



**Directors and Officers Liability Insurance Application  
FOR MEMBERS OF VOLUNTEER CANADA  
Non-Profit Organizations with Annual Revenue/Budget Under \$5,000,000**

*\* Please contact Aon at 1-800-267-9364 if your organization has an annual revenue/budget over \$5,000,000.*

Name of Organization: \_\_\_\_\_

Contact Name \_\_\_\_\_ Volunteer Canada Membership Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Postal code: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Web Site: \_\_\_\_\_

2. Attach a list of all directors and officers. Briefly describe/explain the organization's operations. \_\_\_\_\_  
\_\_\_\_\_

3. Please provide the following information:

(a) For the last fiscal year-end, indicate the Total Revenue: \* \$ \_\_\_\_\_

(b) For the last fiscal year-end, indicate the Surplus or (deficit): \$ \_\_\_\_\_

4. Has any similar insurance to that proposed herein, on behalf of the organization, been declined, cancelled or not renewed?  
If Yes, give date(s) and attach details. YES  NO

5. (a) Has any claim or suit been made or is any claim now pending against the organization or any other person(s) proposed for this insurance? YES  NO

(b) Has any suit or legal action been filed by or on behalf of the organization against any person(s) proposed for this insurance? YES  NO

(c) Has the organization within the last three years been the subject of any inquiries, complaints, notices or hearings by any Federal or Provincial regulatory authority? YES  NO

(d) Is the undersigned or any other person(s) proposed for this insurance aware of any fact or circumstances involving the organization, the Directors or Officers of the organization which he/she has reason to believe might result in any future claim which would fall within the scope of the proposed insurance? YES  NO

If yes, to the above, attach details.

**WITHOUT LIMITATION TO ANY OTHER REMEDY AVAILABLE TO THE INSURERS, THE PROPOSED INSURANCE WILL NOT AFFORD COVERAGE TO ANY CLAIMS OF WHICH ANY PERSON PROPOSED FOR THIS INSURANCE HAS KNOWLEDGE NOR ANY CLAIMS RESULTING FROM ANY FACTS OR CIRCUMSTANCES OF WHICH ANY PERSON PROPOSED FOR THIS INSURANCE HAS KNOWLEDGE.**

The undersigned authorized officer of the organization, on behalf of the organization and all person(s) proposed for this insurance, declares that, to the best of his/her knowledge and belief, the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information from each and every person proposed for this insurance to facilitate the proper and accurate completion of this application form. The undersigned further agrees that if any significant change in the condition of the applicant is discovered between the date of this application form and the effective date of the policy, which would render this application form inaccurate or incomplete, notice of such change will be reported in writing to Great American Insurance Group Inc. immediately. Although the signing of this application form does not bind the undersigned on behalf of the organization or any person(s) proposed for this insurance, to effect insurance, the undersigned, on behalf of those person(s) proposed for this insurance and organization, agrees that this form and the information furnished pursuant hereto shall be the basis of the contract should a policy be issued and this form will be attached to and become part of the policy.

\_\_\_\_\_  
Signature of the President or Executive Officer

\_\_\_\_\_  
Date



**RENEWAL DATE FOR THE PROGRAM IS MARCH 31st**

**If you apply between March 31<sup>st</sup> and September 30<sup>th</sup>,  
circle one of the premiums from this column**

**If you apply between October 1<sup>st</sup> and March 30<sup>th</sup>,  
circle one of the premiums from this column**

Total Annual Revenue/Budget Between \$0 ~ \$50,000					
<b>LIMIT:</b>	\$500,000	1,000,000	2,000,000	3,000,000	5,000,000
<b>COST:</b>	\$353	\$448	\$733	\$923	\$1,303

Total Annual Revenue/Budget Between \$0 ~ \$50,000					
<b>LIMIT:</b>	\$500,000	1,000,000	2,000,000	3,000,000	5,000,000
<b>COST:</b>	\$189	\$237	\$379	\$474	\$664

Total Annual Revenue/Budget Between \$50,001 ~ \$100,000					
<b>LIMIT:</b>	\$500,000	1,000,000	2,000,000	3,000,000	5,000,000
<b>COST:</b>	\$543	\$733	\$923	\$1,065	\$1,493

Total Annual Revenue/Budget Between \$50,001 ~ \$100,000					
<b>LIMIT:</b>	\$500,000	1,000,000	2,000,000	3,000,000	5,000,000
<b>COST:</b>	\$284	\$379	\$474	\$545	\$759

Total Annual Revenue/Budget Between \$100,001 ~ \$250,000					
<b>LIMIT:</b>	\$500,000	1,000,000	2,000,000	3,000,000	5,000,000
<b>COST:</b>	\$690	\$909	\$1,399	\$1,705	\$2,777

Total Annual Revenue/Budget Between \$100,001 ~ \$250,000					
<b>LIMIT:</b>	\$500,000	1,000,000	2,000,000	3,000,000	5,000,000
<b>COST:</b>	\$358	\$467	\$712	\$865	\$1,401

Total Annual Revenue/Budget Between \$250,001 ~ \$500,000					
<b>LIMIT:</b>	\$500,000	1,000,000	2,000,000	3,000,000	5,000,000
<b>COST:</b>	\$780	\$1,001	\$1,552	\$1,877	\$3,084

Total Annual Revenue/Budget Between \$250,001 ~ \$500,000					
<b>LIMIT:</b>	\$500,000	1,000,000	2,000,000	3,000,000	5,000,000
<b>COST:</b>	\$403	\$513	\$789	\$951	\$1,555

Total Annual Revenue/Budget Between \$500,001 ~ \$750,000					
<b>LIMIT:</b>		\$1,000,000	2,000,000	3,000,000	5,000,000
<b>COST:</b>		\$1,123	\$1,724	\$2,060	\$3,390

Total Annual Revenue/Budget Between \$500,001 ~ \$750,000					
<b>LIMIT:</b>		\$1,000,000	2,000,000	3,000,000	5,000,000
<b>COST:</b>		\$574	\$875	\$1,043	\$1,708

Total Annual Revenue/Budget Between \$750,001 ~ \$1,000,000					
<b>LIMIT:</b>		\$1,000,000	2,000,000	3,000,000	5,000,000
<b>COST:</b>		\$1,246	\$1,897	\$2,262	\$3,697

Total Annual Revenue/Budget Between \$750,001 ~ \$1,000,000					
<b>LIMIT:</b>		\$1,000,000	2,000,000	3,000,000	5,000,000
<b>COST:</b>		\$636	\$961	\$1,144	\$1,861

Total Annual Revenue/Budget Between \$1,000,001 ~ \$2,000,000					
<b>LIMIT:</b>		\$1,000,000	2,000,000	3,000,000	5,000,000
<b>COST:</b>		\$1,491	\$2,275	\$2,716	\$4,003

Total Annual Revenue/Budget Between \$1,000,001 ~ \$2,000,000					
<b>LIMIT:</b>		\$1,000,000	2,000,000	3,000,000	5,000,000
<b>COST:</b>		\$758	\$1,150	\$1,371	\$2,014

Total Annual Revenue/Budget Between \$2,000,001 ~ \$3,000,000					
<b>LIMIT:</b>		\$1,000,000	2,000,000	3,000,000	5,000,000
<b>COST:</b>		\$1,797	\$2,716	\$3,255	\$4,310

Total Annual Revenue/Budget Between \$2,000,001 ~ \$3,000,000					
<b>LIMIT:</b>		\$1,000,000	2,000,000	3,000,000	5,000,000
<b>COST:</b>		\$911	\$1,371	\$1,640	\$2,168

Total Annual Revenue/Budget Between \$3,000,001 ~ \$5,000,000					
<b>LIMIT:</b>		\$1,000,000	2,000,000	3,000,000	5,000,000
<b>COST:</b>		\$2,152	\$3,255	\$3,905	\$4,615

Total Annual Revenue/Budget Between \$3,000,001 ~ \$5,000,000					
<b>LIMIT:</b>		\$1,000,000	2,000,000	3,000,000	5,000,000
<b>COST:</b>		\$1,084	\$1,640	\$1,965	\$2,320

\* A \$25.00 Administration fee is **already included** in all costs shown above

<b>THE FOLLOWING PROVINCES ARE SUBJECT TO PROVINCIAL SALES TAX:</b> <b>Ontario</b> Residents add 8% Sales Tax, <b>Quebec</b> Residents add 9% Sales Tax, <b>All other provinces are exempt. GST is not applicable</b> <b>All CHEQUES payable to Aon Reed Stenhouse Inc. or complete CREDIT CARD AUTHORIZATION.</b>	<b>COST</b>	\$.....
	<b>TAX</b>	\$.....
	<b>TOTAL ENCLOSED</b>	\$.....

**AUTHORIZATION FOR CREDIT CARD CHARGE:**

VISA - M/C Account No. _____ / _____ / _____	EXPIRY DATE: .....
SIGNATURE .....	TOTAL CHARGE: .....

**Please remit application, list of directors and officers and applicable payment to:**

**Aon Reed Stenhouse, Inc.**  
 Dept 700600 P.O. Box 3309, MIP Markham, ON L3R 6G6  
 Toll Free: 1-877-766-3104; Fax: 1-877-766-9075  
 E-Mail: [vcan.insurance@aon.ca](mailto:vcan.insurance@aon.ca)

