**Directors & Officers’ Liability -** APPLICATION FOR INSURANCE

**Non-Profit Organizations, Charitable Groups, Associations & Societies**

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***](http://www.forwardinsurance.ca)**, our self-serve platform.**

[***JET***](http://www.forwardinsurance.ca) **is the quickest path to quotes and policy issuance. A modern way** [**FORWARD**](http://www.forwardinsurance.ca)**.**

**PLEASE READ CAREFULLY** ‐ Please review this application in detail for accuracy.  If there are any misrepresentations or omissions in the application, any insurance quote is deemed to be void, and any subsequent insurance policy will be rendered null and void from inception.

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| **APPLICANT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant’s Contact Email Address for E-Signature\* | | | | |  | | | | | | | | | | | | | | | | | | | |
| Legal Name of Organization: | | | | |  | | | | | | | | | | | | | | | | | | | |
| Is the Organization solely a Non-Profit?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | |
| Province of primary residence: | | | | |  | | | | | | | | | | | | | | | | | | | |
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| **RISK INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | |
| Indicate below, the nature of the Organization:   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | Amateur Sports Association |  | Amateur Sports League | |  | Any Activist Group | |  | Art Group/Association |  | Business Association | |  | Cannabis Related Group | |  | Charitable/Fund Raising Organization |  | Community Organization | |  | Co-Operative | |  | Country Club |  | Cultural/Ethnic Association | |  | Day care, or Senior Care Facility | |  | First Nation/Aboriginal Group |  | For-profit Organization | |  | Foundation | |  | Golf Club |  | Heritage Society | |  | Hobby or Interest Group | |  | Hospital, Clinic, Medical Institution |  | Labour Union | |  | Lobby Group | |  | Political Interest Group |  | Preservation Group/Society | |  | Professional Association | |  | Religious Group |  | School/Educational Institution | |  | Student Association | |  | Trade Association |  | Other: |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is the Applicant Organization domiciled in Canada? | | | | | | | | | | | | | | | Yes | | | No | | | | | | |
| Does the Applicant Organization have any subsidiaries or operations outside of Canada? | | | | | | | | | | | | | | | Yes, describe: | | | | | |  | | | No |
|  | | | | | | | | | | | | | | |  | | | | | | | | | |
| **FINANCIALS** | | | | | | | | | | | | | | | | | | | | | | | | |
| Annual operating budget: | | | | | $ | | | |  | | | | | | | | | | | | | | | |
| *If the Applicant Organization’s annual operating budget exceeds $10MM, please attach the latest financial statements.* | | | | | | | | | | | | | | | | | | | | | | | | |
| Net Assets: | | $ | | | |  | | | | | | | | | | | | | | | | | | |
| Are the Applicant Organization’s financial statements reviewed by an independent accountant each year? | | | | | | | | | | | | | | | | | | | | | | | Yes  No | |
| Is the Applicant Organization in arrears of any payments to the Canada Revenue Agency or any other provincial ministries of revenue? | | | | | | | | | | | | | | | | | | | | | | | Yes  No | |
| Has the Applicant Organization breached any debt covenants, loan agreements or any other contractual obligations in the last three years? | | | | | | | | | | | | | | | | | | | | | | | Yes  No | |
| Does the Applicant Organization anticipate breaching any debt covenants, loan agreements or any other contractual obligations in the next 12 months? | | | | | | | | | | | | | | | | | | | | | | | Yes  No | |
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| Has the Applicant Organization ever had its charitable status revoked, or been subject to review (if applicable?) | | | | | | | | | | | | | | | | | | | | | | | Yes  No | |
| Is the Applicant Organization a licensing body for its members? | | | | | | | | | | | | | | | | | | | | | | | Yes  No | |
| Does the Applicant Organization have a use of company email and internet policy? | | | | | | | | | | | | | | | | | | | | | | | Yes  No | |
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| **EMPLOYMENT PRACTICES** | | | | | | | | | | | | | | | | | | | | | | |  | |
| Number of paid Employees: | | | | |  | |  | | | | | | | | | | | | | | | | | |
| Does the Applicant Organization have written agreements in place for any employee earning over $125,000 annually? | | | | | | | | | | | | | | | | | Yes  No  Not Applicable | | | | | | | |
| Does the Applicant Organization have written zero-tolerance policies against discrimination and harassment? | | | | | | | | | | | | | | | | | Yes  No  Not Applicable | | | | | | | |
| Does the Applicant Organization provide all employees with an employee handbook? | | | | | | | | | | | | | | | | | Yes  No  Not Applicable | | | | | | | |
| Does the Applicant Organization have formal termination procedures in place? | | | | | | | | | | | | | | | | | Yes  No  Not Applicable | | | | | | | |
| Does the Applicant Organization Involve legal counsel in termination procedures? | | | | | | | | | | | | | | | | | Yes  No  Not Applicable | | | | | | | |
| Does the Applicant Organization have a human resources department or outsource human resources functions? | | | | | | | | | | | | | | | | | Yes  No  Not Applicable | | | | | | | |
| Does the Applicant Organization keep personnel files in a secure location? | | | | | | | | | | | | | | | | | Yes  No  Not Applicable | | | | | | | |
| Does the Applicant Organization have employment contracts in place with employees? | | | | | | | | | | | | | | | | | Yes  No  Not Applicable | | | | | | | |
| Does the Applicant Organization anticipate any layoffs, staff reductions or department/branch closings in the next 2 years? | | | | | | | | | | | | | | | | | Yes  No  Not Applicable | | | | | | | |
| Does the Applicant Organization require the Directors’ approval to terminate employees? | | | | | | | | | | | | | | | | | Yes  No  Not Applicable | | | | | | | |
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| **OTHER INFO** | | | | | | | | | | | | | | | | | | | | | | | | |
| How many employees have been terminated in the last two years? | | | | | | | | | |  | | | | | | |  | | | | | | | |
| Number of Directors & Officers: | | | | |  | | |  | | | | | | | | | | | | | | | | |
| Number of volunteers: | | |  | | | | |  | | | | | | | | | | | | | | | | |
| Number of members (if applicable): | | | | | |  | |  | | | | | | | | | | | | | | | | |
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| **SPECIAL ACTIVITIES** | | | | | | | | | | | | | | | | | | | | | | | | |
| Is the Applicant Organization involved in/with any of the following?: | | | | | | | | | | | | | | | | | | | | | | | | |
| Daycare services | | | | | | | Yes  No | | | | | | | | | | | | | | | | | |
| Senior care facilities | | | | | | | Yes  No | | | | | | | | | | | | | | | | | |
| Hospitals, clinics, medical institutions | | | | | | | Yes  No | | | | | | | | | | | | | | | | | |
| First Nations or aboriginal groups | | | | | | | Yes  No | | | | | | | | | | | | | | | | | |
| Stocks and/or securities trading | | | | | | | Yes  No | | | | | | | | | | | | | | | | | |
| Labour unions | | | | | | | Yes  No | | | | | | | | | | | | | | | | | |
| Religious groups | | | | | | | Yes  No | | | | | | | | | | | | | | | | | |
| Cannabis related groups | | | | | | | Yes  No | | | | | | | | | | | | | | | | | |
| Activist, protest activities or groups | | | | | | | Yes  No | | | | | | | | | | | | | | | | | |
| Political interest groups | | | | | | | Yes  No | | | | | | | | | | | | | | | | | |
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| **LOSS HISTORY** | | | | | | | | | | | | | | | | | | | | | | | | |
| Have there been any claims against any Director, Officer or the Applicant Organzation in the last 5 years? | | | | | | | | | | | | | | | | | | | | | | | | |
| No  Yes, describe: | | | |  | | | | | | | |  | | | | | | | | | | | | |
| 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, describe: | | | |  | | | | | | | | | | | | | | | | | | | | |
| 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, describe: | | | |  | | | | | | | |  | | | | | | | | | | | | |
| **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, details below | | | | | | | | | | | |
| Insurer: |  | | | | Policy Number: | | | |  | | | | | Prior & Pending Litigation Date: | | | | | | | |  | | |
| Has the applicant ever had insurance cancelled, declined or refused? | | | | | | | | | | | | | | No  Yes, describe: | | | | | |  | | | | |
| **COVERAGES** | | | | | | | | | | | | | | | | | | | | | | | | |
| Requested D&O Liability 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.  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.  **NOTE: INSURANCE IS NOT IN EFFECT UNTIL SUCH TIME AT FORWARD INSURANCE MANAGERS LTD. 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. | | | | | | | | | | | | | | | | | | | | | | | | |
| **Applicant’s Signature:** | | |  | | | | | | | | | | | | | **Date:** | | |  | | | | | |
| **Name/Title/Position:** | | |  | | | | | | | | | | | | | | | | | | | | | |
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| **Brokerage:** | | |  | | | | | | | | | | | | | **Broker ID:** | | |  | | | | | |
| **Broker Email:** | | |  | | | | | | | | | | | | | **Phone:** | | |  | | | | | |
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**Email completed apps to newprofessional@forwardinsurance.ca or for the quickest turnaround, log in to** [***JET***](http://www.forwardinsurance.ca)**.**