

### Corporate Information

1. a) Name of Applicant: \_\_\_\_\_  
 b) Address: \_\_\_\_\_

### Operational Activities

2. Since the date of the last Application have there been any significant changes, or are there any anticipated changes in the next twelve (12) months, in the following areas:
- a) Scope of operations?  Yes  No
- b) Acquisition, creation or divestiture of subsidiaries?  Yes  No
- If yes to any of the above, attach details.**
3. Percentage of the services provided, or activities performed in:
- Canada: \_\_\_\_\_% United States: \_\_\_\_\_% Other: \_\_\_\_\_%
- If Other, please advise percentage for each country: \_\_\_\_\_

### Financial Information

4. a) If the Applicant holds a charitable status, has this status ever been revoked or been subject to review?  Yes  No
- b) Is the Applicant currently, or has it at any time during the past three Years been, in arrears in its payments to the Canada Revenue Agency or the provincial ministries of revenue (including source deductions, H.S.T and P.S.T.)?  Yes  No
- c) Is the Applicant currently, or has it at any time during the past three years been, in breach of any of its debt covenants or loan agreements, or does it anticipate any such breach occurring within the next twelve months?  Yes  No
- d) Has the Applicant been advised of any government funding or grant reductions or does it anticipate such reductions in the next 12 months?  Yes  No
- If yes to any of the above, please attach details.**
- e) For the most recent and prior consolidated fiscal year-end, provide the following financial information for the Applicant:

Fiscal Year-End Date:		Fiscal Year-End Date:	
Current Assets:	\$ _____	Current Assets:	\$ _____
Total Assets:	\$ _____	Total Assets:	\$ _____
Current Liabilities:	\$ _____	Current Liabilities:	\$ _____
Total Liabilities:	\$ _____	Total Liabilities:	\$ _____
Net Assets:	\$ _____	Net Assets:	\$ _____
Total Revenue:	\$ _____	Total Revenue:	\$ _____
Net Income:	\$ _____	Net Income:	\$ _____

### Employment Practices Information

5. a)
- |                                  | Canada | United States | Other Country |
|----------------------------------|--------|---------------|---------------|
| Number of Employees located in:  | _____  | _____         | _____         |
| Number of Volunteers located in: | _____  | _____         | _____         |
- b) Are any layoffs, staff reductions, or branch or office closings anticipated within the next two years?  Yes  No

### Fiduciary Liability Information

6. Has the Applicant made any changes to the Benefit Plans if offers to its employees?  Yes  No

It is agreed that this Application is a supplement to all other Applications previously submitted to the Insurer in conjunction with the underwriting and issuance of insurance coverage for which this policy is a renewal or replacement or otherwise succeeds in time, and those Applications together with this Application shall constitute the complete Application which shall be the basis of any quotation which may be made.

**FALSE INFORMATION**

Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto **MAY BE GUILTY OF COMMITTING A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.**

**DECLARATIONS AND SIGNATURE**

The undersigned authorized officer of the Applicant:

- (i) declares, after inquiry, that the statements and representations set forth in this Application, and all materials submitted to or requested by the Insurer in conjunction with this Application, are true;
- (ii) acknowledges that these statements, representations, and materials are relied on by the Insurer and that they shall be deemed material to the acceptance of the risk assumed by the Insurer under the insurance applied for, should the insurance be effected;
- (iii) agrees that if the information supplied in connection with this Application changes between the date of this Application and the effective date of any insurance effected pursuant to this Application, the undersigned will immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding indications, quotations and/or authorization or agreement to effect the insurance; and
- (iv) acknowledges that any personal information provided in connection with the insurance applied for, including but not limited to the information contained in this Application, has been collected in accordance with all applicable privacy legislation. The undersigned confirms that all necessary consents have been obtained for the collection, use, and disclosure of such information for the purposes of any investigation and inquiry in connection with this Application for insurance and, if applicable, investigating and settling claims, detecting and preventing fraud, and acting as required or authorized by law.

Signing of this Application does not obligate the Applicant or the Insurer to effect the insurance, but it is agreed that all materials submitted to or requested by the Insurer in conjunction with this Application are hereby incorporated by reference into this Application and made a part hereof. Terms and conditions, including limits of coverage, offered by the Insurer may differ from those applied for by the Applicant. It is further agreed that this Application and all materials submitted to or requested by the Insurer in conjunction with this Application are the basis of and are deemed attached to and incorporated into any policy effected pursuant to this Application.

**PLEASE NOTE: COVERAGE CANNOT BE BOUND UNLESS THIS APPLICATION HAS BEEN FULLY COMPLETED AND DULY SIGNED AND DATED.**

**APPLICANT**

**DATE**

**SIGNATURE**

**TITLE**