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 K&K Insurance Brokers Inc., Canada

NEW BUSINESS APPLICATION FOR NON-PROFIT ORGANIZATION AND EMPLOYMENT PRACTICES LIABILITY

GENERAL INFORMATION

1. Name of Applicant: _____

2. Address of main office: _____

3. Date organized: _____ 4. Conducted business continuously since: _____

5. Incorporated under the laws of: _____ Date: _____

6. Nature of Operations: _____

7. Does the organization have activities outside of Canada? *If yes, attach details.* Yes No

8. 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.

FINANCIAL INFORMATION

9. Please complete the table below with information from the most recent consolidated fiscal year-end financial statements

	Total Assets	Total Liabilities	Total Revenues	Net Income
This year	\$	\$	\$	\$
Last year	\$	\$	\$	\$

10. Has the organization filed an Income Tax return for any of the last five years? Yes No
If yes, have the returns been accepted as filed? Yes No

11. In the past 3 years has the organization been in arrears in its payments of monies payable to Revenue Canada or the provincial ministries of revenue (including source deductions, GST and PST)? Yes No

12. Is the organization currently or has it at any time during the past three years been in breach of any debt covenant, loan agreement, contractual obligation or does it anticipate any such breach occurring within the next twelve months? *If yes, attach full details.* Yes No

OPERATIONS

13. Does the organization or any person(s) proposed for this insurance perform any of the following:
If yes, please attach additional information.

- Is the organization a licensing body for its members? Yes No
- Take any disciplinary action or recommend disciplinary action as a result of peer review group activities? Yes No
- Promote any specific products to association members, which will produce a profit for the association? Yes No
- Publish any magazines, periodicals, technical manuals, or engage in broadcasting or reproduction of copyright? Yes No
- Engage in activities such as labor negotiations or collective bargaining? Yes No

EMPLOYMENT PRACTICES

14. Indicate the total number of: Directors & Officers _____ Employees _____ Volunteers _____

15. Total number of employees with total annual compensation greater than \$100,000? _____

16. Have there been any layoffs or staff reductions in the past 12 months or does the organization anticipate any in the next 2 years? *If Yes, please attach full details.* Yes No

17. Does the organization have guidelines, policies, procedures that have been vetted by a lawyer having expertise in employment law? Yes No

18. Does the organization provide formal training for the supervisors administering these guidelines, policies and procedures? Yes No

19. Does the organization have a formal termination procedure in place? Yes No

20. Does the organization have a zero tolerance sexual harassment policy? Yes No

COVERAGE DETAILS

21. Provide details of all Directors & Officers Liability Insurance carried in the past three years:

<u>Insurer</u>	<u>Policy Period</u>	<u>Limit of Liability</u>	<u>Deductible</u>	<u>Premium</u>
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

22. During the past five years, has the organization had similar insurance declined, cancelled, non-renewed or refused? Yes No
If Yes, attach full details.

CLAIMS EXPERIENCE AND PAST INCIDENTS

23. Has any claim been made or is a claim now pending against the organization or any person proposed for this insurance?

If Yes, attach full details.

Yes No

24. Has any suit or legal action been filed by or on behalf of the organization against any person(s) proposed for this insurance?

If Yes, attach full details.

Yes No

25. 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?

If Yes, attach full details.

Yes No

It is agreed that any claim or action arising from any negligent act, error or omission, misstatement or misleading statement, or breach of duty, which is known to any Director or Officer prior to issuance of the policy shall be excluded from coverage.

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 of duly authorized signing Officer

Title or Position

Date