

# APPLICATION FOR DIRECTORS' AND OFFICERS' LIABILITY AND COMMERCIAL GENERAL LIABILITY INSURANCE

Name of Organization:

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Contact Person (First Last):

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Mailing Address:

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City:

Province/Territory:

Postal Code:

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Office Phone:

Organization Website (if available):

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Mobile Phone:

Email:

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Is this location address the same as the mailing address? (If not, enter the location address below)

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Location Address:

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City:

Province/Territory:

Postal Code:

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Telephone:

Organization Website (if available):

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Email:

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Fiscal Year end date:

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1. Is your organization a member of Volunteer Canada?  Yes  No

Membership Number:

Please confirm you understand the eligibility requirements

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2. Are you renewing this insurance policy?  Yes  No

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## Organization Details

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

- Arts and culture
- Sports and recreation
- Education and research
- Universities and colleges
- Health
- 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

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Other:

Please provide additional details if other was selected:

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4. Briefly describe the organization's operations:

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5. Total Revenue for the last fiscal year:

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6. When is the fiscal year end date of the organization:

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7. Indicate the surplus or deficit for the last fiscal year (Note: Indicate – for deficit):

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### Special Categories

8. Does your Organization fall into any of the following categories:

Airport Commissions  
Business Organizations

Condominium Corporations  
Educational Institutions/Public School Boards

For-Profit Organizations

Hospitals, Clinics & Other Medical Institutions  
Labour Unions

Lobby Groups  
Municipalities, Provincial, Federal Administration  
(Government)

Political Parties  
Product development organizations, including  
testing and standards

Professional groups with regulatory authority  
and/or disciplinary committee  
Research Organizations

If so, please specify which category:

### Applicant Details

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**The following questions relate to Directors' and Officers' Liability and Commercial General Liability for claims/suit or legal action made against the Organization or other persons proposed for this insurance.**

9. Has any Directors' & Officers and/or Commercial General Liability insurance on behalf of the Organization, ever been declined, cancelled or not renewed?  Yes  No

If yes, please provide/attach details:

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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:

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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:

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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:

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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 or do you anticipate any claims being brought against your Organization?  Yes  No

If yes, please provide/attach details:

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14. Has the applicant ever been the recipient of any allegations of negligence in writing or verbally in the past five years?  Yes  No

If yes, please provide/attach details:

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15. Is the applicant/organization involved in manufacturing, modifying, distributing or selling product(s)?  Yes  No

If yes, please provide/attach details:

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16. Is the applicant/organization involved with foreign sales or operations?  Yes  No

If yes, please provide/attach details:

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17. Does the Organization have a location or travel extensively outside Canada?  Yes  No
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18. Does your organization provide any professional advice, training, treatment, supervision, or care services to clients or members of the public?  Yes  No

If yes, BMS will reach out to obtain further information as your organization should consider holding Errors and Omissions (E&O) Insurance.

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Are there any audit procedures in place completed by an independent accountant?

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Are bank accounts reconciled by someone without authority to deposit/withdraw funds?

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## Directors' and Officers' Liability Insurance

### Directors' and Officers' Coverage highlights:

Policy Form – Claims Made

Defence Costs – In addition to Limits

Outside Directorship – Included

Employment Practices Liability – Included

Fiduciary Liability- Included

Crisis Management/Public Relations Expenses - \$100,000

Coverage Territory – Worldwide

Insured Persons – All persons who were, now are, or shall be directors, trustees, officers, employees, staff members, executive board members and committee members of the organization or its subsidiaries

Coverage for Third Party Claims for Discrimination – Included

Personal Injury Extension – Included

Data Security Wrongful Acts & Privacy Wrongful Acts \$100,000/\$1,000 deductible

## 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	\$284	\$372	\$612	\$776	\$1,104
Annual Revenue between \$50,001 ~ \$100,000	Limit	\$500,000	\$1,000,000	\$2,000,000	\$3,000,000	\$5,000,000
	Cost	\$448	\$612	\$776	\$898	\$1,269
Annual Revenue between \$100,001 ~ \$250,000	Limit	\$500,000	\$1,000,000	\$2,000,000	\$3,000,000	\$5,000,000
	Cost	\$575	\$764	\$1,187	\$1,450	\$2,377
Annual Revenue between \$250,001 ~ \$500,000	Limit	\$500,000	\$1,000,000	\$2,000,000	\$3,000,000	\$5,000,000
	Cost	\$652	\$842	\$1,318	\$1,599	\$2,641
Annual Revenue between \$500,001 ~ \$750,000	Limit		\$1,000,000	\$2,000,000	\$3,000,000	\$5,000,000
	Cost		\$948	\$1,468	\$1,757	\$2,906
Annual Revenue between \$750,001 ~ \$1,000,000	Limit		\$1,000,000	\$2,000,000	\$3,000,000	\$5,000,000
	Cost		\$1,054	\$1,616	\$1,932	\$3,170
Annual Revenue between \$1,000,001 ~ \$2,000,000	Limit		\$1,000,000	\$2,000,000	\$3,000,000	\$5,000,000
	Cost		\$1,267	\$1,943	\$2,323	\$3,435
	Limit		\$1,000,000	\$2,000,000	\$3,000,000	\$5,000,000

Annual Revenue between \$2,000,001 ~ \$3,000,000	Cost		\$1,530	\$2,323	\$2,790	\$3,700
Annual Revenue between \$3,000,001 ~ \$5,000,000	Limit		\$1,000,000	\$2,000,000	\$3,000,000	\$5,000,000
	Cost		\$1,837	\$2,790	\$3,350	\$3,965

**Designated Volunteer Centre Directors’ and Officers’ Annual Pricing Matrix**

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.

Annual Revenue \$0 ~ \$50,000	Limit	\$500,000	\$1,000,000	\$2,000,000	\$3,000,000	\$5,000,000
	Cost	\$199	\$256	\$429	\$543	\$773
Annual Revenue \$50,001 ~ \$100,000	Limit	\$500,000	\$1,000,000	\$2,000,000	\$3,000,000	\$5,000,000
	Cost	\$314	\$429	\$544	\$630	\$888
Annual Revenue \$100,001 ~ \$250,000	Limit	\$500,000	\$1,000,000	\$2,000,000	\$3,000,000	\$5,000,000
	Cost	\$403	\$535	\$831	\$1,015	\$1,664
Annual Revenue \$250,001 ~ \$500,000	Limit	\$500,000	\$1,000,000	\$2,000,000	\$3,000,000	\$5,000,000
	Cost	\$458	\$590	\$924	\$1,119	\$1,850
Annual Revenue \$500,001 ~ \$750,000	Limit		\$1,000,000	\$2,000,000	\$3,000,000	\$5,000,000
	Cost		\$665	\$1,027	\$1,231	\$2,035
Annual Revenue \$750,001 ~ \$1,000,000	Limit		\$1,000,000	\$2,000,000	\$3,000,000	\$5,000,000
	Cost		\$735	\$1,132	\$1,352	\$2,219
Annual Revenue \$1,000,001 ~ \$2,000,000	Limit		\$1,000,000	\$2,000,000	\$3,000,000	\$5,000,000
	Cost		\$887	\$1,360	\$1,627	\$2,405
Annual Revenue \$2,000,001 ~ \$3,000,000	Limit		\$1,000,000	\$2,000,000	\$3,000,000	\$5,000,000
	Cost		\$1,071	\$1,627	\$1,952	\$2,591
Annual Revenue	Limit		\$1,000,000	\$2,000,000	\$3,000,000	\$5,000,000

\$3,000,001 ~ \$5,000,000	Cost		\$1,287	\$1,952	\$2,345	\$2,775
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### Legal Expense Insurance Included within your Directors' and Officers' Coverage

- Statutory License (defence) \$150,000 per claim
- Property Disputes (pursuits/defence) \$150,000 per claim
- Personal Injury (pursuit) \$150,000 per claim
- Tax Disputes (defence) \$150,000 per claim

Please indicate which revenue band your Organization falls under and which limit of insurance you require:

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**If you require a limit greater than \$5,000,000 please contact BMS at 1-844-294-2715**

### Commercial General Liability Insurance

Commercial General Liability (CGL) insurance protects your organization if you're found legally liable for injuries or property damage caused by your operations, accidents on your premises or at your client's location and advertising injury. It provides coverage for the costs of lawsuits and is often required for leases and contracts.

CGL is a way to protect your organization in case you ever have to defend a claim against your business in court. With this coverage, you'll receive funds up to your policy limits to cover damages assessed by the courts to compensate third parties, and cover legal defence fees and settlement charges.

CGL is recommended for most organizations, including those that:

- Lease or own an office
- Interact with clients or members of the public
- Host or attend events

Important - if your organization has contents to insure (desks, computers, chairs, etc.), BMS recommends that you purchase the Office Package, as a standalone Commercial General Liability policy may not be sufficient protection.

This can be done through completing a separate application. If you intend to purchase an Office Package policy, please do not complete the following section.

If you would prefer to speak to a Broker, please contact BMS at 1-844-294-2715 or [underourwing@bmsgroup.com](mailto:underourwing@bmsgroup.com)

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#### Coverage Overview

Policy Form

Occurrence

Bodily Injury and Property Damage Liability	To Policy Limit Selected
Personal Injury and Advertising Liability	To Policy Limit Selected
Tenant's Legal Liability	\$500,000
Medical Payments	\$2,500 per person/\$25,000 per accident
Employers' Liability	Included
Employee Benefits	\$1,000,000
Non-Owned Automobile	To Policy Limit Selected
S.E.F. No 94 - Legal Liability for Damage to Hired Automobiles	\$40,000 any one accident
S.E.F. No 96 - Contractual Liability Endorsement	Included
S.E.F. No 99 - Excluding Long Term Leased Vehicle Endorsement	Included
Exclusions	Communicable Disease Data Breach Abuse Economic and Trade Sanctions
Deductible	\$1,000

**The following organizations are not eligible for coverage:**

Assisted Living, Palliative Care, Nursing Homes, Day Cares, Youth Services – Drop-in Centres/At-Risk Youth

Please confirm that your organization does not fall into one of these categories

Do you require commercial general liability coverage for your Organization?  Yes  No

What is the Organization's revenue? \_\_\_\_\_

Per Occurrence limit	Aggregate limit	Annual premium (Revenue)	Annual premium (Revenue)	Annual premium (Revenue)	Annual premium (Revenue)

		<b>under \$200,000)</b>	<b>\$200,000 to \$300,000)</b>	<b>\$300,001 to \$400,000)</b>	<b>\$400,001 to \$1,000,000)</b>
\$2,000,000	\$2,000,000	\$460	\$580	\$645	\$725
\$5,000,000	\$5,000,000	\$735	\$855	\$920	\$1,000

Choose the coverage limit option required:  \$2,000,000/\$2,000,000  \$5,000,000/\$5,000,000

**Additional Locations**

If you have a second location, the following is available.

<b>Commercial General Liability</b>	<b>Premium</b>
\$2,000,000	\$110
\$5,000,000	\$275

Do you require Commercial General Liability insurance at an additional location?  Yes  No  
*(Please note the Commercial General Liability limit will be shared with your primary location)*

If Yes, please enter the address of the additional location below:

Address:

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City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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**The following events/activities are excluded under the Commercial General Liability Policy**

Protests / Demonstrations	Youth Services - Drop-in Centres / At-risk youth
Overnights / Retreats	Air Shows / Aviation Exposure including Hot Air Balloons
Abuse Coverage	Bungee Jumping
Summer Camps	Car Shows (involving racing events, Poker runs, tractor pulls)
Assisted Living	Portable Climbing Walls
Palliative Care	Demolition Derbies
Nursing Homes	Dragon Boat Festivals
Activities with inflatables	Exposure outside of Canada
Daycares	Exposures involving Firearms
Travelling Carnivals / Amusement Rides / Mechanical Bulls	Fireworks or Pyrotechnic Effects or Displays
Hypnotists	History-in-Action / Battle Re-enactments
Gaming Risk	Rodeos
Waterslide / Water Parks	Snowmobile Races or Events (including Poker Runs)



White Water Rafting; Zip Lines; Ice Climbing; Ice Fishing; Mountain Climbing; Kitesurfing; Parasailing Skateboard Competitions	Alpine Skiing / Snowboarding; Boxing; Equestrian; Football (Contact); Hockey (Contact); Contact Martial Arts, including
Rallies of a Political or Religious Nature	Mixed Martial Arts; Rugby
	Water Sports/Activities

If you require coverage for an event that fits on of the above descriptions, please contact BMS.

Do you understand the eligibility requirements?

Do you anticipate alcohol being served at any events?  Yes  No

If yes, does the venue hold a Liquor Liability insurance policy?  Yes  No

Do you anticipate the number of attendees at any one event to be 250 to 500?  Yes  No

**Note:** If yes, please note additional premium applies per event:  
\$2,000,000 CGL is \$105 / \$5,000,000 CGL is \$210.

If yes, please indicate the number of events at this attendance:

Do you anticipate the number of attendees at any one event to be greater than 500?  Yes  No

**Please note: If the above answers change throughout the year, please contact BMS to ensure you are adequately covered.**

**Additional Insured**

*Only complete this section if you are contractually required to add an Additional Insured to your Commercial General Liability insurance policy.*

*Adding an Additional Insured provides limited liability insurance coverage to the third party Additional Insured but only as it relates to General Liability resulting from your operations / occupancy. Note that any Additional Insured is required to carry their own Commercial General Liability insurance.*

*For each, provide the name and address.*

Name:

Address:

City:

Province/Territory:

Postal Code:

I understand and agree to the coverage terms detailed above

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## Cyber Security & Privacy Liability (for your business)

Do you require an ADDITIONAL limit of \$1,000,000 of Cyber Security and Privacy Liability coverage? (Please note that your Directors' & Officers' policy already includes \$100,000 in Cyber Security and Privacy Liability Coverage)?  Yes  No

### Coverage Includes:

Policy aggregate limit of liability for Damages, Claims Expenses, Penalties, Cyber Extortion Loss, Data Protection Loss, Business Interruption Loss and PCI Fines, Expenses and Costs: CAD 1,000,000

### But sub-limited to:

Regulatory Defence and Penalties: CAD 250,000  
PCI Fines, Expenses and Costs: CAD 100,000 (if PCI Compliant)  
Cyber Extortion: CAD 100,000  
Data Protection Loss: CAD 100,000  
Business Interruption Loss: CAD 100,000  
(i) Forensic Expenses sublimit: CAD 25,000  
(ii) Dependent Business sublimit: CAD 10,000

Notified Individuals: 100,000 Notified Individuals in the Aggregate for Business Cyber Security & Privacy Liability

Aggregate Limit of Coverage for Computer Expert Services, Legal Services and Public Relations and Crisis Management Expenses combined: CAD 250,000

Deductible \$1,000

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Organizations – \$0 to \$500,000 gross revenue	<input type="checkbox"/> \$625 annual premium
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Organizations – \$500,001 to \$1,000,000 gross revenue	<input type="checkbox"/> \$914 annual premium
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Organizations – \$1,000,001 to \$2,000,000 gross revenue	<input type="checkbox"/> \$1,328 annual premium
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Organizations – \$2,000,001 to \$3,000,000 gross revenue	<input type="checkbox"/> \$1,582 annual premium
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Organizations – Above \$3,000,000 gross revenue	Referral
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Has any Cyber claim or lawsuit been made against you/your business, or is any such claim now pending against you/your business? Please only select yes if not already reported to BMS/Beazley. If yes, please provide details.  Yes  No

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Are you aware of any facts, circumstances or situations, which may reasonably give rise to a claim against you/your business? Please only select yes if not already reported to BMS/Beazley. If yes, please provide details.  Yes  No

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Have you ever had a privacy breach, and/or network security incident in the past? If yes, please provide details  Yes  No

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Do you implement basic loss control measures such as: Antivirus software, a firewall, and/or regular software patch installations?  Yes  No

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Please be advised that this policy excludes any loss or liability arising out of or resulting from any theft of, loss of, or parting with, any portable computing device or media containing data in an electronic format, unless the data stored on such device or media are stored in an encrypted format.

Please confirm you understand and agree to this coverage exclusion and would like to proceed with your purchase.

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Do you/does your business regularly back-up critical data to a "offline" location (Example, USB or hard drive) that would be unaffected by an issue with your live environment, and you test to ensure that back-ups are recoverable.  Yes  No

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Do you/does your business use multi-factor authentication (MFA) for cloud based services (Such as cloud based email account access) and for all remote access to your network? Note: If you use Jane, Clinicmaster or Practiceperfect, then please select Yes.  Yes  No

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Do you/does your business regularly (at least annually) provide/take cyber security awareness training, including anti-phishing, to all individuals who have access to your organization's network or confidential/personal data?  Yes  No

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Do you/does your business not allow remote access into your environment without a virtual private network (VPN)? Note: If you do not have an on-premises network and remote access, then please select Yes.  Yes  No

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**Does your business transfer funds?** If so, BMS recommends you consider adding Fraudulent Instruction coverage - \$25,000 limit for \$190/year or \$100,000 limit starting from \$275/year.

Would you like to apply to add fraudulent instruction coverage?  Yes  No

*Please note this policy excludes any loss or liability arising from information contained on a non-encrypted device and for individuals who do not have loss control measures in place*

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## 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. and Brit Insurance 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.

Signed by:

Position:

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Date:

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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 Applications, 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 7% sales tax  
Newfoundland residents add 15% sales tax  
Saskatchewan residents add 6% sales tax

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

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

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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)**

825 Exhibition Way, Suite 209

Ottawa ON, K1S 5J3

Toll Free: 1-844-294-2715

Fax: 613-701-4234