

Risk Profile:

This coverage is intended for risks that fall within Ecclesiastical's target classes (places of worship, retirement homes, charities, schools, daycares) and do not operate for a profit. For-profit entities are not eligible for this coverage and should apply for Ecclesiastical's For-Profit D&O coverage using the appropriate application.

-THIS IS A POLICY OF INSURANCE FOR CLAIMS FIRST MADE AND REPORTED TO US DURING THE POLICY PERIOD. THIS IS NOT AN OCCURRENCE-BASED POLICY-

- A. Please answer the following questions on behalf of your organization
- B. The application must be signed and dated by an authorized officer of your organization
- C. PLEASE READ THE STATEMENT AT THE END OF THE APPLICATION CAREFULLY

1. DETAILS OF APPLICANT

Name of Broker/Producer			
Full Legal Name of the Applicant			
Address of Applicant		Postal Code:	
Town/City		Province:	
Applicant's Website Address			
Contact Name & Title			
Contact Telephone Number			
Contact E-mail Address			
What does the Applicant do?			
Has the Applicant made any acquisitions or disposals during the past five (5) years?			

2. COVERAGE/LIMITS REQUIRED

Policy Year:	Effective Date	<input type="text"/>	Expiry Date	<input type="text"/>
Limit of Liability \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$5,000,000 <input type="checkbox"/> Other <input type="checkbox"/> Please indicate: \$ <input type="text"/>				

3. ORGANIZATIONAL DETAILS

Date Established:	<input type="text"/>
Does the organization have any subsidiaries or affiliated companies? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', please provide details:	

Identify source(s) of funds & percent of revenues applicable to each:

Source of funds	% of Revenue
	%
	%
	%

Total budget from all sources for the next 12 months \$

Number of members:

Number of advisory board members:

Does the organization publish any magazines, periodicals or bulletins? Yes No
If 'Yes', list below and attach sample copies with application:

Does the organization have any activities outside of Canada? Yes No If 'Yes', please describe:

Does the organization engage in advertising, broadcasting or reproduction of copyrighted materials on behalf of the organization or members? Yes No If 'Yes', please describe:

Does the organization operate as a Registered Charity in Canada? Yes No If 'Yes', please provide your BN/Registration Number:

Has the organization's charitable status ever been revoked? Yes No If 'Yes', please provide details:

Does the organization hire professional fund-raisers? Yes No If 'Yes', please provide details:

Does the organization engage in operations that would bring it within the scope of anti-terrorism or money-laundering legislation? Yes No
If 'Yes', please provide details:

Does the organization have an established written protocol setting out how disciplinary proceedings are conducted in cases of misconduct of members or volunteers? Yes No If 'Yes', please attach a copy.

Have there been any changes in the Board of Directors or Senior Management of the organization in the last three (3) years for reasons other than death or retirement at standard age? Yes No If 'Yes', please provide further information:

A Copy of The Organization's By-Laws must be enclosed with this application: Enclosed? Yes No

4. PROFESSIONAL AND FINANCIAL

Do you retain a lawyer? Yes No

Do you use a qualified independent accountant to perform audits? Yes No

Do you use the services of a qualified independent financial advisor? Yes No

Has the organization at any time during the past five (5) years been in breach of any of its debts, covenants or loan agreements? Yes No
 If 'Yes', furnish details (on separate sheet if necessary):

A Copy of The Organization's Latest Audited Financial Statement(s) must be enclosed with this application: Enclosed? Yes No

5. EMPLOYMENT PRACTICES

Number of employees: Number of volunteers: Are employees unionized? Yes No

How many employees or officers have been terminated in the past two (2) years?

Are employees given warnings prior to termination? Yes No If 'Yes', are they verbal or written? Verbal Written

6. PREVIOUS INSURANCE INFORMATION

Current Insurance	Limit of Policy	Name of Insurer	Expiry Date	Retroactive Date (If Applicable)
Directors' and Officers Liability	\$			
Professional Errors & Omissions	\$			
Commercial General Liability (CGL)	\$			

7. DECLARATIONS

(a) There are no pending or past claims against the Organization, or any Person(s) proposed for insurance in the capacity of director, officer, employee or committee member of the Organization which, if insurance had been in force similar to that now proposed, would have fallen within the scope of such insurance, except as follows:

If no such claims, check here:

(b) In the past five (5) years, no Insurer has declined, cancelled or non-renewed similar insurance except as follows:

If no such circumstances, check here:

(c) The corporation has not at any time during the past five (5) years been in breach of its debts, covenants or loan agreements, except as follows:

If no such circumstances, check here:

(d) No person proposed for this insurance is cognizant of any wrongful act or circumstance which he/she has reason to suppose might afford grounds for any future claim which would fall within the scope of the proposed insurance, except as follows:

If no such knowledge, check here:

(e) No fact, circumstance or situation indicating the possibility of a claim or action against which indemnification is or would be afforded by the proposed insurance is now known to any Officer of this organization, except as follows:

If no such circumstances, check here:

8. SIGNATURE AND VERIFICATION

It is agreed by all concerned that if there is knowledge of any such fact as stated in section 7(e) above, circumstance or situation, any claim or action subsequently emanating there from shall be excluded from coverage under the policy.

Signing of the proposal does not bind the undersigned to complete the insurance but it is agreed that this form 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.

Material Change

In the event that there is any material change in the answers given to the questions contained in this application prior to the inception of the policy, the Applicant must notify the Underwriters in writing and the Underwriters may revoke, or effect changes to, the quotation provided.

COVERAGE CANNOT BE BOUND UNLESS THIS APPLICATION HAS BEEN FULLY COMPLETED AND DULY SIGNED AND DATED AND IS ACCEPTED BY THE INSURER

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Ecclesiastical Insurance Office plc's insurance business in Canada.

Name & Title of Signing Officer

Signature of Authorized Signing Officer

Date

