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

**For Strata or Condominium Corporations**

**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.**

**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** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Applicant’s Contact Email Address for E-Signature\*: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
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| Legal Name of Organization: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Where is the Applicant Organization’s primary location (province): | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
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| **RISK INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Legal Address of Building(s) embraced by the Strata/Condo Corp.: | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | City: | | | |  | | | | | | | | | | | Province: | | |  | | | | | | | | | | | Postcode/ ZIP Code: | | | | | | |  |
|  |  | | | |  | | | | | | | | | | |  | | |  | | | | | | | | | | |  | | | | | | |  |
| **TYPE OF PROPERTY** | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
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| Is this a Bare Land Strata? | | | | | | | | | No – Building Info below | | | | | | | | | | Yes, Number of Lots: | | | | | | | |  | | | | | | | | |  | |
|  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **BUILDING INFORMATION** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Year built: | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of Units for Residential Use: | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Number of Units for Commercial Use: | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Does the applicant organization ensure that the buildings are appraised at least every 5 years and are insured to full replacement value? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No |
|  | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **UNDERWRITING INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Does the applicant organization follow all provincial rules, laws and guidelines, where (and if) applicable for contingency reserve funds and depreciation report requirements? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No |
|  | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Does the applicant organization have an appointed professional property management company managing the building(s) and grounds? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No |
|  | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | Provide full name of the property management company: | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Does property management company have liability insurance in place (both CGL and Professional Liability)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No |
|  |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Does the applicant organization have the financial statements reviewed by an independent accountant each year? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No |
|  |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **OUTSTANDING AMOUNTS OWED TO GOVERNMENT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Does the applicant organization have any payments in arrears to CRA or any Province? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No |
|  |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **LOSS HISTORY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Have there been any claims against any Director, Officer or the Applicant Organization in the last 5 years? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | Provide details: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Has the Applicant Organization been subject to any inquiries, complaints, notices, hearings or disciplinary proceedings by a regulatory authority in the last 5 years? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | Provide details: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | Provide details: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Does the applicant currently carry Directors’ & Officers’ Liability coverage? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | If yes, please provide the following details: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Insurer: | |  | | | | | | | | | | | | | | | | | | | | | | Policy No.: | | | | | |  | | | | | | |
|  |  | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | |
|  | Prior & Pending Litigation Date: | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | |  | | | | | | |
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| Has the Applicant ever had insurance cancelled, declined or refused? | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | Yes  No |
|  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  |
|  | If yes, please provide reason for decline/refusal/cancellation: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | Insurer does not write this line of business | | | | | | | | | | | | | | | | | | | | | | | Due to underwriting reasons | | | | | | | | | | | | | |
|  | Due to non payment – all outstanding premium has been paid | | | | | | | | | | | | | | | | | | | | | | | Due to claims | | | | | | | | | | | | | |
|  | Due to non payment – there is still outstanding premium | | | | | | | | | | | | | | | | | | | | | | | Other: | | | |  | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| **COVERAGES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Requested limit: | | | | $1,000,000 | | | | | | | | | | $2,000,000 | | | | | | | | | | $3,000,000 | | | | | | | | | | $5,000,000 | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **ISSUANCE INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Proposed Effective Date (MM/DD/YYYY): | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| **APPLICANT INFORMATION** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| Where is the Applicant Organization’s primary location? | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | Same as risk address? | | | | | | | Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | If no, please provide address: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | City: |  | | | | | | | | | | | | | Province: | | |  | | | | | | | | | | | Postcode / ZIP Code: | | | | | | | |  |
|  |  |  | | | | | | | | | | | | |  | | |  | | | | | | | | | | |  | | | | | | | |  |
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| **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 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.  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: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Brokerage: | | | | | | |  | | | | | | | | | | | | | | | | | | | Broker ID: | | | | | |  | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | |
| Broker Email: | | | | | | |  | | | | | | | | | | | | | | | | | | | Phone: | | | | | |  | | | | | |
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**Email completed apps to newcommercial@forwardinsurance.ca or for the quickest turnaround, log in to** [***JET***](http://www.forwardinsurance.ca)**.**