with respect to each **Entity** and each **Benefit Program** to be named in Item 1 of the **Policy** DECLARATIONS.

- a) Name: i) **Entity:** _____
 ii) **Benefit Program(s)** _____
 (if insuring) _____
- b) Address: _____
- Number Street
- _____
- City Province Postal Code
- c) Territorial Distribution of activities or services: Canada: _____% USA: _____% elsewhere: (please specify) _____%

2. FINANCIAL INFORMATION **ALL FIELDS IN 2. MUST BE PROVIDED

- a) In the event that the most recent financial statements are not included herewith, please provide the following consolidated financial information. This financial information must be provided with respect to each **Entity** and each **Benefit Program** to be named in Item 1 of the policy DECLARATIONS.

	Most recent fiscal year-end	Previous fiscal year-end
(i) Total Assets:	\$ _____	\$ _____
(ii) Total Liabilities:	\$ _____	\$ _____
(iii) Total Operating Budget:	\$ _____	\$ _____
(iv) Net Income:	\$ _____	\$ _____
(v) Salaries:	\$ _____	\$ _____

- b) For the current fiscal year, provide projected: i) Operating Budget: _____ ii) Surplus/deficit: _____
- c) Total Directors & Officers: _____ Total Employees: _____ Total Volunteers: _____
- d) Has there been any change in sources of income over the past twelve (12) months? Yes No
- If "Yes", describe fully: _____

3. ENTITY/PLAN /INSURED PERSON INFORMATION

- a) If the **Entity** holds charitable status, has this status been subject to review or revocation in the past twelve (12) months, or does it anticipate any such review or revocation occurring within the next twelve (12) months? Yes No
- b) Is the **Entity/ Benefit Program** currently, or has it been in the past twelve (12) months, in arrears of any payment of monies payable to any level of government or to any governmental agency, whether in Canada or elsewhere, including without limitation taxes, deductions at source, G.S.T. and/or P.S.T. owing to the Canada Revenue Agency (Revenue Canada) or the provincial ministries of revenue? Yes No
- c) Is the **Entity/ Benefit Program** currently, or has it been in the past twelve (12) months, in breach of any of its debt covenants, loan agreements or contractual obligations, or does it anticipate any such breach occurring within the next twelve (12) months? Yes No

- d) Is the **Entity/ Benefit Program** currently, or in the past twelve (12) months, entered into insolvency proceedings including:
- (i) seeking protection under the "Companies' Creditors Arrangement Act" (Canada), or Yes No
 - (ii) making a commercial application under Part III of the Bankruptcy and Insolvency Act (Canada), or Yes No
 - (iii) seeking protection under "Chapter 11" of the "Title 11" – Bankruptcy, of the U.S.C. (United States Bankruptcy Code)? Yes No
- or does it anticipate seeking such protection or making such a proposal within the next twelve (12) months? Yes No

NOTE: If the answer to any of the above questions is "Yes", please provide specific details and/or clarification in connection with each response.

4. WARRANTIES

BY SUBMITTING THIS APPLICATION, THE PROPOSED INSUREDS DO HEREBY WARRANT TO THE INSURER THAT:

- a) The financial information submitted with this **Renewal Application** or as part of the additional **Application Information** are representative of the current financial position of the **Entity** and the **Benefit Program**.
- b) The undersigned director or officer of the **Entity** is duly authorized to make representations and to sign on behalf of all **Proposed Insureds** and the statements herein are true and complete.

5. AGREEMENT TO CONDITIONS

BY SUBMITTING THIS APPLICATION, ALL PROPOSED INSUREDS AGREE TO THE FOLLOWING CONDITIONS:

- a) The signature and submission of this **Renewal Application** and any additional **Application Information** does not bind the Insurer to renew the Policy.
- b) The Insurer is authorized to make any investigation or inquiry in connection with this **Renewal Application** and any of the provided additional **Application Information** that it may deem necessary.
- c) If the Insurer chooses to provide coverage, this **Renewal Application** and any additional **Application Information** (which will be retained or referenced on file by the Insurer and which will be deemed attached hereto, as if physically attached hereto) will be the basis on which the Policy is underwritten, and will become part of the insurance contract, subject to Policy terms and conditions.

However, the terms and conditions of the proposed insurance will be defined exclusively by the wording of the Policy, if issued, and nothing in this **Renewal Application** constitutes an offer or representation as to the terms and conditions of coverage.

- d) In the event that there is any material change in the information contained in this **Renewal Application** or in the additional **Application Information** prior to the effective date of the Policy, the Entity will notify the Insurer and, at the sole discretion of the Insurer, any outstanding offer of terms and conditions or quotations may be modified or withdrawn.
- e) At the Insurer's discretion, coverage cannot be bound unless and until this **Renewal Application** has been fully completed and duly signed, dated and delivered, with any required additional **Application Information**, to the Insurer.
- f) En soumettant la présente Proposition de renouvellement en anglais les assurés proposés reconnaissent qu'ils ont expressément demandé que la police, si elle est émise, ainsi que tout avenant ou renouvellement futur, soient rédigés en anglais, et ce, jusqu'à ce que l'assureur reçoive une demande par écrit de fournir la police en français.

By submitting this **Renewal Application** in English it is acknowledged by the Proposed Insureds that it is their express request that the Policy and any future amendments and replacements, if and when issued, be drawn up in English, and so continue until requested in French.

PRIVACY DISCLOSURE AND CONSENT

The undersigned authorized director or officer of the **Entity** acknowledges that any personal information provided in connection with the insurance applied for, including but not limited to the information contained in this **Renewal Application** and any additional **Application Information**, has been collected in accordance with all applicable privacy legislation. The undersigned confirms that all necessary consents have been obtained for the collection, use, and disclosure of such information for the purposes of any investigation and inquiry in connection with this **Renewal Application** and, if applicable, investigating and settling claims, detecting and preventing fraud, and acting as required or authorized by law.

Entity (Please print in block letters)

 Name of Chairperson of the Board or President (Please print in block letters)

 Date (Please print in block letters)

 Signature of Chairperson of the Board or President