

# Chubb Not for Profit Organization Liability Coverage Application

For Not for Profit Organizations with fewer than 250 employees)

**Not for Profit Organization Liability Coverage is written on a claims made basis. The policy will cover only claims first made during the Policy Period. Except as may be required by the Laws of the Province of Quebec, the Limits of Liability may be completely exhausted by the cost of legal defence and any deductible is similarly reduced and may be exhausted by defence costs. Please read the policy carefully.**

Whenever used in this Application, the term “**Applicant**” means the Organization applying for this insurance and all of its subsidiaries, unless otherwise stated.

## I. General Information

Name of <b>Applicant</b>		
<b>Applicant’s</b> web-site address		
Address		
Province and date of incorporation		
Describe the <b>Applicant’s</b> legal structure (Corporation, Association, Society, Trust, LLC, or Partnership, etc.)		
<b>Applicant’s</b> nature of operations		
<b>Applicant’s</b> countries of operations		
<b>Applicant’s</b> financial information for the(yyyy) year end	Total Revenue	\$
	Total Assets	\$

Requested Limit	\$
Requested Deductible	\$
Requested Effective Date	

## II. Operational Information

1.	Is the <b>Applicant</b> exempt from Federal and Provincial Income Taxes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Is there or has there ever been any dispute as to the <b>Applicant’s</b> tax exempt status?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Is the <b>Applicant</b> in arrears in its payments of monies payable to Revenue Canada or the provincial ministries of revenue (including source deductions, G.S.T. and P.S.T.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

4.	Does the <b>Applicant</b> have any for-profit subsidiaries or control any other for-profit entity for which it is requesting coverage under this policy? If yes, please attach a description of the operations and ownership of each such entity.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Does the <b>Applicant</b> perform or engage in any of the following:	
	Professional Services, including but not limited to: Counselling services, referral services, legal services, computer services, or medical services to either its members or to the public?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Promotion, sponsorship or providing of any form of insurance to its members or non-members?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Promotion of any product or service to members to produce revenue for the <b>Applicant</b> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Any form of research, development, experimentation or testing, or licensing of intellectual property to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Activities such as lobbying or labour negotiations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Any rule making, peer review, certification, standard setting, accreditation, credentialing, licensing or disciplinary activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes to any question in Question 5, please explain by way of attached schedule to this Application.	
6.	In the next 12 months (or during the past 18 months) is the <b>Applicant</b> contemplating (or has the <b>Applicant</b> completed or been in the process of completing):	
	Any reorganization or arrangement with creditors under federal, provincial, territorial or state law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Any branch, location, facility, or office closings, consolidations or layoffs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes to any part of Question 6, please explain by way of attached schedule to this Application.	

### III. Employment Information

7.	Employee count:		
	<b>Location</b>	<b>Number of Employees</b>	<b>Number of Volunteers</b>
	Canada		
	United States		
	Other (specify):		
	Total		
8.	Has the <b>Applicant</b> reduced its workforce by more than 5% during the past twelve months?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes to Question 8, please explain by way of attached schedule to this Application.		
9.	Does the <b>Applicant</b> have written policies or procedures in place regarding:		
	Equal opportunity or equal pay employment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Discrimination	<input type="checkbox"/> Yes <input type="checkbox"/> No	

	Sexual harassment	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No to any part of Question 9, please explain by way of attached schedule to this Application.		
10.	Does the <b>Applicant</b> have established written policies or procedures outlining employee conduct when dealing with third parties, including responding to complaints of discrimination or harassment?	<input type="checkbox"/> Yes <input type="checkbox"/> No

#### IV. Fiduciary Information

11.	Please complete the following information regarding the <b>Applicant's</b> employee benefit plan(s).			
*Types of Plans	DC = Defined Contribution Plan			
	DB = Defined Benefit Plan			
	EB = Executive Benefit Plan, Supplemental Executive Retirement Plan or Top Hat Plan			
	If the <b>Applicant</b> has none of the types of plans listed above, please state None.			
Plan Name	Type of Plan*	Plan Assets (Current Year)	Under funded by more than 25%? (DBP Only)	Number of Plan Participants
	<input type="checkbox"/> DC <input type="checkbox"/> DB <input type="checkbox"/> EB	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> DC <input type="checkbox"/> DB <input type="checkbox"/> EB	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> DC <input type="checkbox"/> DB <input type="checkbox"/> EB	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12.	In the past three years, has the <b>Applicant</b> merged, terminated or frozen any plan(s)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Do the plans conform to the standards of eligibility, participation, vesting, funding and other provisions of, in Canada, the Pension Benefits Standards Act, 1985 and any similar provincial statute, or, in the U.S., ERISA?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes to Question 12 or No to Question 13, please explain by way of attached schedule to this Application.				

#### V. Past Activities

14.	Within the last five years, has the <b>Applicant</b> , its directors, officers and/or any other proposed insured person received any complaint, suit, inquiry, notice or hearing by any party including any Federal or Provincial regulatory authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Within the last five years, has the <b>Applicant</b> been involved in any incident of workplace violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes to Question 14 or No to Question 15, please explain by way of attached schedule to this Application.		

#### VI. Prior Insurance

16	Please indicate previous coverage below: If none, skip this Question and move on to Question 16.
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Insurer	Policy Period	Limit	Deductible	Annual Premium
	to	\$	\$	\$

Attach a copy of the prior application (with any prior insurer) from which continuity of coverage is to be maintained. The Company will be relying upon the declarations and statements contained in such prior application and those declarations and statements shall be considered to be incorporated in and form part of the policy.

## VII. Prior Knowledge/Warranty

17.	<p>The <b>Applicant</b> must complete the warranty statement below if:</p> <ul style="list-style-type: none"> <li>- there has been no previous coverage, as indicated in Question 16 of this Application; or</li> <li>- the <b>Applicant</b> is requesting larger limits than are currently purchased, as indicated in Question 16 of this Application</li> </ul> <p>This statement applies to any of the proposed coverage for which no coverage is currently maintained, and any larger limits of liability requested.</p>
18.	<p>No person or entity proposed for coverage is aware of any fact, or circumstance or situation which he or she has reason to suppose might give rise to any claim that would fall within the scope of any of the proposed coverage:</p> <p>None <input type="checkbox"/> or explain below</p>
<p>Explain exception to Question 18:</p>	
<p>Without prejudice to any other rights and remedies of the Company, the <b>Applicant</b> understands and agrees that if any such fact, circumstance, or situation exists, whether or not disclosed in response to Question 18 above, any claim or action arising from such fact, circumstance, or situation is excluded under the proposed policy, if issued by the Company.</p>	

## VIII. Additional Information

19.	As part of this Application, please attach the most recent annual financial statements (include balance sheet and income statement) for the <b>Applicant</b> .
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## IX. Important Information

20.	Your submission of this Application does not obligate the Company to issue a policy. You will be advised if your Application for coverage is accepted.
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## X. False Information

21.	Any person who, knowingly and with the intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.
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## XI. Material Change

22.	If there is any material change in the answers to the questions prior to the policy inception date the proposed <b>Applicant</b> will notify the Company in writing and any outstanding quotation may be modified or withdrawn.
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**XII. Declaration And Signature**

23.	<p>The undersigned declares that to the best of his or her knowledge and belief the statements set forth herein are true. Although the signing of this Application does not bind the undersigned on behalf of the proposed <b>Applicant</b> or its directors, officers or insured persons to affect insurance, the undersigned agrees that this Application and its attachments shall be the basis of the contract should a policy be issued and shall be deemed to be attached to and shall form part of any such policy. The Company is hereby authorized to make any investigation and inquiry in connection with this Application that it deems necessary.</p> <p>This section of the Application must be signed by the Executive Director or CEO.</p>
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Date	Signature	Print Name	Title