



## This is your Directors and Officers Insurance Application Form

### MANAGEMENT LIABILITY INSURANCE – PROPOSAL FORM

#### SHORT APPLICATION

**IMPORTANT** – Please read these guidance notes before completing the Proposal Form. Where further information is required please refer to your Broker.

**PLEASE NOTE** – This Proposal Form is for a CLAIMS MADE policy. A CLAIMS MADE policy only responds to “claims” made against the Insured and notified to the Underwriters during the period of insurance.

1. This Proposal Form must be typed or completed in ink and signed and dated by the Proposer. Please answer every question in full and sign and date the Declaration.
2. It is the duty of the Proposer to disclose all material facts to the Underwriters, as failure to do so may render any Policy voidable, or severely prejudice your rights in the event of a claim. Therefore it is crucial that the Proposer answers each question and completes the Declaration only after a full and reasonable enquiry and investigation into the facts.
3. For the purpose of the Proposal Form and for all purposes relating to any policy issued pursuant to this Proposal Form, a ‘Material Fact’ shall be deemed to be one that would be likely to influence an Underwriter’s judgment and acceptance of your Proposal Form. If you are in any doubt as what constitutes a ‘Material Fact’, you should consult your broker.
4. Should there be any material change in the answers given to the questions contained in the Proposal Form prior to the inception of the Policy, the Proposer must notify the Underwriters and, at the sole discretion of the Underwriters, any outstanding quotations may be modified or withdrawn.
5. Upon acceptance of the Underwriter’s terms and conditions and payment of the premium, all information provided by the Proposer, including this Proposal Form, addenda (if applicable) and the guidance notes will be deemed to be incorporated in the contract between the Underwriters and the Insured and shall be deemed the basis of the contract of insurance.

#### COPIES OF THE PROPOSAL FORM SHOULD BE RETAINED FOR YOUR OWN RECORDS

SIGNING OF THIS PROPOSAL FORM DOES NOT BIND THE PROPOSER OR THE UNDERWRITERS TO COMPLETE A CONTRACT OF INSURANCE

- 1 Full Name of Society: \_\_\_\_\_
- 2 Address of the Registered Office of the Society: \_\_\_\_\_
- 3 Society Website Address: \_\_\_\_\_
- 4
  - a) Was the Society incorporated in Canada with limited liability, more than 24 months ago:  Yes  No
  - b) Is the Society (please tick ONE option from i – vi below):
    - i Private  Yes
    - ii Not-for-Profit association or registered charity  Yes
    - iii Publicly listed on any stock exchange or securities market  Yes
    - iv a Strata company  Yes
    - v a Limited Liability Partnership (LLP)  Yes
    - vi Other (please give details below):  Yes
  - c) \_\_\_\_\_  
Can the Society be described as, or is it involved in, any of the following activities:  Yes  No



- 8 Only answer if the answer to 6c) is Yes:
- a) Does the Society have written procedures, contracts of employment, personnel files, and employee handbook?  Yes  No
  - b) Does the Society minute all grievance and disciplinary hearings?  Yes  No
  - c) Does the Society expect there to be any redundancies or other reductions amongst its employees in the next 24 months?  Yes  No
  - d) Has there been more than 10% of the employees of the Society resign, or made redundant, or dismissed during the last 24 months?  Yes  No
  - e) Does the Society plan to make any amendments to the employee benefits package in the next 24 months nor has done so during the last 24 months?  Yes  No
  - f) Does the Society pay an average annual gross salary of more than CAD400,000 to any full-time employee?  Yes  No
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- 9 Does any person or entity hold (beneficially or otherwise) more than twenty five percent (25%) of the issued share capital of the Society?  Yes  No
- If Yes, please provide details of the shareholder(s) and percent shares owned:
- |       | % | % |
|-------|---|---|
| _____ | % | % |
| _____ | % | % |
- 
- 10 Please select which of the following Limits of Indemnity are sought for quotation:
- X CAD5,000,000
- Other (please state): CAD: \_\_\_\_\_

**DECLARATION**

The Proposer declares and warrants that after full and reasonable enquiry and investigation and to the best of his/her knowledge and belief all statements and particulars contained in this Proposal Form and (if applicable) any addenda hereto are true and that no information whatsoever has been withheld which might increase the risk of the Underwriters or influence the acceptance of this Proposal Form and that should the above particulars alter in any way confirms that he/she will advise the Underwriters as soon as is practicable.

The Proposer further declares and warrants that he/she has been duly authorized by the Directors and Officers and the Company to act as their agent in respect of all matters of any nature or kind relating to or affecting this Proposal Form and the Policy.

The Proposer understands that failure to disclose any material facts which would be likely to influence the acceptance and assessment of the Proposal Form may result in the Underwriters refusing to provide indemnity or voiding the Policy in every respect.

The Proposer hereby agrees and accepts that this Proposal Form and (if applicable) addenda hereto shall be the basis of the contract of insurance if entered into.

The Underwriters are hereby authorized, at their absolute discretion, to make any investigation and enquiry in connection with regard to this Proposal Form as they deem necessary.

For and on behalf of (name of Society): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Signatory: \_\_\_\_\_ Position: \_\_\_\_\_

Position must be the Chairman or Managing Director or Chief Executive or any equivalent of the Society

Brokerage: \_\_\_\_\_ Broker e-mail \_\_\_\_\_

Broker signature: \_\_\_\_\_ Date: \_\_\_\_\_