



Federation of Ontario Cottagers' Associations



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## APPLICATION FOR NON PROFIT DIRECTORS AND OFFICERS LIABILITY

*Please print clearly*

1. Name of Association \_\_\_\_\_  
 Contact Name \_\_\_\_\_ Position \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Tel No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
 E-Mail \_\_\_\_\_

2. Date organized \_\_\_\_\_  
 Conducted business continuously since \_\_\_\_\_

3. Legal Structure ( corporation, association, foundation, etc.) Incorporated \_\_\_\_\_  
 Not Incorporated \_\_\_\_\_

4. Limit of liability requested: \_\_\_\_\_ \$3,000,000. \_\_\_\_\_ \$5,000,000

5. Size of operating budget (revenue plus cash assets) \$ \_\_\_\_\_  
 Indicate the percentage of funds received from the following sources:  
 Federal, provincial, local government: \_\_\_\_\_% Other \_\_\_\_\_%  
 Fees for services: \_\_\_\_\_% Dues from members: \_\_\_\_\_%  
 Donations, contributions from the general public \_\_\_\_\_%

6. Number of: Directors \_\_\_\_\_ Officers \_\_\_\_\_ Professionals \_\_\_\_\_  
 Volunteers \_\_\_\_\_ Members \_\_\_\_\_ Clerical Employees \_\_\_\_\_

7. Does the organization have any stockholders or persons who profit from the operation other than salaried employees?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, provide details

\_\_\_\_\_

8. List all subsidiaries and affiliated organizations indicating whether profit or non-profit and nature of operations:

\_\_\_\_\_

\_\_\_\_\_

9. Name of auditor/accountant \_\_\_\_\_

How often is an audit done? \_\_\_\_\_

Has the organization changed its auditor/accountant in the last 5 years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide full details \_\_\_\_\_

10. a) Has the organization filed a Federal Income Tax Return for any of the last 5 years \_\_\_\_\_ Yes \_\_\_\_\_ No

b) If yes, have the returns been accepted as filed? \_\_\_\_\_ Yes \_\_\_\_\_ No.

If no, provide full details \_\_\_\_\_

11. Are any of the Directors or Officers or any other person(s) proposed for this insurance indebted to the Organization?  
Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, provide full details)

\_\_\_\_\_

12. a) How frequently does the Board of Directors meet \_\_\_\_\_

b) How many Board members must be present to constitute a quorum \_\_\_\_\_

c) Are Meeting agenda and minutes of previous Board meeting and Board committee meeting distributed to each director at least 10 days prior to each Board meeting date \_\_\_\_\_ Yes \_\_\_\_\_ No

d) Describe the procedures which are in place to keep the Directors and Officers informed of new developments, operations, results etc .between meetings

\_\_\_\_\_

\_\_\_\_\_

e) Does each Director have a formal job description which clearly defines his/her scope of duties

\_\_\_\_\_ Yes \_\_\_\_\_ No

f) Indicate the source of the Board's legal advice \_\_\_\_\_

\_\_\_\_\_

13. Provide details of Directors and Officers Liability Insurance carried in the past three years

Insurer	Policy Period	Limit	Deductible	Premium
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

14. During the past five years, has the organization had similar insurance declined, cancelled, non-renewed or refused \_\_\_\_\_ Yes \_\_\_\_\_ No.

If yes, provided details \_\_\_\_\_  
\_\_\_\_\_

15. a) 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)

\_\_\_\_\_

b) 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)

\_\_\_\_\_

c) Does the organization or any other person(s) proposed for this insurance have knowledge or information of any actual or alleged error, omission, negligent act, misstatement or misleading statement, breach of duty or neglect of duty which might give rise to a future claim? \_\_\_\_\_ Yes \_\_\_\_\_ No ( If yes, please provide full details)

\_\_\_\_\_

16. It is agreed that any claim or action arising from an error, omission, negligent act, misstatement or misleading statement, breach of duty or neglect 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. The undersigned also declares that all officers and directors acknowledge the contents of Question 15 and that each of them has attested to the accuracy of the response given. Signing of this document does not bind the Applicant or the Insurer to complete the insurance, but it is agreed that the Application shall be the basis of the contract, should a policy be issued.

SIGNED, SEALED AND DELIVERED this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Association

\_\_\_\_\_  
Duly Appointed Representative



