



**INTERCITY  
INSURANCE  
SERVICES INC.®**

**APPLICATION  
for  
DIRECTORS & OFFICERS LIABILITY**

**( BE A MEMBER & RENEW EARLY - INSURANCE EXPIRES JANUARY 01 EACH YEAR )**

**2010 Insurance Program for Directors & Officers of Member Clubs**

---

Intercity Insurance is the official insurance broker of most Equine Associations in Canada.  
**Questions about this Insurance Program must be directed to Intercity®.**

- Intercity Insurance Services Inc.® offers protection for the Directors and Officers of member Clubs that are registered societies and members in good standing of their Provincial Equine Association.
- Directors & Officers Liability is a special coverage available separately for member Clubs who qualify and apply using the attached application form.
- Directors & Officers Liability protects directors and their personal assets from law suits brought against them for their actions as directors of a Club. Please review the information provided under "Frequently Asked Questions".
- Please complete and sign the attached Application Form and return it to Intercity Insurance Services Inc.® along with premium payment to obtain this coverage. Remember to enclose your premium payment as coverage is not effective until we receive both the signed application form and the premium payment.

**INTERCITY INSURANCE SERVICES INC.®**  
**15221 YONGE STREET, AURORA, ON L4G 1L8**  
**Phone Toll Free 1-888-394-3330**  
**Fax 1-905-841-0030**  
**Website [www.intercityinsurance.com](http://www.intercityinsurance.com)**



**INTERCITY  
INSURANCE  
SERVICES INC.®**

**2010 DIRECTORS & OFFICERS LIABILITY  
APPLICATION**

**This Insurance Expires January 01 Each Year !**

**SOCIETY INFORMATION:**

- 1) Name of Organization \_\_\_\_\_
- 2) Mailing Address \_\_\_\_\_
- 3) Contact Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_
- 4) State the Organization's Purpose \_\_\_\_\_
- 5) The Organization was formed and continues to operate as a "Not For Profit" Organization Yes  No
- 6) What year did the Organization form \_\_\_\_\_ # of Employees (if any) \_\_\_\_\_

**CLAIM INFORMATION:**

- 7) Within the last 5 years has the Organization received an inquiry, complaint or notice of hearing from any Provincial or Federal Regulatory Authority? Yes  No
- 8) Has the Organization and/or its Director's, Officer's, or any person(s) proposed for this insurance been involved in or have any knowledge of pending Federal, Provincial or local legal actions or proceedings against it/them? Yes  No
- 9) Within the scope of this proposed insurance has any claim been made, or is now pending against the Organization or any person(s) proposed for this insurance? Yes  No
- 10) Within the scope of this proposed insurance has any Director, Officer or any other person(s) proposed for insurance any knowledge or information of any "Wrongful Act" which they should expect could give rise to a claim against them? Yes  No
- 11) Has the Organization had similar insurance declined, canceled or had a renewal refused? Yes  No

**LIMIT OF COVERAGE AND PREMIUM CALCULATION:**

<b>12) ORGANIZATION ASSET/REVENUE SIZE</b>	<b>CHOOSE YOUR LIMIT AND PREMIUM</b>		
Cash Assets <b>Plus</b> Annual Revenue are:	\$1,000,000.	\$2,000,000.	\$5,000,000.
i) Less than \$25,000.....	<input type="checkbox"/> \$175.	<input type="checkbox"/> \$325.	<input type="checkbox"/> \$550.
Or			
ii) \$25,000to \$50,000.....	<input type="checkbox"/> \$375.	<input type="checkbox"/> \$525.	<input type="checkbox"/> \$750.
Or			
iii) More than \$50,000.....	<input type="checkbox"/> \$525.	<input type="checkbox"/> \$725.	<input type="checkbox"/> \$950.
	Total Payable = \$ _____		
	Residents of Ontario add 8% PST = \$ _____		
<b>(Payment is required in order to make coverage effective)</b>	<b>TOTAL PREMIUM PAYABLE = \$ _____</b>		

**INSURED'S ACKNOWLEDGMENT AND DECLARATION**

It is agreed that any claim arising from a "Wrongful Act" which is known to any Director or Officer prior to the issuance of the policy shall be excluded from coverage.

The undersigned authorized Officer of the Organization on behalf of the Director's and Officer's and the Organization declares that to the best of their knowledge and belief the statements set forth herein are true.

Signature of a "Signing Officer" \_\_\_\_\_ Date Signed \_\_\_\_\_