



Intact Insurance Company

**Application for Directors and Officers Liability – Non Profit Organization or Association (Renewal)**

IF A POLICY IS ISSUED, THE COVERAGE WILL APPLY ONLY TO CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURER DURING THE POLICY PERIOD

**BROKER :**

**1. APPLICANT**

1.1 Name of the Organization:

1.2 Postal Address:

Postal code:

1.3 The Organization has: a) No. of Employees:

b) No. of Volunteers:

**2. ORGANIZATION:**

2.1 Are there any material changes to the Organizations operation?

YES  NO

If so, please describe:

**3. FINANCIAL INFORMATION:** please complete

**FISCAL YEAR END DATE:**

Budgeted Revenues\*:

Total Assets:

Budgeted Net Income:

Total Liabilities:

\*Please attach a complete financial statement if your revenues are greater than \$1,000,000.

**4. INSURANCE:**

4.1 Does the Organization have any activities or operations or assets outside of Canada

YES  NO

4.2 Are there any concerns involving the Organization's insolvency

YES  NO

4.3 Are there any claims made or pending that may be covered under the scope of this insurance against Directors or Officers

YES  NO

4.4 Are there are any claims made against the organization or its employees in the past 3 years related to employment practices, including for such things as discrimination or workplace harassment

YES  NO

Coverage Limits requested	<input type="checkbox"/>	\$ 1,000,000	<input type="checkbox"/>	\$ 2,000,000	Other:
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**Optional Coverage (s) requested:** \*will be quoted if requested and applicable

Employment Practices Liability Coverage	<input type="checkbox"/>	\$ 1,000,000	<input type="checkbox"/>	\$ 2,000,000
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**Note:** Upon Underwriter review further renewal information may be requested, including additional financial information or a full Application.

**SIGNATURE**

The undersigned authorized Officer of the Organization declares that to the best of his/her knowledge, the statements herein are true. It is agreed that this renewal application is a supplement to the Directors and Officers Liability for Non Profit Organization/Association application which forms part of the policy currently in force which together with this renewal application shall constitute the complete application and shall be the basis of and form an integral part of the policy.

**VERY IMPORTANT:** It is important to declare to your present Insurer, any facts or circumstances that could eventually give rise to a claim.

Signed: \_\_\_\_\_  
Signature of duly authorized signing officer of the Organization

Date: \_\_\_\_\_

Title: