

APPLICATION FOR DIRECTORS' AND OFFICERS' INSURANCE

Name of Organization:

Contact Person:

Address:

City:

Prov:

Postal Code:

Telephone:

Email:

1. Is your organization in good standing with Volunteer Canada? Yes No

Membership Number:

2. Is your organization incorporated? Yes No

3. Are you renewing this insurance policy? Yes No

4. Please select the category that best describes your organization:

Arts and culture

Sports and recreation

Education and research

Universities and colleges

Health

Hospitals

Social Services

Environment

Development and housing

Law, advocacy and politics

Grant-making, fundraising and volunteerism
protection

International

Religion

Business and professional associations and unions

Organizations not elsewhere classified/Other

5. Briefly describe the organization's operations:

6. Total Revenue for the last fiscal year:

7. Indicate the surplus or deficit for the last fiscal year:

8. Does your Organization fall into any of the following categories:
- | | |
|---|---|
| Airport Commissions | Lobby Groups |
| Business Organizations | Municipalities, Provincial, Federal Administration (Government) |
| Condominium Corporations | Political Parties |
| Educational Institutions/Public School Boards | Product development organizations, including testing and standards |
| For-Profit Organizations | Professional groups with regulatory authority and/or disciplinary committee |
| Hospitals, Clinics and Other Medical Institutions | Research Organizations |
| Labor Unions | Unincorporated organizations |
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NOTEThe following questions relate to Directors' and Officers' liability claims/suits or legal action made against the Organization or other persons proposed for this insurance

9. Has any similar insurance to that proposed herein, on behalf of the Organization, been declined, cancelled or not renewed? Yes No

If yes, please provide/attach details:

10. Has any claim or suit been made or is any claim now pending against the Organization or any other person(s) proposed for this insurance? Yes No

If yes, please provide/attach details:

11. 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, please provide/attach details:

12. Has the Organization within the last three years been the subject of any inquiries, complaints, notices or hearings by any Federal or Provincial regulatory authority? Yes No

If yes, please provide/attach details:

13. Have you knowledge of any fact or circumstance involving the Organization or the Directors or Officers of the Organization, which might give rise to a claim which would fall within the scope of the proposed insurance? Yes No

If yes, please provide/attach details:

Designated Volunteer Organization Directors' and Officers' Annual Pricing Matrix

Annual Revenue between \$0 ~ \$50,000	Limit	\$500,000	\$1,000,000	\$2,000,000	\$3,000,000	\$5,000,000
	Cost	\$281	\$368	\$606	\$768	\$1,093
Annual Revenue between \$50,001 ~ \$100,000	Limit	\$500,000	\$1,000,000	\$2,000,000	\$3,000,000	\$5,000,000
	Cost	\$443	\$606	\$768	\$889	\$1,256
Annual Revenue between \$100,001 ~ \$250,000	Limit	\$500,000	\$1,000,000	\$2,000,000	\$3,000,000	\$5,000,000
	Cost	\$569	\$756	\$1,175	\$1,436	\$2,353
Annual Revenue between \$250,001 ~ \$500,000	Limit	\$500,000	\$1,000,000	\$2,000,000	\$3,000,000	\$5,000,000
	Cost	\$645	\$834	\$1,305	\$1,583	\$2,615
Annual Revenue between \$500,001 ~ \$750,000	Limit		\$1,000,000	\$2,000,000	\$3,000,000	\$5,000,000
	Cost		\$939	\$1,453	\$1,740	\$2,877
Annual Revenue between \$750,001 ~ \$1,000,000	Limit		\$1,000,000	\$2,000,000	\$3,000,000	\$5,000,000
	Cost		\$1,044	\$1,600	\$1,913	\$3,139
Annual Revenue between \$1,000,001 ~ \$2,000,000	Limit		\$1,000,000	\$2,000,000	\$3,000,000	\$5,000,000
	Cost		\$1,254	\$1,924	\$2,300	\$3,401
Annual Revenue between \$2,000,001 ~ \$3,000,000	Limit		\$1,000,000	\$2,000,000	\$3,000,000	\$5,000,000
	Cost		\$1,515	\$2,300	\$2,762	\$3,664
Annual Revenue between \$3,000,001 ~ \$5,000,000	Limit		\$1,000,000	\$2,000,000	\$3,000,000	\$5,000,000
	Cost		\$1,819	\$2,762	\$3,317	\$3,925

Designated Volunteer Centre Directors' and Officers' Annual Pricing Matrix

Annual Revenue between \$0 ~ \$50,000	Limit	\$500,000	\$1,000,000	\$2,000,000	\$3,000,000	\$5,000,000
	Cost	\$197	\$253	\$424	\$538	\$765
Annual Revenue between \$50,001 ~ \$100,000	Limit	\$500,000	\$1,000,000	\$2,000,000	\$3,000,000	\$5,000,000
	Cost	\$311	\$424	\$538	\$623	\$879
Annual Revenue between \$100,001 ~ \$250,000	Limit	\$500,000	\$1,000,000	\$2,000,000	\$3,000,000	\$5,000,000
	Cost	\$399	\$529	\$823	\$1,005	\$1,647
Annual Revenue between \$250,001 ~ \$500,000	Limit	\$500,000	\$1,000,000	\$2,000,000	\$3,000,000	\$5,000,000
	Cost	\$453	\$584	\$914	\$1,108	\$1,831
Annual Revenue between \$500,001 ~ \$750,000	Limit		\$1,000,000	\$2,000,000	\$3,000,000	\$5,000,000
	Cost		\$658	\$1,017	\$1,219	\$2,014
Annual Revenue between \$750,001 ~ \$1,000,000	Limit		\$1,000,000	\$2,000,000	\$3,000,000	\$5,000,000
	Cost		\$727	\$1,121	\$1,339	\$2,197
Annual Revenue between \$1,000,001 ~ \$2,000,000	Limit		\$1,000,000	\$2,000,000	\$3,000,000	\$5,000,000
	Cost		\$878	\$1,346	\$1,611	\$2,381
Annual Revenue between \$2,000,001 ~ \$3,000,000	Limit		\$1,000,000	\$2,000,000	\$3,000,000	\$5,000,000
	Cost		\$1,060	\$1,611	\$1,933	\$2,565
Annual Revenue between \$3,000,001 ~ \$5,000,000	Limit		\$1,000,000	\$2,000,000	\$3,000,000	\$5,000,000
	Cost		\$1,274	\$1,933	\$2,322	\$2,747

NOTE: Your Organization is considered a Volunteer Centre if you: connect people with opportunities to serve; promote volunteerism; build capacity for effective local volunteering; AND provide leadership on issues relating to volunteerism.

Declarations and Warranty

WITHOUT LIMITATION TO ANY OTHER REMEDY AVAILABLE TO THE INSURERS, THE PROPOSED INSURANCE WILL NOT AFFORD COVERAGE TO ANY CLAIMS OF WHICH ANY PERSON PROPOSED FOR THIS INSURANCE HAS KNOWLEDGE OR ANY CLAIMS RESULTING FROM ANY FACTS OR CIRCUMSTANCES OF WHICH ANY PERSON PROPOSED FOR THIS INSURANCE HAS KNOWLEDGE.

The undersigned authorized officer of the organization, on behalf of the organization and all person(s) proposed for this insurance, declares that, to the best of his/her knowledge and belief, the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information from each and every person proposed for this Insurance to facilitate the proper and accurate completion of this application form.

The undersigned further agrees that if any significant change in the condition of the applicant is discovered between the date of this application form and the effective date of the policy, which would render this application form inaccurate or incomplete, notice of such change will be reported in writing to Great American Insurance Group Inc. immediately. Although the signing of this application form does not bind the undersigned on behalf of the organization or any person(s) proposed for this insurance, to effect insurance, the undersigned, on behalf of those person(s) proposed for this insurance and organization, agrees that this form and the Information furnished pursuant hereto shall be the basis of the contract should a policy be issued and this form will be attached to and become part of the policy.

Note: Coverage will be in effect only upon receipt of satisfactory payment and application. The insurance premiums are fully retained at the date you apply for coverage and will not be refunded.

Signing of this form does not bind the Applicant or Company to complete insurance but it is agreed that this form shall be the basis of the contract should a policy be issued.

Does your organization also require Commercial General Liability or Office Package Coverage? For more information please contact a BMS broker directly at 1-844-294-2715 or by email at underourwing@bmsgroup.com.

Signed by:

Position:

Date:

Signing of this form does not bind the Applicant or company to complete the insurance but it is agreed that this form shall be the basis of the contract should a policy be issued.

The insurance premium is fully retained and not refundable.

Payment Information

For New Application, Premiums are prorated:

March 31 - June 30 premium = 100% of matrix pricing
July 1 – September 30 premium = 75% of matrix pricing
October 1 – December 31 premium = 50% of matrix pricing
January 1 – March 30 premium = 25% of matrix pricing

The following provinces are subject to provincial sales tax:

Ontario residents add 8% sales tax
Québec residents add 9% sales tax
Manitoba residents add 8% sales tax
Newfoundland residents add 15% sales tax

All other provinces are exempt.
GST is not applicable to insurance premiums.

Sub-total	\$
Tax	\$
Total Enclosed	\$

All cheques payable to BMS Canada Risk Services Ltd, or complete credit card authorization below.

Authorization for Credit Card Charge

VISA, AMEX or M/C Account No:

Expiry Date:

Cardholder Name:

Signature:

BMS Canada Risk Services Ltd. (BMS Group)

320 Catherine Street, Suite 21

Ottawa, ON

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Toll Free: 1-844-294-2715

Fax: 613-701-4234

Email: underourwing@bmsgroup.com