**APPLICATION FORM - Directors’ & Officers’ Liability- APPLICATION**

**For Strata or Condominium Corporations**

The following underwriting information has been provided by you or on your behalf. It is understood that the Insurer(s) has relied upon this information for risk acceptance to provide quote and coverage acceptability. Any misrepresentation or omission will render an insurance policy null and void from inception. **PLEASE READ CAREFULLY.**

**Instead of completing this application form, consider trying *JET*, our self-serve platform.**

***JET* is the quickest path to quotes and policy issuance. A modern way FORWARD.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **APPLICANT INFORMATION** | | | | | | | | | |
| **Contact Email Address:** | | | |  | | | | | |
| *(required for e-signatures)* | | | |  | | | | | |
| Legal Name of Organization: | | | |  | | | | | |
| Date of registration for  commencement of the organization: | | | |  | | | | | |
|  | | | |  | | | | | |
| Mailing Address: | | | |  | | | | | |
|  | | | |  | | | | | |
| **Type of Property** | | |  | | | | | |
| Is this a Bare Land Strata? | | Yes, Number of Lots: | | | |  | No – Building Info below | |
|  | |  | | | | | | |
| **Building Info** | |  | | | | | | |
| Year Built: |  |  | | | | | | |
|  | | | | |  | | | |
| Number of Units for Residential Use: | | | |  |  | | | |
|  | | | | |  | | | |
| Number of Units for Commercial Use: | | | |  |  | | | |
|  | | | | |  | | | |
| Are building(s) insured for full replacement value? | | | | | | | | No  Yes |
|  | | | | | | | |  |
| Does the applicant organization follow all provincial rules, laws, and guidelines? | | | | | | | | No  Yes |
|  | | | | | | | |  |
| Does the applicant organization have an appointed professional property management company managing the building(s) and grounds? | | | | | | | | No  Yes |
| If yes, provide full name of the property management company: | | | | | | | |  |
|  | | | | | | | |  |
| Does property management company have liability insurance in place (both CGL and Professional Liability)? | | | | | | | | No  Yes |
|  | | | | | | | |  |
| Does the applicant organization have an outside accountant/auditor prepare annual reports to the board each year? | | | | | | | | No  Yes |

|  |  |  |  |
| --- | --- | --- | --- |
| **LOSS HISTORY** | | |  |
| Have there been any claims against any Director, Officer or the Applicant Organzation in the last 5 years? | | | No  Yes |
|  | | |  |
| Has the Applicant Organization been subject to any inquiries, complaints, notices, hearings or disciplinary proceedings by a regulatory authority in the last 5 years? | | | No  Yes |
|  | | |  |
| Is any Director, Officer or any other person for which coverage is proposed, aware of any circumstance that may give rise to a claim against the Applicant Organization, its Directors, Officers, Trustees, Employees, Volunteers or any subsidiaries of the Organization? | | | No  Yes |
|  | | |  |
| If yes to any of the above, please provide details: |  | | |
|  | | | |
| **NOTE: IF THERE IS ANY KNOWLEDGE OF ANY SUCH CIRCUMSTANCE WHICH COULD GIVE RISE TO A CLAIM, COVERAGE WOULD NOT BE PROVIDED UNDER THE PROPOSED POLICY.** | | | |
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| **PRIOR INSURANCE** | |  | |
| Does the applicant currently carry Directors’ & Officers’ Liability coverage? | | No  Yes | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Insurer: |  | Policy No.: |  | Prior & Pending Litigation Date: |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | |
|  | | | | | | | | | |
| Has the applicant ever had insurance cancelled, declined or refused? | | | | | | | | No  Yes | |
| If yes, please describe: | |  | | | | | |  | |
|  | | | | | | | | | |
| **REQUESTED LIMIT** | | | | | | | | | |
|  | $1,000,000 | |  | $2,000,000 |  | $3,000,000 |  | | $5,000,000 |

|  |  |  |  |
| --- | --- | --- | --- |
| **PLEASE READ BEFORE SIGNING:** The Applicant has reviewed this application form and all attachments and acknowledges that all information provided is true. The Applicant understands that any insurance that may be provided is based on the information in this application being true and correct, and any misrepresentation or omission will render any such insurance policy null or void from inception.  The Applicant understands that if the Insured fails to inform the Insurer of material changes to these facts during the term of an insurance policy, the insurance may not be valid. The Applicant understands that they cannot contravene a term of the policy, commit a fraud, or willfully make false statements during a claim investigation.  The Applicant confirms that all individuals included in this application have authorized the collection and storage of their personal information. Credit information, claims history and other personal information may be collected, used and disclosed for the purposes of assessing and underwriting the application for insurance, renewals, evaluating claims, detecting and preventing fraud.  **NOTE: INSURANCE IS NOT IN EFFECT UNTIL SUCH TIME AT FORWARD INSURANCE MANAGERS HAS ISSUED A BINDER OR INSURANCE POLICY IN WRITING THAT CONFIRMS COVERAGE IS IN PLACE.**  Forward Insurance Managers Ltd is a managing underwriting agency duly licensed as an intermediary across Canada – and the insurance company at risk shall be duly listed on any quotation, binder or insurance policy.  The Applicant hereby consents to the use of electronic communications, electronic records, and electronic signatures. The Applicant understands an electronic signature is legally binding, just as if the Applicant had signed a paper document. | | | |
| **Applicant’s Signature:** |  | **Date:** |  |
| **Name/Title/Position:** |  | | |
|  |  | | |
| **Brokerage:** |  | **Broker ID:** |  |
| **Broker Email:** |  | **Phone:** |  |