



CARRIER:

United States Liability Insurance Company

Nonprofit Management Liability Policy Application

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN THE INSTANT QUOTE SECTION SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

All questions must be answered and application must be signed by the applicant. **This is an application for a claims made policy – Please read your policy carefully.** Application for Nonprofit Directors and Officers Liability Insurance and Employment Practices Liability Insurance (optional) and Fiduciary Liability Insurance (optional)

I. INSTANT QUOTE INFORMATION

Instant quote is not available for accounts with losses in the past five years. If there is loss history, please detail the losses below.

Applicant's name: _____

Location address: _____ Same as mailing address

City: _____ Province/Territory: _____ Postal code: _____

Web address: _____ E-mail address of primary contact: _____

Description of operations:

Total annual revenue: \$ _____ (If >\$2 million attach the most recent 12-month financial statement)

If less than three years in operation, annual revenue: this year: \$ _____ next year: \$ _____ third year: \$ _____

Total fund balance (total assets minus total liabilities): \$ _____

Full-time employees: _____ Part-time: _____ Temporary/Seasonal: _____ Volunteers: _____

Does the organization perform any operations located outside Canada? _____ In existence since: _____

II. UNDERWRITING INFORMATION

1. Does the organization have an anti-harassment and anti-discrimination policy? Yes No
2. Is the organization a registered charity or Nonprofit Organization as described under subsection 149 (1) of the Income Tax Act in Canada? Yes No
3. Does the organization have general liability insurance? Yes No
4. Expiring directors and officers information: Carrier: _____
Limits: \$ _____ Retention: \$ _____ Premium: \$ _____
5. Is any entity proposed for insurance involved in any of the following? (Attach a statement of details for all "yes" answers to the following)
 - a. Research, development or testing? Yes No
 - b. Certification, accreditation or standard-setting? Yes No
 - c. Disciplinary actions as a result of peer review activities? Yes No
 - d. Administration or sponsorship of any insurance programs? Yes No
 - e. Labor/union negotiations or collective bargaining? Yes No
6. Does the applicant have any chapters or subsidiaries requiring coverage? Yes No
7. Has any entity proposed for insurance closed, downsized, laid off, reduced staff, sold, merged with or acquired any company in the past 12 months or anticipates doing so in the next 12 months? Yes No
8. Has the applicant or any person proposed for coverage (whether or not in the service of applicant) been the subject of or been involved directly or indirectly in any civil, criminal, regulatory, legislative or administrative proceeding(s)? Yes No
9.
 - a. Within the last five years, has any inquiry, complaint, notice of hearing, claim or suit been made against any entity proposed for insurance, or any person proposed for insurance in the capacity of director, officer, trustee, employee or volunteer of any entity proposed for insurance? Yes No
 - b. Is any person(s) proposed for this insurance aware of any fact, circumstance or situation which may result in a claim against any entity proposed for insurance or any of its directors, officers, trustees, employees or volunteers? Yes No
10. Has any policy for directors and officers or employment practices liability ever been cancelled or non-renewed? Yes No

III. FIDUCIARY

All questions must be answered in order for fiduciary liability coverage to be bound

1. Does each pension plan use an outside investment manager? Yes No
2. Does each plan subject to Canadian pension law comply with all applicable requirements including: eligibility, participation, vesting, fiduciary responsibility and funding standards? Yes No
3. In the past two years has there been or is there now under consideration any material changes to a plan or termination/consolidation of a plan? Yes No
4. Has there been or is there now pending any claim(s) against any proposed insured arising out of any plan? Yes No
5. Does any proposed insured have knowledge or information of any act, error or omission which might give rise to a claim under the proposed fiduciary liability coverage? Yes No

IV. ADDITIONAL APPLICANT INFORMATION

Applicant's mailing address: _____

City: _____ Province/Territory: _____ Postal code: _____

The signer of this application acknowledges and understands that the information provided in this Application is material to the Insurer's decision to provide the requested insurance and is relied on by the Insurer in providing such insurance. The signer of this Application represents that the information provided in this Application is true and correct in all matters. The signer of this Application further represents that any changes in matters inquired about in this Application occurring prior to the effective date of coverage, which render the information provided herein untrue, incorrect or inaccurate in any way will be reported to the Insurer immediately in writing. The Insurer reserves the right to modify or withdraw any quote or binder issued if such changes are material to the insurability or premium charged, based on the Insurer's underwriting guides. The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will become a part of the Policy.

Applicant's signature _____ Title _____ Date: _____
(President, Chairperson of the Board, Managing Member, or Executive Director)

Print name _____