



**Travelers Insurance Company of Canada**  
**Non-Profit Organizations Directors and Officers/Employment Practices Liability Application**



**GENERAL INFORMATION**

The term "Applicant" means all corporations, organizations or other entities, including subsidiaries, proposed for this insurance.

Name of **Applicant**: \_\_\_\_\_

Address: \_\_\_\_\_

Web Site Address: \_\_\_\_\_

Description of **Applicant's** Operations: \_\_\_\_\_

Year **Applicant's** Organization established: \_\_\_\_\_

**Does the Applicant:**

Have tax-exempt status under the *Income Tax Act (Canada)*? Yes  No

Have an Employee Handbook, which has been reviewed by legal counsel and distributed to employees? Yes  No

Currently anticipate, or have had in the past 12 months, any layoffs? Yes  No

Consult with legal counsel or Human Resources personnel prior to every employee termination? Yes  No

Have any subsidiaries, affiliated companies, chapters, or voting stock holders? Yes  No

Have any material pending changes in the nature of operations, sources of revenue or operational status? Yes  No

Conduct activities regulating professional accreditation, member certification or licensing? Yes  No

Provide professional services to its members or the public on a fee-for-service basis? Yes  No

Currently carry General Liability Insurance? Yes  No

Create, edit or distribute any type of publications? Yes  No

Sponsor or provide any form of insurance, financial services or loans to its members or the public? Yes  No

Currently, or has been in the past 24 months, in violation any debt covenant or loan agreement? Yes  No

Currently, or has been in the past 24 months, in arrears in its payments to the Canada Revenue Agency or the provincial ministries of revenue (including source deductions, G.S.T. and P.S.T.)? Yes  No

**If "Yes", please attach an explanation**

**LOCATION AND NUMBER OF EMPLOYEES**

Country	# of Locations	Full Time Employees	Part-Time Employees	Employee Turnover %	# of Volunteers

**\*Employees include Leased, Temporary, Seasonal and Volunteer Employees**  
**To enter more information, please attach a separate page to the application**

**FINANCIAL INFORMATION**

**Note:** This section can be omitted if the Applicant is submitting a separate financial statement as an attachment.

Please indicate the following as it relates to the Applicant's fiscal year end (FYE): (please indicate negative figures with "( )" or "-," as appropriate)	Most Recent FYE (Month/Year) /	Prior FYE (Month/Year) /
1. Total Assets		
2. Total Debt		
3. Net Equity/Net Assets/Fund Balance (Deficit Equity)		
4. Revenues		
5. Net Income (Net Loss)		

**AUDITOR INFORMATION**

Scope of Financial Statement preparation:     Internal                       Compilation                       Review                       Audit

**INSURANCE INFORMATION – TO BE COMPLETED ONLY IF PURCHASING NEW COVERAGE WITH TRAVELERS**

**With respect to any Liability Coverages currently purchased, and for insurance which the Applicant is applying with this application, please answer the following questions:**

- 1. Has there been any interruption in coverage since the date coverage was first purchased? Yes  No
- 2. As of the Date the **Applicant** first purchased this insurance, were there any facts, circumstances, or situations, which might have resulted in a claim being made against any insured? Yes  No
- 3. Are there any facts, circumstances, or situations, which could give rise to a claim under the Liability Coverages for which the **Applicant** is applying? Yes  No

**If “Yes” to any of the above, please attach an explanation**

**Without prejudice to any other rights and remedies of the Insurer, any claim arising from any facts or circumstances required to be disclosed is excluded from the proposed insurance.**

**LOSS INFORMATION - TO BE COMPLETED ONLY IF PURCHASING NEW COVERAGE WITH TRAVELERS**

Related to the requested Liability Coverages, has any person or entity proposed for this insurance been a party to any employment-related claims, fiduciary claims, professional liability claims, securities claims, criminal actions, administrative or regulatory proceedings, charges, hearings, demands or lawsuits during the past three years including but not limited to, shareholder, creditor, antitrust, fair trade law, copyright or patent litigation, whether or not insured? Yes  No

**If “Yes”, please attach an explanation**

**To the extent that any lawsuit or claim required to be disclosed in response to the questions above constitutes a “Claim” as defined by the Policy, such claim was made prior to the policy period requested hereunder and therefore would be excluded from coverage.**

**SIGNATURE**

**ALL LIABILITY COVERAGE PARTS FOR WHICH APPLICATION IS MADE APPLY, SUBJECT TO THEIR TERMS, ONLY TO “CLAIMS” FIRST MADE OR DEEMED MADE AGAINST “INSUREDS” DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD, IF APPLICABLE. THE LIMIT OF LIABILITY AVAILABLE TO PAY LOSSES WILL BE REDUCED BY THE AMOUNTS INCURRED, AS “DEFENCE EXPENSES”, AND “DEFENCE EXPENSES” WILL BE APPLIED AGAINST THE RETENTION AMOUNT. THE INSURER HAS NO DUTY TO DEFEND ANY “CLAIM” UNLESS DUTY-TO-DEFEND COVERAGE HAS BEEN SPECIFICALLY PROVIDED HEREIN.**

**THE UNDERSIGNED AUTHORIZED REPRESENTATIVE OF THE APPLICANT DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS SET FORTH IN THE ATTACHED TRAVELERS NEW BUSINESS OR RENEWAL APPLICATION FOR INSURANCE ARE TRUE AND COMPLETE AND MAY BE RELIED UPON BY TRAVELERS. IF THE INFORMATION IN ANY APPLICATION CHANGES PRIOR TO THE INCEPTION DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION. THE INSURER IS AUTHORIZED TO MAKE INQUIRY IN CONNECTION WITH THIS APPLICATION.**

**THE SIGNING OF THIS APPLICATION DOES NOT BIND THE INSURER TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, SHALL BE THE BASIS OF THE INSURANCE AND SHALL BE CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY, IF ISSUED. THE INSURER WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, IN ISSUING THE POLICY.**

**ELECTRONICALLY REPRODUCED SIGNATURES WILL BE TREATED AS ORIGINAL.**

Signature of **Applicant’s** Authorized Representative (President or CEO) \_\_\_\_\_ Title: \_\_\_\_\_

Name (Printed): \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT - REQUIRED ATTACHMENTS**

As part of this Application, submit the following documents with respect to the **Applicant**:

- Most recent Annual Financial Statement, if limits requested are greater than \$3,000,000 or, assets are greater than \$75 million, or, net income was negative in any of the previous 2 fiscal years.