



# UNION EXECUTIVE LIABILITY INSURANCE APPLICATION

**THIS IS AN APPLICATION FOR A CLAIMS MADE POLICY WITH DEFENCE COSTS INCLUDED IN THE LIMIT OF LIABILITY  
PLEASE ANSWER ALL QUESTIONS. IF SPACE IS INSUFFICIENT, ATTACH DETAILS BY ADDENDUM**

## GENERAL INFORMATION

1. **Applicant:** \_\_\_\_\_  
\_\_\_\_\_

**Principal Address:** \_\_\_\_\_  
\_\_\_\_\_

Province/State of Incorporation \_\_\_\_\_ Website: \_\_\_\_\_

2. The Applicant has continuously been in business since: \_\_\_\_\_

3. Purpose of Applicant and nature of operations: \_\_\_\_\_  
\_\_\_\_\_

Applicant type:

Local     Provincial     National     International

Other (explain): \_\_\_\_\_

4. Is the Applicant organization exempt from Federal and Provincial income taxes?     Yes     No

5. Does the Applicant have activities outside of Canada?     Yes     No  
**If 'Yes', attach details.**

6. Does the Applicant have any subsidiaries or affiliated organizations or exercise control over any other entity for which coverage is requested? **If 'Yes', and coverage is required, attach full details, indicating whether profit or non-profit and the nature of operations for each entity.**     Yes     No

7. Individual designated to receive any and all notices from the **Underwriters** or their representatives with respect to this Application and coverage provided by the Policy is:

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**FINANCIAL INFORMATION** (from the most recent fiscal year-end financial statements)

8. Fiscal Year End M/Y: \_\_\_\_\_ Total Assets: \_\_\_\_\_

Total Liabilities: \_\_\_\_\_ Total Revenue: \_\_\_\_\_

Net Funds: \_\_\_\_\_ Restricted Funds: \_\_\_\_\_

**If more than one entity is to be insured, and financials are not consolidated in above, attach information for each entity.**

9. Indicate the percentage of funds received from the following sources:

- a) Government funding: \_\_\_\_\_ %
- b) Fees for services: \_\_\_\_\_ %
- c) Dues from members: \_\_\_\_\_ %
- d) Donations / contributions: \_\_\_\_\_ %
- e) Other (please specify): \_\_\_\_\_ %

10. Name of auditor / accountant: \_\_\_\_\_

How often is an audit done? \_\_\_\_\_

11. Has the Applicant changed its auditor / accountant in the last five years?  Yes  No  
**If 'Yes', attach details.**

12. Has the Applicant filed an Income Tax return for any of the last five years?  Yes  No  
If 'Yes', have the returns been accepted as filed?  Yes  No

13. Is there or has there been any dispute as to the Applicant's tax exempt status?  Yes  No  
**If 'Yes', attach details.**

14. Is the Applicant in arrears in its amounts payable to Revenue Canada or the provincial ministries of revenue (including source deductions, GST and PST)?  Yes  No

15. Is the Applicant currently, or at any time during the past three years, been in breach of any debt covenant, loan agreement, contractual obligation, or does it anticipate such breach within the next twelve months?  Yes  No

**EMPLOYMENT INFORMATION**

16. Indicate the total number of (as applicable):

Directors \_\_\_\_\_ Officers \_\_\_\_\_ Trustees \_\_\_\_\_ Professionals \_\_\_\_\_

Managers \_\_\_\_\_ Employees \_\_\_\_\_ Volunteers \_\_\_\_\_ Members \_\_\_\_\_

Number of employees located in the U.S.A.? \_\_\_\_\_  
Where? \_\_\_\_\_

Number of employees in other international locations? \_\_\_\_\_  
Where? \_\_\_\_\_

17. Have any employees been terminated in the past year?  Yes  No  
**If 'Yes', attach details.**

18. Does the Applicant distribute an employee handbook to all employees?  Yes  No

19. Does the Applicant have a written policy against discrimination, including sexual harassment? If 'Yes', how is it communicated to employees?  Yes  No
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20. Does the Applicant use an employment application for all new employees?  Yes  No  
If 'No', please explain practice:
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21. Does the Applicant obtain advice from employment counsel prior to terminating an employee? If 'No', please explain practice  Yes  No
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22. Who has the authority to:  
Hire employees? \_\_\_\_\_ Fire Employees? \_\_\_\_\_

**OPERATIONS/HISTORY**

23. Does the Applicant or any person(s) proposed for this insurance perform any of the following?
- a) Provide counseling, referral, legal aid, computer or medical services?  Yes  No
  - b) Take any disciplinary action or recommend disciplinary action as a result of peer review group activities?  Yes  No
  - c) Promote any specific products to Applicant’s members which will produce a profit for Applicant?  Yes  No
  - d) Publish any magazines, periodicals or newsletters or technical manuals?  Yes  No
  - e) Engage in activities such as lobbying or labour negotiations?  Yes  No
  - f) Promote, sponsor or provide any form of insurance?  Yes  No
  - g) Provide any type of professional services to other third parties?  Yes  No
  - h) Engage in any business transactions with businesses which are controlled by any person proposed for coverage?  Yes  No
24. Has the Applicant or any other proposed entity or person been involved in any civil or criminal action or litigation, inquiry, investigation, complaint, or notice from any government regulatory authority or committee, during the past three (3) years?  
**If ‘Yes’, attach details.**  Yes  No
25. Other than those identified in your response to question 24, is there any claim now pending, or has any other claim been brought at any time during the last three (3) years, against any Applicant or any proposed entity or person in his or her capacity as a director, officer or other managerial position of any entity?  
**If ‘Yes’, attach details.**  Yes  No

**CORPORATE GOVERNANCE**

26. How frequently does the Board of Directors/Trustees meet? \_\_\_\_\_
27. Are meeting agenda and minutes of the previous meeting sent out at least 10 days prior to each board meeting?  Yes  No
28. How are the Directors, Officer or Trustees informed of new developments, operations, results, etc. between meetings?  
\_\_\_\_\_
29. Are any of the Directors, Officers or Trustees or any other person(s) proposed for this insurance or any organization(s) controlled by any of them, indebted to the Applicant? **If ‘Yes’, attach details.**  Yes  No
30. What is the source of the Board’s legal advice: \_\_\_\_\_

**PRIOR INSURANCE**

31. Does the Applicant currently have Union Executive/directors and officers liability coverage?  Yes  No

**If 'No', go to question 35 and complete the warranty statement.**

**If 'Yes' provide the following:**

<u>Insurer</u>	<u>Limits</u>	<u>Deductible</u>	<u>Policy Period</u>	<u>Premium</u>

32. Has any application for Union Executive/directors and officers liability insurance, or similar insurance, ever been declined or has any such insurance every been cancelled or non-renewed? **If 'Yes', attach details.**  Yes  No

33. Has the Applicant or any proposed person or entity given written notice under the provisions of any prior or current Union Executive/directors and officers liability policy, or similar policy, of specific facts or circumstances which might give rise to a claim being made against any proposed person or entity? **If 'Yes', attach details.**  Yes  No

34. Have any loss payments been made on behalf of any Applicant or any proposed person or entity under any prior or current Union Executive/directors and officers liability policy or similar insurance? **If 'Yes', attach details.**  Yes  No

**PRIOR KNOWLEDGE/WARRANTY**

35. No Applicant, its subsidiaries, affiliates or any director, officer or other person proposed for coverage has knowledge or information of any facts, circumstances, or situations which could reasonably be expected to result in any future claim being made against them which would fall within the scope of the proposed coverage?

**If no such knowledge or information, check here:**  **'None'. Otherwise, attach details.**

**It is agreed that if any such claims, facts, circumstances or situations exist, whether or not disclosed, any claim or action based upon or arising from them shall be excluded from this proposed coverage.**

**COVERAGE REQUESTED**

36. Limits of Liability: \_\_\_\_\_ Retention: \_\_\_\_\_  
 Policy Period: From \_\_\_\_\_ to: \_\_\_\_\_

**ADDITIONAL INFORMATION REQUIRED**

37. Please attach the following as applicable:

- Latest annual financial statements and quarterly interim reports.
- Copy of bylaws, indemnification provisions, trust indenture, charter or constitution.
- Complete list of current directors, trustees, executive officers.
- Brochures and/or promotional literature descriptive of operations and/or purpose.

**THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.**

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

**For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd’s Underwriters’ insurance business in Canada.**

**Must Be Signed By the Business Manager, President, Chairman of the Board, or Chief Executive Officer.**

(no other signature is acceptable).

\_\_\_\_\_  
Signature of Applicant (authorized representative)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

SUBMITTED BY: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**For contact information visit:  
[www.markelinternational.ca](http://www.markelinternational.ca)**