



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notify the Underwriters and, at the sole discretion of the Underwriters, any outstanding quotations may be modified or withdrawn.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.

- 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?
If "NO", explain (include Net Loss figure if applicable):** Yes No
- 8. Is the Organization able to pay its debts as they fall due?
If "NO", explain:** Yes No
- 9. Is the Organization involved in any litigation or disputes?
If "YES", explain:** Yes No
- 10. Does the Organization have any contingent or extraordinary liabilities?
If "YES", explain:** Yes No
- 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. 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:

13. 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

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		