

Please complete this application in its entirety, as the responses given are material to the provision of terms. There is space for more details in the Additional Information Section at the end of the application. Coverage(s) may be provided on a claims-made basis.

Named Insured: _____
 Street Address: _____
 City: _____ Province: _____ Postal Code: _____
 Contact: _____ Email: _____ Phone: _____

Section 1: Non-Profit Directors & Officers Liability

1. How many directors and officers sit on your board of directors? _____
2. Are you in arrears in your payment of funds payable to Canada Revenue Agency or any the provincial ministries of revenue (including source deductions, GST, PST, or HST)? Yes No
3. Have you defaulted on any loans or fallen in breach of any debt covenants in the past 5 years or anticipate such breach occurring in the next 12 months? Yes No
4. Do you have plans to wind up your organisation in the next 12 months? Yes No
5. Do you have a fiduciary responsibility for your employee pension plan? Yes No
6. In the past 24 months have there been any or are you planning any layoffs in the next 12 months? Yes No
7. Have there been any changes in the past 12 months or do you anticipate changes in:
 - a. Your subsidiaries, whether being added or removed? Yes No
 - b. The number of directors and officers? Yes No
 - c. Your basis of funding? Yes No

Please include with your application your latest financial statements and list of duly elected directors and officers.

Without limitation or any other remedy available to the insurers, the applied for insurance will not afford coverage to any claims which any insured has knowledge nor any claims resulting from any facts or circumstances of which any insured has knowledge.

Section 2: Claims History

1. Have you ever had a claim against your organisation’s insurance policies? If Yes, please provide details including date of loss, amount paid or held in reserve, and description of allegation. Yes No
2. Are you aware of any incidents or circumstances that could potentially give rise to a claim? If Yes, please provide details. Yes No

Section 3: Prior Insurance

1. Have you ever been declined coverage, cancelled or non-renewed for insurance requested in this application? Yes No

Privacy Policy

By signing this form, you are consenting to the collection, use, disclosure, and retention of your personal information for the purposes of underwriting and rating, policy issuance, processing and remitting premium, reporting claims, complying with applicable laws and governing bodies, reporting and monitoring results and fraud and criminal prevention. Please see www.signalunderwriting.com/privacy-statement for our External Privacy Policy.

Declarations

I/We, the undersigned, do declare and warrant that all statements and responses provided in this application and the attached addenda are to the best of my/our knowledge are true. Further, I/we warrant that no information has been withheld, suppressed or misstated any material facts that the underwriters may come to rely upon. I/We will notify the underwriters as soon as practicable if anything material is to change. I/We hereby agree and accept that this Declaration shall be the basis of such contract and will form part of the policy. Signing this application does not bind the underwriters or insurers to complete the insurance, nor does it bind the me/us to purchase the quoted coverage.

For British Columbia residents: Signal Underwriting Inc. operates as Signal Underwriting Services in British Columbia.

For Quebec and New Brunswick residents: Signing this Declaration confirms your request that all documentation and correspondence pertaining to the insurance coverage be in the English language.

Name (please print)	Title	Date
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Signature