



# UNION EXECUTIVE LIABILITY INSURANCE RENEWAL APPLICATION

PLEASE ANSWER ALL QUESTIONS  
IF SPACE IS INSUFFICIENT, PLEASE ATTACH DETAILS BY ADDENDUM

## GENERAL INFORMATION

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

**Policy Number:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_

2. Changes during the past year or anticipated in the next 12 months to the following:

- a) Address?  Yes  No
- b) Website?  Yes  No
- c) Locations?  Yes  No
- d) Subsidiaries?  Yes  No
- e) Directors and Officers?  Yes  No
- f) Auditors and Legal Counsel?  Yes  No
- g) Operations/Services of the organization?  Yes  No

**If 'Yes' to any of the above, attach details.**

## FINANCIAL INFORMATION

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

Total Liabilities: \_\_\_\_\_ Net Funds: \_\_\_\_\_ Restricted Funds: \_\_\_\_\_

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

4. 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): \_\_\_\_\_ %

Are donations solicited?  Yes  No

5. Has the Applicant filed an Income Tax return for the past year?  Yes  No  
 If 'Yes', have the returns been accepted as filed?  Yes  No
6. Is there or has there been any dispute as to the Union's tax exempt status?  Yes  No
7. 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
8. Is the Applicant currently, or has it at any time during the past year been, in breach of any debt covenant, loan agreement, contractual obligation, or does it anticipate any such breach occurring within the next 12 months?  Yes  No

**If 'Yes' to question 6, 7 or 8, attach details.**

**EMPLOYMENT INFORMATION**

9. Indicate the total number of: (as applicable)
- |               |       |          |       |           |       |
|---------------|-------|----------|-------|-----------|-------|
| Directors     | _____ | Trustees | _____ | Officers  | _____ |
| Professionals | _____ | Managers | _____ | Employees | _____ |
| Volunteers    | _____ | Members  | _____ |           |       |
- Number of employees located in the U.S.A.? \_\_\_\_\_ Where? \_\_\_\_\_
- Number of employees in other international locations? \_\_\_\_\_ Where? \_\_\_\_\_

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

**ADDITIONAL INFORMATION REQUIRED**

11. Please attach the following as applicable:
- Latest annual financial statements and quarterly interim reports.
  - Complete list of current directors, trustees, executive officers.
  - Latest 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.**

**APPLICATION MUST BE SIGNED BY THE UNION BUSINESS MANAGER,  
PRESIDENT, CHAIRMAN OF THE BOARD, or CHIEF EXECUTIVE OFFICER**

(no other signature is acceptable)

\_\_\_\_\_  
Signature of authorized representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

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

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

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