

RENEWAL APPLICATION FOR
NON-PROFIT DIRECTORS & OFFICERS LIABILITY (ND&O) OR
NON-PROFIT PROFESSIONAL INDEMNITY LIABILITY (NPPI)

- Please complete all questions – If no answer available, please write “not applicable” in the space provided.
- Where space provided is insufficient to fully answer, please attach additional sheet(s).
- Attach the following additional information:
 - Latest annual report including financial statements (prepared by an outside source and/or audited)
 - Copy of minutes from most recent Annual General Meeting
 - Complete list of Directors & Officers

1. Name of Applicant _____ Policy No. _____ Expiry Date
/ /

2. Address of main office: _____

3. Purpose of organization and nature of operations / services provided.

4. Does the organization have any activities outside of Canada?
 Yes No If yes, provide full details:

5. Does the organization have any subsidiaries and/or affiliated organizations? Yes No
If yes, attach full details, indicating whether profit or non-profit and the nature of operations for each.

6. Operating budget (revenue plus cash assets):
Current year: \$ _____ Projected for next year: \$ _____

Indicate the percentage of funds received from the following sources:

Government funding	_____	Fees for services	_____
Dues from members	_____	Donations / contributions	_____
Other (please specify)	_____	Are donations solicited?	<input type="checkbox"/> Yes <input type="checkbox"/> No

7. Indicate the total number of:

Directors	_____	Officers	_____	Members	_____
Professionals	_____	Employees	_____	Volunteers	_____

8. Does the organization or any person(s) proposed for this insurance perform any of the following:
If yes, please attach additional information.
- (a) Provide counseling, referral, legal aid, computer or medical services? Yes No
 - (b) Promote or sponsor any type of group travel, conventions, parades or
or other similar events or assume any liability in connection therewith? Yes No
 - (c) Engage in any form of research, development, experimentation or testing? Yes No
 - (d) Take any disciplinary action or recommend disciplinary action as a result
of peer review group activities? Yes No
 - (e) Promote any specific products to association members, which will produce
a profit for the association? Yes No
 - (f) Publish any magazines, periodicals or newsletters? (If yes, attach a copy). Yes No
 - (g) Publish a technical manual? (If yes, attach a copy). Yes No
 - (h) Engage in activities such as lobbying or labor negotiations? Yes No
9. Has any claim been made or is a claim now pending against the organization or any person proposed
for this insurance?
- Yes No If yes, provide full details.
10. 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 If yes, provide full details.
11. Does the organization or any other person(s) proposed for this insurance have knowledge or
information of any actual or alleged negligent act, error, omission, misstatement or misleading
statement or breach of duty which might give rise to a future claim?
- Yes No If yes, provide full details.

DECLARATION

The undersigned declares that all statements made in the Application and the information contained in documents submitted with it are true. Signing of this document does not bind the Applicant to complete the insurance, but it is agreed that the Application shall be the basis of the contract, should a policy be issued.

Signature

Title or Position

Date

**MUST BE SIGNED BY THE PRESIDENT
OR CHAIRMAN OF THE BOARD OR THE
EXECUTIVE DIRECTOR.**