



Directors and Officers Liability Insurance Application
FOR VOLUNTEER CENTRES
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



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

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

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

Total Annual Revenue/Budget Between \$0 ~ \$50,000					
LIMIT:	\$500,000	1,000,000	2,000,000	3,000,000	5,000,000
COST:	\$255	\$321	\$521	\$654	\$920

Total Annual Revenue/Budget Between \$0 ~ \$50,000					
LIMIT:	\$500,000	1,000,000	2,000,000	3,000,000	5,000,000
COST:	\$140	\$173	\$273	\$340	\$473

Total Annual Revenue/Budget Between \$50,001 ~ \$100,000					
LIMIT:	\$500,000	1,000,000	2,000,000	3,000,000	5,000,000
COST:	\$388	\$521	\$654	\$753	\$1,053

Total Annual Revenue/Budget Between \$50,001 ~ \$100,000					
LIMIT:	\$500,000	1,000,000	2,000,000	3,000,000	5,000,000
COST:	\$207	\$273	\$340	\$389	\$539

Total Annual Revenue/Budget Between \$100,001 ~ \$250,000					
LIMIT:	\$500,000	1,000,000	2,000,000	3,000,000	5,000,000
COST:	\$491	\$644	\$987	\$1,201	\$1,951

Total Annual Revenue/Budget Between \$100,001 ~ \$250,000					
LIMIT:	\$500,000	1,000,000	2,000,000	3,000,000	5,000,000
COST:	\$258	\$335	\$506	\$613	\$988

Total Annual Revenue/Budget Between \$250,001 ~ \$500,000					
LIMIT:	\$500,000	1,000,000	2,000,000	3,000,000	5,000,000
COST:	\$554	\$708	\$1,094	\$1,321	\$2,166

Total Annual Revenue/Budget Between \$250,001 ~ \$500,000					
LIMIT:	\$500,000	1,000,000	2,000,000	3,000,000	5,000,000
COST:	\$290	\$367	\$560	\$673	\$1,096

Total Annual Revenue/Budget Between \$500,001 ~ \$750,000					
LIMIT:		\$1,000,000	2,000,000	3,000,000	5,000,000
COST:		\$794	\$1,214	\$1,450	\$2,381

Total Annual Revenue/Budget Between \$500,001 ~ \$750,000					
LIMIT:		\$1,000,000	2,000,000	3,000,000	5,000,000
COST:		\$410	\$620	\$738	\$1,203

Total Annual Revenue/Budget Between \$750,001 ~ \$1,000,000					
LIMIT:		\$1,000,000	2,000,000	3,000,000	5,000,000
COST:		\$1880	\$1,335	\$1,591	\$2,595

Total Annual Revenue/Budget Between \$750,001 ~ \$1,000,000					
LIMIT:		\$1,000,000	2,000,000	3,000,000	5,000,000
COST:		\$953	\$680	\$808	\$1,310

Total Annual Revenue/Budget Between \$1,000,001 ~ \$2,000,000					
LIMIT:		\$1,000,000	2,000,000	3,000,000	5,000,000
COST:		\$1,051	\$1,600	\$1,909	\$2,810

Total Annual Revenue/Budget Between \$1,000,001 ~ \$2,000,000					
LIMIT:		\$1,000,000	2,000,000	3,000,000	5,000,000
COST:		\$538	\$813	\$967	\$1,418

Total Annual Revenue/Budget Between \$2,000,001 ~ \$3,000,000					
LIMIT:		\$1,000,000	2,000,000	3,000,000	5,000,000
COST:		\$1,265	\$1,909	\$2,286	\$3,025

Total Annual Revenue/Budget Between \$2,000,001 ~ \$3,000,000					
LIMIT:		\$1,000,000	2,000,000	3,000,000	5,000,000
COST:		\$645	\$1,467	\$1,156	\$1,525

Total Annual Revenue/Budget Between \$3,000,001 ~ \$5,000,000					
LIMIT:		\$1,000,000	2,000,000	3,000,000	5,000,000
COST:		\$1,514	\$2,286	\$2,741	\$3,238

Total Annual Revenue/Budget Between \$3,000,001 ~ \$5,000,000					
LIMIT:		\$1,000,000	2,000,000	3,000,000	5,000,000
COST:		\$770	\$1,265	\$1,383	\$1,632

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

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

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 Telephone Number: 1-877-766-3104
Fax Number: 1-877-766-9075
ycan.insurance@aon.ca

