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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|   |  |  |  |  |  |  |  |  |   |
| Brokerlink_logo_NewTag.jpg  Application for Directors and Officers Liability |
| **BrokerLink INC.****100-6 Antares Drive, Phase III** **Ottawa ON K2E 8A7****1-800-203-3283** |   |  |
|  |  |  |
|   |  |  |  |  |  |  |  |  |   |
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| **Copies of the following information must be attached to this application:** |  |  |
| **\* The organization's charter or by-laws.** |  |  |  |  |  |  |
| **\* The organization’s latest audited financial statement.** |  |  |  |  |
| **NOTE:** If details involve personal information (ie financial/medical) about an individual, you must obtain his/her consent before disclosing that information to us. If consent cannot be obtained, you should avoid disclosing any personal information about that person. |
| 1) | Name of Organization/Association: |   |
|  |  |  |  |
|  | Address: |  |
|  |  |  |  |  |  |  |  |  |  |
| 2) | Date Organized: |   | Conducted business continuously since: |   |
|  |  |  | (dd/mm/yy) |  |  |  |  (dd/mm/yy) |
|  |  |  |  |  |  |  |  |  |  |
| 3) | Legal Structure (corporation, association, foundation, professional trade or service, etc.): |
|  |   |
|  |  |  |  |  |  |  |  |  |  |
| 4) | Purpose of the organization and nature of operations (provide copies of information booklet or  |
|  | brochure if available): |  |  |  |  |  |  |  |
|  |   |
|  |   |
|  |   |
|  |  |  |  |  |  |  |  |  |  |
| 5) | Limit of Liability Requested: |   |
|  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 6) | Size of operating budget (revenue plus cash assets): |   |
|  | Indicate the percentage of funds received from the following sources: |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | Federal, Provincial, local government: |  |  |  |   |
|  | Fees for services: |  |  |  |  |  |   |
|  | Dues from members |  |  |  |  |  |   |
|  | Donations, contributions from the general public: |  |  |   |
|  | Other (please specify): |  |  |  |  |   |
|  | Are contributions generally solicited? |  |  |  |   |
|  | What percentage of total contributions received are available for charitable purposes? |   |
|  |  |  |  |  |  |  |  |  |  |
| 7) | Number of: | Directors: |   | Officers: |   | Professionals: |   |  |
|  |  | Members: |   | Volunteers |   | Clerical Employees: |   |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 8) | Does the organization have any stockholders or persons who profit from the operation except as |
|  | salaried employees? |  | yes |   | no |   |  |  |
|  | If yes, provide full details:**(see NOTE above)** |  |  |
|  |   |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 9) | List all subsidiaries and affiliated organizations indicating whether profit or non-profit and nature |
|  | of operations: |   |
|  |   |
|  |   |
|  |  |  |  |  |  |  |  |  |  |
| 10) | Does the organization have any operations outside Canada? |  |  |  |
|  | yes |   | no |   | If yes, please provide full details: |  |  |
|  |   |
|  |   |
|  |  |  |  |  |  |  |  |  |  |
| 11) | Does the organization administer a pension fund for its employees? |  |  |
|  | yes |   | no |   | If yes, who manages the fund? |  |  |
|  |   |
|  |  |  |  |  |  |  |  |  |  |
| 12) | Name of auditor/accountant: |   |
|  | How often is an audit done: |   |
|  | Has the organization changed its auditor/accountant in the last five years? |  |  |
|  | yes |   | no  |   | If yes, please provide full details: |  |  |
|  |   |
|  |  |  |  |  |  |  |  |  |  |
| 13a) | Has the organization filed a Federal Income Tax Return for any of the last five years? |  |
|  | yes |   | no |   |  |  |  |  |  |
| 13b) | If yes, have the returns been accepted as filed? | yes |   | no |   |
|  |  If no, provide full details: |   |
|  |  |  |  |  |  |  |  |  |  |
| 14) | Are any of the Directors or Officers or any other person(s) proposed for this insurance indebted to |
|  |  |  |  |  |  |  |  |  |  |
|  | the organization? | yes |   | no |   |  |  |  |
|  | If yes, provide full details:**(see NOTE above)** |  |  |  |  |  |  |
|  |   |
|  |   |
|  |  |  |  |  |  |  |  |  |  |
| 15a) | How frequently does the Board of Directors meet? |   |
| 15b) | How many Board members must be present to constitute a quorum? |   |
| 15c) | Are meeting agenda and minutes of previous Board meetings and Board committee meetings  |
|  | distributed to each director at least 10 days prior to each Board meeting date? |  |
|  | yes |   | no |   |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 15d) | Describe the procedures which are in place to keep the Directors and Officers informed of new |
|  | developments, operations results. etc., between meetings: |  |  |  |
|  |   |
|  |   |
| 15e) | Does each Director have a formal job description which clearly defines his/her scope of duties? |
|  | yes |   | no |   |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 15f) | What are the Corporation's rules with respect to loans on behalf of the Organization? |  |
|  |   |
|  |   |
|  |  |  |  |  |  |  |  |  |  |
| 15g) | Indicate the source of the Board's legal advice: |   |
|  | Do the Board's legal advisors make regular presentations to the Board to review the responsibilities |
|  | of the Directors and Officers and of the organization, as defined in the various relevant statues and  |
|  | related jurisprudence? | yes |   | no |   |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 15h) | Are all Directors, Officers and senior employees required to obtain legal counsel prior to publicly |
|  | commenting on any of the Corporation's activities? | yes |   | no |   |
|  |  |  |  |  |  |  |  |  |  |
| 16) | Provide details of current or expiring liability coverage's: |  |  |  |
|  |  |  |  |  Insurer |  Policy Period |  Limit |
|  | Commercial General Liability: |   |   |   |   |   |   |
|  | Professional Errors & Omissions: |   |   |   |
|  | Other: |   |   |   |   |
|  |  |  (specify) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 17) | Provide details of Directors and Officers Liability Insurance carried in the past three years: |
|  |  Insurer |  Policy Period |  Limit | Deductible |  Premium |
|  |   |   |   |   |   |   |   |   |   |
|  |   |   |   |   |   |
|  |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |  |
| 18) | During the past five years, has the organization had similar insurance declined, cancelled, non-renewed |
|  | or refused? | yes |   | no |   | If yes, provide details: |
|  |   |
|  |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| 19a) | Has any claim been made or is a claim now pending against the organization or any person proposed |
|  | for the insurance? | yes |   | no |   |  |  |  |  |
|  | If yes, provide full details:**(see NOTE above)** |  |  |  |  |  |  |  |
|  |   |  |
|  |   |  |
|  |  |  |  |  |  |  |  |  |  |  |
| 19b) | 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, provide full details:**(see NOTE above)** |  |  |  |  |  |  |
|  |   |  |
|  |  |  |  |  |  |  |  |  |  |  |
| 19c) | Does the organization or any other person(s) proposed for this insurance have knowledge or information |
|  | of any actual or alleged error, omission, negligent act, misstatement or misleading statement, breach |
|  | of duty or neglect of duty which might give rise to a future claim? |  |  |  |  |
|  | yes |   | no |   |  |  |  |  |  |  |
|  | If yes, provide full details:**(see NOTE above)** |  |  |  |  |  |  |  |  |  |
|  |   |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| 20) | It is agreed that any claim or action arising from any error, omission, negligent act, misstatement or |
|  | misleading statement, breach of duty or neglect of duty which is known to any Director or Officer |  |
|  | prior to issuance the policy shall be excluded from coverage. |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | **Declaration:** |  |  |  |  |  |  |  |  |
|  |  | The undersigned declares that all statements made in the Application and the |  |
|  |  | information contained in documents submitted with it are true. The undersigned also |  |
|  |  | declares that all officers and directors acknowledge the contents of Question 19 and that |
|  |  | each of them has attested to the accuracy of the responses given. Signing of this  |  |
|  |  | document does not bind the Applicant to complete the insurance, but it is agreed that the |
|  |  | Application shall be the basis of the contract, should a policy be issued. |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **SIGNED, SEALED AND DELIVERED this** |  |  |  |   | **day of** |   | **,** |   |  |
|  |   |  |   |  |
|  |  | **Corporation** |  |  |  **Chairman of the Board or President** |  |