



Return to:
Aon Reed Stenhouse, Inc.
 710-1525 Carling Avenue, Ottawa, ON K1Z 8R9;
 Telephone: (613) 722-7070; Facsimile: (613) 722-2570
 Toll Free: 1-800-267-9364; E-Mail: group.programs@aon.ca



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

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

NOTE: All questions must be completed in their entirety and the information requested in the "Attachments" section must be submitted with this application.

GENERAL INFORMATION

Is your Organization a member of Volunteer Canada? YES NO

1. (a) Name: _____

(b) Address: _____

Postal Code: _____ Telephone: _____ Facsimile: _____

(c) Describe the organization's legal structure (corporation, association, foundation, professional, trade, or service, etc.), purpose(s) and the nature of operations: _____

(d) Incorporated under the laws of: _____ Date: _____

FINANCIAL

2. (a) Is the organization in arrears in its payments of monies payable to Revenue Canada or the provincial ministries of revenue (including source deductions, G.S.T. and P.S.T.)? YES NO

(b) Is the organization currently or has it at any time during the past three years been in breach of any of its debt covenants, loan agreements, contractual obligations, or does it anticipate any such breach occurring within the next twelve months? YES NO

If yes to (a) or (b), attach details.

(c) For the current year, indicate:

(i) Estimated revenues * \$ _____

(ii) Estimated surplus or (deficit) \$ _____

OPERATIONAL ACTIVITIES

3. Please provide the following information concerning the organization:

(a) Total number of employees: _____

(b) Total number of volunteers: _____

4. Does the organization or any person(s) proposed for this insurance perform the following (If yes, please explain):

(a) Provide counselling services, referral services, legal aid services, computer services, or medical services to its members or the public? YES NO

OPERATIONAL ACTIVITIES (continued)

(b) Promote or sponsor any type of group travel, conventions, parades or other similar events, or assume any liability in connection therewith? YES NO

(c) Promote, sponsor or provide any form of insurance to its members or non-members? YES NO

(d) Engage in any form of research, development, experimentation or testing? YES NO

(e) Act as or participate in a peer review group or committee for assessing the qualifications and performance of others or the quality of product manufactured, sold, handled or distributed by others? YES NO

(f) Take any disciplinary action or recommend disciplinary action as a result of peer review group activities? YES NO

(g) Develop standards used to evaluate the quality of goods, products manufactured or services rendered? YES NO

(h) Promote any specific product to association members which will produce a profit for the association? YES NO

(i) Publish any magazines, periodicals or newsletters? (If yes, attach a copy.) YES NO

(j) Publish a technical manual? (If yes, attach a copy.) YES NO

(k) Engage in activities such as lobbying or labour negotiations? YES NO

PRIOR D&O INSURANCE

5. (a) Has any similar insurance to that proposed herein been declined, cancelled or renewal thereof refused? YES NO
If yes, attach details.

(b) Have any claims, or facts or circumstances which might reasonably give rise to a claim, been reported to the current or previous Directors and Officers liability insurance carrier(s)? YES NO
If yes, attach details.

(c) Previous Directors and Officers Liability Insurance

Insurer(s)	Expiration Date	Limit	Retention	Premium
------------	-----------------	-------	-----------	---------

PRIOR KNOWLEDGE

- 6. (a) Has any claim been made or is any claim now pending against any Director or Officer or 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 circumstance involving the organization, its subsidiaries or the Directors or Officers or the trustees, employees, volunteers or committee members of the organization or it subsidiaries which he/she has reason to believe might result in any future claim? YES NO

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.

ATTACHMENTS

Please submit one copy of each of the following documents which will be considered to be part of this application:

- (a) latest annual report including audited financial statements;
- (b) latest interim financial statement available;
- (c) copy of the organization's by-laws and constitution;
- (d) complete list of subsidiaries (any corporation of which the organization owns more than fifty percent (50%) of the voting stock) and indicate if any operate for profit;
- (e) complete list of duly elected or appointed Directors/Trustees and Officers of the organization.
- (f) complete list of committees responsible to the Board of Directors and provide a brief description of each committee's functions.

NOTE: With respect to (d), (e) and (f) above, notwithstanding the content of the lists submitted and subject to the terms and conditions of the proposed insurance, coverage will only be afforded to those companies and individuals that fit within the applicable policy definitions.

DECLARATIONS

The undersigned declares:

- (a) that he/she is duly authorized to complete this application and that the statements set forth herein are true and complete;
- (b) 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;
- (c) that the financial statements submitted with this application are representative of the current financial position of the organization (if not, attach details).

The undersigned agrees:

- (a) that if the information supplied on this application changes between the date of this application and the effective date of the policy, he/she will provide written notice of such changes immediately to Great American Insurance Group and, without limitation to any other remedy, Great American Insurance Group may withdraw or modify any outstanding quotations, and any authorization or agreement to bind coverage;
- (b) that should a policy be issued, this application and its attachments shall form part of the policy.

Signature

Capacity (President or Executive Director)

Date

Organization