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 K&K Insurance Brokers Inc., Canada

RENEWAL APPLICATION FOR NON-PROFIT ORGANIZATION AND EMPLOYMENT PRACTICES LIABILITY

GENERAL INFORMATION

1. Name of Applicant: _____

2. Address of main office: _____

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

FINANCIAL INFORMATION

4. 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	\$ _____	\$ _____	\$ _____	\$ _____

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

6. 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

7. 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

8. Since the date of last application have there been any significant changes, or are there any anticipated changes in the next twelve months, in the following areas:

Scope of operations?
If Yes, please attach details. Yes No

Acquisition, creation or divestiture of subsidiaries?
If Yes, please attach details. Yes No

EMPLOYMENT PRACTICES

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

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

11. 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

CLAIMS EXPERIENCE AND PAST INCIDENTS

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

If Yes, please attach details.

Yes No

13. 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, please attach details.

Yes No

14. 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, please attach details.

Yes No

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