

## MANAGEMENT LIABILITY PLUS APPLICATION FORM

Errors & Omissions, Directors' & Officers', and Employment Practices Liability Insurance tailored to Canadian Regulatory Bodies and Agencies.

**1. General Information:**

Name of Organization: \_\_\_\_\_

(a) Address: \_\_\_\_\_

(b) Contact: \_\_\_\_\_

(c) Telephone: \_\_\_\_\_

(d) Email: \_\_\_\_\_

(e) Website Address: \_\_\_\_\_

(f) Date of Incorporation: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_ Fiscal Year End: \_\_\_\_\_

(g) The organization's legal structure (tick all that apply):

<input type="checkbox"/> Corporation	<input type="checkbox"/> College
<input type="checkbox"/> Trade / Business Association	<input type="checkbox"/> Agency
<input type="checkbox"/> Foundation	<input type="checkbox"/> Research / Development Institute

(h) Briefly describe the function, purpose and general nature of operations:  
 \_\_\_\_\_

**2. Operational Activities:**

(a) Does the organization have any subsidiaries or affiliated companies for which coverage is required?  Yes  No  
 If yes, please provide the following information:

Name	Nature of Operations	Jurisdiction of Incorporation	Non-Profit Entity?	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

(b) Percentage of the services provided or activities performed in:

Canada:

United States:

Other Country (please specify):

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(c) Is the organization a licensing body for its members?

Yes  No

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(d) Does the organization perform the following:

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- Take any disciplinary action or recommend disciplinary action against a member?  Yes  No
- How many members have been subject to disciplinary procedures in the past annual period? \_\_\_\_\_
- Act in any capacity as an insurance agent, broker, underwriter or consultant?  Yes  No
- Publish any magazines, periodicals, technical manuals or newsletters, or engage in broadcasting or reproduction of copyright?  Yes  No
- Engage in activities such as labour negotiations or collective bargaining?  Yes  No

If yes to any of the above, please attach details (including sample of published material).

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### 3. Financial Information:

(a) Is the organization currently, or has it at any time during the past three years, been in arrears in its payments to Revenue Canada or the provincial ministries of revenue (including source deductions, G.S.T. and P.S.T.)?  Yes  No  
If yes, please attach details.

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(b) Is the organization currently or has it at any time during the past three years been in breach of any of its debt covenants, loan agreements, contractual obligations, or does it anticipate any such breach occurring within the next twelve months?  Yes  No  
If yes, please attach details.

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(c) For the most recent consolidated fiscal year-end provide the following financial information for the organization:

i. Fiscal Year-end Date	
ii. Total Assets	
iii. Total Liabilities	
iv. Total Revenues	
v. Net Income	

### 4. Employee Information:

(a) Number of full time employees located in:

Canada:

United States:

Other Country (please specify):

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(b) Number of part time employees located in:

Canada:

United States:

Other Country (please specify):

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(c) Number of volunteers located in:

Canada:

United States:

Other Country (please specify):

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(d) Number of employees with total annual compensation greater than \$100,000:

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(e) Have there been any layoffs, terminations or staff reductions over the past two years?  Yes  No

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(f) Are any layoffs or staff reductions anticipated within the next two years?  Yes  No  
If yes, describe fully.

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(g) Does the organization perform the following:

- Written hiring/interviewing guidelines?  Yes  No
- Written employment agreements with all officers and managers?  Yes  No
- An employee handbook, distributed to all employees?  Yes  No
- Written job descriptions for all positions?  Yes  No
- Annual written performance appraisals?  Yes  No
- A written policy against discrimination and sexual harassment?  Yes  No
- A written policy dealing with the use of company email and internet access?  Yes  No
- An out-placement program to assist discharged employees?  Yes  No

(h) Does the organization use outside legal counsel for employment advice or disciplinary reviews?  Yes  No

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## 5. Continuing Professional Development:

(a) Does the organization require members to maintain Continuing Professional Development (CPD) hours/credits?  Yes  No

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(b) Does the organization offer CPD courses for members?  Yes  No  
If yes, are the courses:  in house  outsourced  both

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(c) Are professional exams required for the organization's members?  Yes  No  
If yes:  
How many exams per year?  entry-level only  1x per year  >1x per year

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(d) What is the pass / fail rate for exams?  
Are the exams:  written  practical (ie. demonstrations)  both

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**6. Fiduciary Liability:**

- (a) Does the organization operate an employee pension plan and/or benefit plan?  Yes  No  
If yes, please complete the attached supplementary application.
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**7. Prior Insurance:**

- (a) Has any similar insurance to that proposed herein been declined, cancelled or renewal thereof refused?  Yes  No
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- (b) Previous Directors' & Officers' Liability Insurance:

Insurer	Period	Limit	Deductible	Premium
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- (c) Previous Errors & Omissions Liability Insurance:

Insurer	Period	Limit	Deductible	Premium
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**8. Past Activities:**

During the past three years, has the organization or any person(s) applying for this insurance:

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- (a) been the recipient of any declination, cancellation or non-renewal of any insurance similar to that now applied for?  Yes  No
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- (b) been given or delivered written notice under the provision of any Errors & Omissions, Directors' and Officers' or Employment Practices liability insurance policy of any claim or notice of potential claim?  Yes  No
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- (c) been the subject of any inquiries, complaints, notices or hearings by any Federal or Provincial regulatory authority? How many exams per year?  Yes  No
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If yes to any of the above, please attach details.

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## 9. Prior Knowledge:

Is the undersigned or any other person(s) proposed for this insurance aware of any fact or circumstance involving the organization, its subsidiaries, the Directors or Officers, trustees, employees, volunteers or committee members of the organization or its subsidiaries which could reasonably give rise to a claim which would fall in to the scope of the proposed insurance?  Yes  No

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## 10. Attachments:

Please provide the following:

- Latest annual report including financial statements
  - Copy of the organization's by-laws and constitution
  - Complete list of subsidiaries (any corporation of which the organization owns more than 50% of the voting stock) and indicate if any operate for profit
  - Complete list of committees responsible to the Board of Directors and a brief description of each committee's functions
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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 BMS Group 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:

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Date:

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