



NON-PROFIT MANAGEMENT AND CORPORATE LIABILITY INSURANCE POLICY

CANADIAN KENNEL CLUB PROGRAM - APPLICATION

THIS IS AN APPLICATION FOR A CLAIMS MADE POLICY WITH DEFENCE COSTS INCLUDED IN THE LIMIT OF LIABILITY. ALL QUESTIONS MUST BE ANSWERED.

Corporate Information

- 1. (a) Name of Parent Corporation:
(b) Address:
(c) Date of Incorporation: Jurisdiction: Fiscal Year End:
(d) Web-Site Address:

Operational Activities

- 2. Does the Corporation have any subsidiaries or affiliated companies for which coverage is required? Yes No

If Yes, provide the following information:

Table with 4 columns: Name, Nature of Operations, Jurisdiction of Incorporation, Non-Profit Entity? (Yes/No)

- 3. Percentage of the services provided or activities performed in:
Canada: % United States: % Other Country: %

Financial Information

- 4. (a) If the Corporation holds a charitable status, has this status ever been revoked or been subject to review?
(b) Is the Corporation 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...?
(c) Is the Corporation currently, or has it at any time during the past three years been, in breach of any of its debt covenants or loan agreements...?

If yes to any of the above, attach details.

- 5. For the most recent consolidated fiscal year-end provide the following financial information for the Corporation:

- (a) Fiscal Year-end Date:
(b) Total Assets: \$
(c) Total Liabilities \$
(d) Total Revenues: \$
(e) Net Income: \$

Employment Practices Information

- 6. (a) Number of employees located in:
Canada: United States: Other Country:

(b) Number of volunteers located in:

Canada: _____ United States: _____ Other Country: _____

(c) Are any layoffs or staff reductions anticipated within the next two years? Yes No

If Yes, describe fully: _____

(d) Does the Corporation have the following in current use and practice:

(i) written guidelines, policies and procedures that have been vetted by a lawyer having expertise in employment law? Yes No

(ii) provide formal training for its supervisors in administering these guidelines policies and procedures? Yes No

(iii) obtain authorization from an officer prior to terminating an employee? Yes No

Prior Insurance

7. Provide details of Directors' and Officers' liability insurance policies held during the past three years:

Name of Insurer	Limit of Policy	Deductible/Retention	Expiry Date	Premium	Claims (Y/N)

Past Activities

8. During the past three years, has the Corporation or any person(s) applying for this insurance:

(a) been the recipient(s) of any declination, cancellation or non-renewal of any insurance similar to that now applied for? Yes No

(b) given or delivered written notice under the provisions of any Directors' and Officers' or Employment Practices liability insurance policy of any claim, or notice of potential claim? Yes No

If yes to any of the above, attach details.

9. During the past three years, has the Corporation or any person(s) applying for this insurance been involved in the following:

(a) any claim, which has been made or is now pending, which would fall within the scope of an insurance policy similar to that now proposed, if such insurance had been in force? Yes No

(b) any claim where loss payments have been made under any insurance policy similar to that now proposed? Yes No

(c) any anti-trust, combines, price fixing, restraint of trade, tax, copyright, patent infringement, investigation, civil litigation, or government regulatory or administrative proceedings? Yes No

(d) any receivership or insolvency or bankruptcy proceedings? Yes No

(e) any criminal proceedings? Yes No

If yes to any of the above, attach details.

THE APPLICANT DOES HEREBY PROVIDE THE FOLLOWING WARRANTY TO THE INSURER

10. Does the Corporation or any director, officer or any other person proposed for this insurance have knowledge or information of any fact, circumstance or situation which could reasonably give rise to a claim which would fall within the scope of the proposed insurance? Yes No
If Yes, provide details: _____

It is understood and agreed that if knowledge of any such facts, circumstances or situations exists, whether or not disclosed, any claim or action subsequently arising or developing therefrom shall be excluded from coverage under any policy issued by Trisura Guarantee Insurance Company.

PRIVACY DISCLOSURE AND CONSENT

The undersigned authorized officer of the Parent Corporation 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.

FALSE INFORMATION

Any person who, knowingly and with intent to defraud any insurance company or other person, files an Application for insurance containing any false information, or conceals information concerning any fact material thereto for the purpose of misleading any insurance company or other person, commits a fraudulent insurance act which is a crime.

DECLARATIONS AND SIGNATURE

The undersigned authorized officer of the Parent Corporation:

- (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; and
- (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.

Signing of this Application does not obligate the Parent Corporation 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 Parent Corporation. 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.

Parent Corporation	Date
Signature of duly authorized signing Officer	Title

CREDIT CARD AUTHORIZATION (VISA or MASTERCARD ONLY)

Cardholder hereby authorizes BFL CANADA Risk & Insurance Services Inc. to withdraw funds from the credit card stated below for the payment of insurance coverage.

Please check one: VISA MASTERCARD Card Number: _____

Expiry Date: (MM/YY): ____/____ Amount: \$_____

Cardholders First Name: _____ Cardholders Last Name: _____

Applications can be emailed or faxed along with the credit card authorization to the following address:

BFL CANADA Risk & Insurance Services Inc.
181 University Avenue, Suite 1700
Toronto, Ontario, M5H 3M7
Telephone: 1-(800) 668-5901 Fax: (416) 599-5458
Email: ccosme@bflcanada.ca or kgaetano@bflcanada.ca