



MANAGEMENT LIABILITY INSURANCE – PROPOSAL FORM AGRICULTURAL OR EQUINE NOT FOR PROFIT ORGANIZATION

Please read these guidelines before completing this Proposal Form

- 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notify the Underwriters and, at the sole discretion of the Underwriters, any outstanding quotations may be modified or withdrawn.
- 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.
- Signing of this Proposal Form does not bind the Proposer or the underwriters to complete a contract of insurance.

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1. **Full Name of Not For Profit Organization:**
 2. **Address of Organization:**
 3. **Organization Website Address:**
 4. **How many years has the Organization been incorporated in Canada?**
 5. **Describe the Organization's operations a/o industry:**
 6. **Does the Organization publish Audited Reports?** Yes No
 7. **Has the Organization made a Net Profit or been at a Break-even point for the last 2 fiscal years?** Yes No
If "NO", explain (include Net Loss figure if applicable):
 8. **Is the Organization able to pay its debts as they fall due?** Yes No
If "NO", explain:
 9. **Is the Organization involved in any litigation or disputes?** Yes No
If "YES", explain:
 10. **Does the Organization have any contingent or extraordinary liabilities?** Yes No
If "YES", explain:
 11. **What is the Organization's expected:**
Gross Total Assets * : \$ **Gross Total Revenue: \$**
(* Assets may include physical property; trademarks and patents; cash)
Total number of Employees: **Total number of Volunteers:**
 12. **After full and reasonable investigation, does the Proposer, the Directors and Officers, the Organization and the employees, trustees and committee members have any knowledge of the following:**
 - a. Any intention for the Organization to be acquired by, or merged with, any other entity, or for there to be any other material change in the ownership of the Organization (including but not limited to, a management buy-out or an offering of its share capital or securities)? Yes No
 - b. Any event of the sort referred to in question 6.a. having taken place in the last 24 months? Yes No
 - c. Any claims, or circumstances which may give rise to a claim, or any disciplinary proceedings or any complaints having been threatened or intimated or made (successfully or otherwise) against the Directors or Officers or the Organization or the employees or the trustees or committee members or the Proposer with respect to the coverage being sought? Yes No**If "YES" to any of the above, explain:**



13. Please answer the following questions if insurance is sought for claims in respect to Employment Practices Liability.

- a. Does the Organization have written procedures, contracts of employment, personnel files and an employee handbook? Yes No
- b. Does the Organization minute all grievance and disciplinary hearings? Yes No

If "NO" to any of the above, explain:

- c. Does the Organization expect there to be any redundancies or other reductions amongst its employees in the next 24 months? Yes No
- d. Have more than 10% of the employees of the Organization resigned, or been laid off, or dismissed during the last 24 months? Yes No
- e. Does the Organization plan to make any amendments to the employee benefits package in the next 24 months or has it done so during the last 24 months? Yes No
- f. Does the Organization pay an average annual gross salary of more than CAD\$400,000 to any full-time employee? Yes No

If "YES" to any of the above, explain:

14. Please provide details of any current Directors and Officers Liability Insurance:

Insurer: Expiry Date:
 Limit of Policy: Premium:
 Deductible/Retention: Continuity Date:

15. Select limit sought for quotation:

- \$1,000,000 \$2,000,000 \$5,000,000 \$10,000,000 Other (specify) \$

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 Organization 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 Organization):

Signature: **Date:**

Name of Signatory: **Position:**

Position must be the Chairman or Managing Director or Chief Executive or the equivalent of the Organization.

PREMIUM CALCULATION TABLE

Cash Assets PLUS Annual Revenue are:	\$1,000,000 Limit	\$2,000,000 Limit	\$5,000,000 Limit
Less than \$25,000	\$150	\$300	\$500
\$25,001 to \$50,000	\$350	\$500	\$700
\$50,001 to \$500,000	\$500	\$700	\$900
\$500,001 and over	MUST BE REFERRED		