



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



