



IF A POLICY IS ISSUED, THE COVERAGE WILL APPLY ONLY TO CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURER DURING THE POLICY PERIOD

BROKER:			
1. GENERAL INFORMATION			
1.1 Name of Entity:			
1.2 Postal Address:			
Postal code:		Web site:	
1.3 Description of objectives of the Organization and nature of business:			
1.4 Juridical structure of the Organization (society, association, foundation, professional organization, commerce or service, etc.)			
1.5 The Organization:			
a) year of incorporation:		b) has been incorporated under the laws of:	
c) corporate type is:		Regional <input type="checkbox"/> Provincial <input type="checkbox"/> National <input type="checkbox"/> International <input type="checkbox"/>	
1.6 Number of employees including subsidiaries:		Union:	Non-Union:
1.7 Total number of members (excluding the Applicant 's Directors & Officers):			
1.8 What are the estimated results (including subsidies) for the next fiscal year ending on			
Income/sales \$		Surplus \$	Deficit \$
1.9 Do you have any subsidiary(ies)?			YES <input type="checkbox"/> NO <input type="checkbox"/>
If so, please list them and indicate if operating for profit:			
NAME		% OF OWNERSHIP	FOR PROFIT
CAUTION: Any subsidiary for profit is excluded from the coverage offered to the Non Profit Organization. However, we may offer them a separate coverage.			
2. ORGANIZATION			
2.1 Does the Organization (for all positive answer, please give details):			
a) act as Insurance agent, broker, underwriter or consultant?			YES <input type="checkbox"/> NO <input type="checkbox"/>
b) offer products or services other than within its regular activities, to its members for remuneration or commission?			YES <input type="checkbox"/> NO <input type="checkbox"/>
c) publish any magazines, periodicals or newsletters? (attach a copy of each, if so)			YES <input type="checkbox"/> NO <input type="checkbox"/>
d) publish a technical manual? (describe if so)			YES <input type="checkbox"/> NO <input type="checkbox"/>
e) advertise, broadcast or reproduce copyright material in its name or the name of its members?			YES <input type="checkbox"/> NO <input type="checkbox"/>
f) negotiate any collective agreement (i.e. being part of any labor negotiation)?			YES <input type="checkbox"/> NO <input type="checkbox"/>
g) conduct any activity which evaluates or sets standards for the qualifications and performance of others or the quality of products manufactured, sold, handled or distributed by others?			YES <input type="checkbox"/> NO <input type="checkbox"/>
h) take any disciplinary action or recommend disciplinary action as a result of peer review activities?			YES <input type="checkbox"/> NO <input type="checkbox"/>
i) provide a referral service, legal aid service or computer service to its members?			YES <input type="checkbox"/> NO <input type="checkbox"/>
j) is the Organization engaged in any form of research, development, experimentation or testing?			YES <input type="checkbox"/> NO <input type="checkbox"/>

k) render professional services to others? If so, describe the nature of services rendered		YES <input type="checkbox"/> NO <input type="checkbox"/>	
l) has the Organization been in arrears of its payments to Revenue Canada or the provincial ministries of revenue, including source deductions, G.S.T. and Q.S.T.?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
2.2 What are the procedures for documenting major decisions and events?			
2.3 Is the Organization currently or has it during the past three years been in breach of any debt covenants, loan agreements or contractual obligations or is any such breach anticipated in the next year?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
3. FIDUCIARY INFORMATION AND EMPLOYMENT PRACTICES:			
3.1 Total number of employees:	Total number of volunteers:		
3.2 Number of employees located in the United States:			
3.3 Total global annual salaries paid: \$			
3.4 Approximate annual employee turnover rate:			
3.5 How many employees have been laid off in the last twelve months?			
3.6 Do you have an employment practice guide?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
3.7 Is the guide distributed to the employees?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
3.8 Do you have a written policy on discrimination practices including sexual harrasements?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
3.9 Do you ask for a specialist advice before laying off an employee?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
3.10 Who is authorized to hire an employee?			
3.11 Who is authorized to lay off an employee?			
3.12 Is there a Committee administrating the Organization's Pension Plan?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
If so, please provide the following information:			
Sponsorship: Sole <input type="checkbox"/> Multiemployer <input type="checkbox"/> Other <input type="checkbox"/> Explain:			
Number of participants:			
Total Assets of the Fund(s):			
Number of Trustees :			
4. DIRECTORS AND OFFICERS			
Officer means any person who is duly elected or appointed officer of the Entity .			
Please provide a list of all Directors and Officers (salaried or volunteers):			
NAME OF DIRECTORS		NAME OF OFFICERS/TITLE	
5. INSURANCE, PRIOR INSURANCE AND CLAIMS			
5.1 INSURANCE CURRENTLY IN FORCE			
	Directors' and Officers	Fiduciary Liability	General Liability
INSURER			
LIMIT OF LIABILITY			
DEDUCTIBLE			
EXPIRY DATE			
5.2 PRIOR INSURANCE, LOSS HISTORY AND PRIOR KNOWLEDGE			
5.2.1 Prior insurance (do not complete if this is a renewal application for an existing policy with AXA):			
Within the past three years, has any insurer refused to renew or cancelled any Directors and Officers liability insurance, Fiduciary liability insurance or Employment practice liability insurance?		YES <input type="checkbox"/> NO <input type="checkbox"/>	

5.2.2 Loss history (do not complete if this is a renewal application for an existing policy with AXA):	
In the past three years, has any director, officer or the Organization been involved in any:	
a) insolvency or bankruptcy proceedings?	YES <input type="checkbox"/> NO <input type="checkbox"/>
b) criminal actions?	YES <input type="checkbox"/> NO <input type="checkbox"/>
c) representative actions, class actions or derivative suits?	YES <input type="checkbox"/> NO <input type="checkbox"/>
d) claims under a Directors and Officers liability insurance coverage, Fiduciary liability insurance coverage or Employment Practice liability coverage or given notice of a potential claim to the insurer?	YES <input type="checkbox"/> NO <input type="checkbox"/>
5.2.3 Prior knowledge (do not complete if this is a renewal application for an existing policy with AXA):	
NOTE: CONTINUITY OF COVERAGE WILL BE GRANTED WHENEVER AXA IS THE CURRENT PROVIDER OF THE INSURANCE APPLIED FOR.	
a) is a claim now pending against any person or entity proposed for this insurance?	YES <input type="checkbox"/> NO <input type="checkbox"/>
b) is any person proposed for this insurance aware of any facts or circumstances likely to give rise to a claim?	YES <input type="checkbox"/> NO <input type="checkbox"/>

If yes to one or many questions between 5.2.1 and 5.2.3 above, please provide all details on a separate sheet.

WITHOUT PREJUDICE TO ANY OTHER LEGAL REMEDY AVAILABLE TO THE INSURERS, IT IS AGREED THAT ANY CLAIMS KNOWN TO THE INSURED OR ARISING FROM FACTS OR CIRCUMSTANCES KNOWN TO THE INSURED WILL BE EXCLUDED FROM THIS PROPOSED COVERAGE.

DECLARATION

The undersigned declares that:

- a) he or she has been duly authorized by the Corporation to complete this Application and that all statements contained herein are true and complete;
- b) reasonable efforts have been made to obtain sufficient information from each person proposed for this insurance in order to complete this Application properly and accurately;
- c) the financial statements submitted with this Application reflect the current financial situation of the Corporation and its subsidiaries (if this is not the case, please provide details on a separate sheet).

The undersigned agrees that:

- a) if between the date of this Application and the effective date of the policy, the statements and information contained in this Application change in any way, he or she will immediately advise AXA in writing and, without prejudice to any other legal remedy available to it, AXA may modify or withdraw any outstanding quotation or any authorization or agreement to bind;
- b) this application and all documents attached hereto shall form part of the policy, should one be issued.

Signature

Position (Chairman of the Board, President or General Manager)

Date

Corporation

ADDITIONAL INFORMATION REQUIRED

In addition to the information requested in this Addendum, please attach copies of the following documents:

- Latest Audited Financial Statements, Review or Notice to Reader;
- Latest Interim Report available;
- Copy of Charter / Patent Letters.