



**Travelers Insurance Company of Canada**  
**for Non-Profit Organizations Renewal Coverage**  
**Application**



**A. COMMON SECTION**

**NOTICE:** 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.

**GENERAL INFORMATION**

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

**Applicant Information:**

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

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

City, Prov., Postal Code: \_\_\_\_\_

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

SIC Code: \_\_\_\_\_

Description of **Applicant's** Operations if different from last year: \_\_\_\_\_

Has there been any change to the **Applicant's** tax-exempt status under the Income Tax Act (Canada) in the last twelve (12) months? **If "Yes" to any of the above, please attach an explanation** Yes  No

Does the Applicant have any subsidiaries or affiliated companies? **If "Yes" to any of the above, please attach an explanation** Yes  No

1. Locations of **Applicants** and Number of Employees\* for Each:

Country	# of Locations	Full Time Employees	Part-Time Employees	Independent Contractors

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

**Number of Volunteers:** \_\_\_\_\_

2. In the next 12 months (or during the past twelve (12) months) is the **Applicant** contemplating (or has the **Applicant** completed or been in the process of completing) the following:

a. Any changes in nature of operation, sources of revenue or operational status? Yes  No

b. Any reorganization or arrangement with creditors? Yes  No

**If any of the above questions were answered "Yes", please attach an explanation, including the timing, the essential terms of the event, arrangement, and the surrounding circumstances.**

**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. Current Assets	/	/

2. Total Assets		
3. Current Liabilities		
4. Long Term Debt		
5. Net Equity/Net Assets (Deficit Equity)		
6. Revenues		
7. Net Income (Net Loss)		
9. Is the <b>Applicant</b> currently, or has it been in the past twelve (12) months, in violation or has it amended any debt covenant or loan agreement?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. Is the <b>Applicant</b> or any Subsidiary currently 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 <input type="checkbox"/>	No <input type="checkbox"/>
<b>If "Yes" to any of the above, please attach an explanation</b>		

**AUDITOR INFORMATION**

- Scope of Financial Statement preparation:     Internal         Notice to Reader         Review Engagement         Audit
- Has the **Applicant** changed outside auditors in the past twelve (12) months?        Yes  No  N/A
  - Have the outside auditors stated there are material weaknesses in the **Applicant's** systems of internal controls in the last twelve (12) months?        Yes  No  N/A
  - Have any material recommendations of the auditor not been implemented?        Yes  No  N/A

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

**REQUESTED INSURANCE TERMS**

Does the Applicant desire any changes to the expiring Policy limit(s) of liability/insurance or retention?    Yes  No

**If "No", please proceed to the next Section. If "Yes", please indicate the desired changes in the tables below.**

	(a)	(b)	(c)
Desired Coverage	Coverage Requested	Expiring Limit/Retention	Requested Limit/Retention
<b>Directors and Officers (D&amp;O)</b>	Yes <input type="checkbox"/>	\$	\$
	No <input type="checkbox"/>	\$	\$
<b>Employment Practices (EPL)</b>	Yes <input type="checkbox"/>	\$	\$
	No <input type="checkbox"/>	\$	\$
<b>Fiduciary Liability</b>	Yes <input type="checkbox"/>	\$	\$
	No <input type="checkbox"/>	\$	\$
<b>Misc. Professional Liability</b>	Yes <input type="checkbox"/>	\$	\$
	No <input type="checkbox"/>	\$	\$
<b>Kidnap and Ransom</b>	Yes <input type="checkbox"/>	\$	\$
	No <input type="checkbox"/>	\$	\$
<b>Identity Fraud Expense*</b>	Yes <input type="checkbox"/>	\$1,000 <input type="checkbox"/>	\$
		\$5,000 <input type="checkbox"/>	
	No <input type="checkbox"/>	\$10,000 <input type="checkbox"/>	\$
		\$25,000 <input type="checkbox"/>	

\* Identity Fraud Expense – Please provide the HR Contact Information only if changed from prior year.

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Do not answer the next question unless the Requested Limit in Column (c) exceeds the Expiring Limit in Column (a)**

Solely with respect to that portion of any renewal Limit of Liability that exceeds the expiring Limit for any Liability Coverage(s), are there any facts, circumstances, or situations which could give rise to coverage under the portion of the renewal Limit of Liability that exceeds the expiring Limit of Liability? Yes  No

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

***Without prejudice to any other rights and remedies of the Insurer, any claim arising from any facts, circumstances or situations required to be disclosed is excluded from the portion of any renewal Limit of Liability that exceeds the expiring Limit of Liability in the proposed insurance.***

Does the Applicant desire any changes to the expiring Crime Policy Limits or retention? Yes  No

**If ‘No’, please proceed to the next Section. If “Yes”, please indicate the desired changes in the tables below.**

Desired Crime Coverage	(a) Expiring Limit	(b) Expiring Retention	(c) Requested Limit	(d) Requested Retention
Fidelity: Employee Theft				
Fidelity: Employee Benefit Plan Coverage				
Fidelity: Employee Theft of Client Property				
On Premises (Money, Securities and Other Property)				
In Transit (Money, Securities and Other Property)				
Money Orders and Counterfeit Money				
Forgery or Alteration				
Computer Crime				
Funds Transfer Fraud				
Claim Expense				

**Do not answer the next question unless the Requested Limit of Insurance in Column (c) exceeds the Expiring Limit of Insurance in Column (a)**

Solely with respect to that portion of any renewal Limit of Insurance that exceeds the expiring Limit of Insurance for any Crime Coverages, are there any facts, circumstances, or situations which could give rise to coverage under the portion of the renewal Limit of Insurance that exceeds the expiring Limit of Insurance for each coverage? Yes  No

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

***Without prejudice to any other rights and remedies of the Insurer, any loss arising from any facts, circumstances or situations required to be disclosed is excluded from the portion of any renewal Limit of Insurance that exceeds the expiring Limit of Insurance in the proposed insurance.***

**B. NON-PROFIT DIRECTORS & OFFICERS COVERAGE**

1. Number of Members:  
Number of Chapters:  
Does the Applicant or its Subsidiaries have any persons who profit from (except as salaried employees) or are indebted to the organization? Yes  No   
**If “Yes”, please attach an explanation**
2. a) Have there been any changes to the Applicant’s funding sources in the last twelve (12) months?: Yes  No   
**If “Yes”, please attach an explanation**  
b) If you solicit contributions from the General Public, what Net percentage of those contributions is actually distributed to the intended beneficiaries of the funds? %
3. Has there been any change in the type of services performed by the Applicant?  
**If “Yes”, please attach an explanation**
4. Does the **Applicant** and its Subsidiaries currently carry General Liability Insurance? Yes  No   
If Yes, Insurer: \_\_\_\_\_  
If Yes, Limit of Liability: \_\_\_\_\_

**C. EMPLOYMENT PRACTICES LIABILITY COVERAGE** *(Complete only if required)*

(Please provide the following turnover figures for each of the last twelve (12) months)

	20__	20__
Voluntary Terminations	_____	_____
Involuntary Terminations	_____	_____
Layoffs	_____	_____

Number of employees compensated **less than** \$50,000 on an annual basis in the past twelve (12) months: \_\_\_\_\_

Number of employees compensated **more than** \$100,000 on an annual basis in the past twelve (12) months: \_\_\_\_\_

**HUMAN RESOURCES**

In the last twelve (12) months, have there been any significant changes in the following areas:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Internal Employment Practices                                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Source of legal counsel for employment advice and defence    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. The Employee Handbook  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Involvement in any grievance or other administrative hearing | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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

**D. FIDUCIARY LIABILITY COVERAGE** *(Complete only if required)*

Please provide name of firm(s) providing the following services if there have been any changes to those firms in the last twelve (12) months:

Plan Administrator	Legal Counsel	Actuary	Investment Manager

**PLAN DATA – (COMPLETE CHART FOR ALL PLANS FOR WHICH COVERAGE IS REQUESTED)**

Full Plan Name	*Plan Type	Current Asset Value	Latest FYE Annual Contributions	Current No. of Participants	**Plan Status

\*Plan Types: Defined Benefit (DB) Defined Contributions (DC) Self-Funded Welfare Benefit Plan (W) Other (O) – Attach Explanation

\*\*Plan Status: (A)=Active (F)=Frozen (S)=Sold (T)=Terminated (if any plan has been terminated, indicate date of transaction)

**List additional plans on a separate attachment**

**PLAN UNDERWRITING QUESTIONS**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Is each plan reviewed periodically to insure there are no violations of the Pension Benefits Standard Act or ERISA (e.g., prohibited transactions or party-in-interest rules)?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Is there a written investment agreement with the investment manager?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Are all investment decisions made by the investment manager?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <b>If "No" to any of the above, please attach an explanation</b>  |                              |                             |
| 4. Does any plan (a) not conform to the standards of eligibility, participation, vesting, blackout notification requirements and other provisions of ERISA or similar foreign law; (b) hold employer securities or employer real property in violation of ERISA or in excess of ERISA limits; or (c) invest in or provide an option to invest in employer securities? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Does the <b>Applicant</b> sponsor any Cash Balance Plans or does the <b>Applicant</b> anticipate the conversion to or has it ever converted a pension plan to a Cash Balance Plan?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Has any plan (a) been amended within the last 12 months in a way that will result in the reduction of benefits or are any such amendments anticipated within the next 12 months; or (b) been merged with another plan, terminated or sold within the past two years or anticipated in the next 12 months?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Are there any outstanding or delinquent plan contributions or plan loans, leases or debt obligations that are in default or classified as uncollectible?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. Does the employer, committee or employer representatives, or union board of trustees have final say over the determination of whether benefits will be paid under any healthcare plan sponsored by this Insured?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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

**E. MISCELLANEOUS PROFESSIONAL LIABILITY COVERAGE** *(Complete only if required)*

1. Describe, in detail, any changes to the **Applicant's** professional services in the last twelve (12) months?  
**If "Yes", please provide details**

2. What portion of your Total Revenue comes from clients outside Canada? (please list by country)

Countries outside Canada	Percent of Total Revenue
	%
	%
	%

3. Is a written contract or agreement required for each client?  
**If "No", please attach an explanation detailing how responsibilities are defined between the Applicant and their Client** Yes  No
4. If subcontractors are used, does the **Applicant** require evidence of professional liability insurance? Yes  No
5. Does the **Applicant** provide any services over the Internet? **If "Yes", please attach an explanation** Yes  No
6. Have any Principals/Partners, Officers, or Professional Employees been added in the last twelve (12) months? **If "Yes", please provide biographical summaries /resumes for such additions** Yes  No
7. Has there been any change(s) in the last twelve (12) months to the professional associations to which the Applicant belongs? **If "Yes", please give details** Yes  No
8. Has the **Applicant** or any Principal, Partner, or employed professional been investigated by or suspended from practice by any body governing the practice of his/her profession within the last twelve (12) months? **If "Yes", please give details** Yes  No

9. Describe the **Applicant's** five largest projects or jobs during the past twelve (12) months:

Client Name	Services Rendered	Annual Revenue Derived from the Project or Job

**F. CRIME COVERAGE** *(Complete only if required)*

**INTERNAL CONTROLS**

1. Are owners active in the day-to-day oversight of business operations? Yes  No
2. Does someone other than the person responsible for reconciling bank accounts:  
 Make Deposits? Yes  No  Make Withdrawals? Yes  No  Sign Cheques? Yes  No
3. Does senior management also review and approve the bank reconciliation's on a monthly basis? Yes  No
4. Is countersignature of all cheques required? Yes  No   
 If Yes, what is the dual signing limit? \$
5. Do you transfer funds electronically? Yes  No   
 If Yes, what is the annual amount? \$
6. Is dual authorization required for all wire transfers? N/A  Yes  No
7. Are transfer verifications sent back to employees other than who initiated the transfer? N/A  Yes  No
8. Are all incoming cheques stamped "for deposit only" immediately upon receipt? Yes  No
9. Is a physical count of inventory conducted at least annually? Yes  No
10. Are inventory records computerized? Yes  No
11. Are the duties of computer programmers and operators separated? Yes  No
12. Is segregation of duties practiced in the following areas: **If no, please give details**
- |                                      |  |                                     |  |
|--------------------------------------|--|-------------------------------------|--|
| Inventory management?                | Yes <input type="checkbox"/> No <input type="checkbox"/> | Cash Receipts?                      | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Vendor approval?                     | Yes <input type="checkbox"/> No <input type="checkbox"/> | Oversight of blank cheque stock?    | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Purchase Order approval and payment? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Cheques and credit card receipts?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Wire transfer receipts and payments? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Cheque signing machines and access? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

13. Do you perform any of the following on candidates for new employment:

Verification of Prior Employment? Yes  No   
 Education? Yes  No

Credit History? Yes  No   
 Criminal History? Yes  No

15. Please indicate the maximum exposure for each location:

Locations	Cash	Retail Cheques	Credit Card Receipts & Non-Retail Cheques

To enter more information, please attach a separate page to the application

**G. KIDNAP & RANSOM COVERAGE** *(Complete only if required)*

1. Are any operations to be insured involved in the production of foodstuffs, beverages or pharmaceuticals (including toothpaste, mouthwash, etc.)?

Yes  No

If "Yes", please attach an explanation

**FOREIGN EXPOSURE**

\*Please complete the following questions regarding foreign locations and travel.

1. Please update the foreign travel (trips outside Canada, the United States, or Western Europe) of the directors, officers or other employees of the **Applicant** for the past twelve (12) months and the next twelve (12) months? N/A

Country	Number of Trips	Number of Individuals	Average Length of Trips

To enter more information, please attach a separate page to the application

2. Have there been any changes to the permanent foreign locations of the **Applicant** (outside Canada, the United States, Western Europe) in the last twelve (12) months? If "Yes", please attach an explanation Yes  No

3. Has the **Applicant** materially changed its operations (e.g., new products and services) in the past twelve (12) months? If "Yes", please attach an explanation Yes  No

4. Has the **Applicant** materially changed its safety procedures as respects an Insured Person(s) travel outside Canada, United States and Western Europe? Yes  No

5. Has the Applicant materially changed procedures as respects to ensuring the safety of Insured Person(a) and Premises permanently located outside of Canada, United States and Western Europe? Yes  No

6. Does the **Applicant** or any person(s) to be covered under this policy have knowledge or information of any specific fact which may reasonably give rise to a claim? Yes  No

If "Yes" to any of the above, please attach an explanation

## H. SIGNATURE PAGE

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**:

#### NON-PROFIT D&O

- 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

#### EPL

- Most recent EEO-1 report, if Applicant has 1,000 or more US employees
- Employee Handbook, if Applicant has 500 or more employees

#### FIDUCIARY LIABILITY

- Plan financial statements for defined benefit plans and self insured welfare plans
- Latest Actuarial Report for defined benefit plans and self insured welfare plans

#### MISCELLANEOUS PROFESSIONAL LIABILITY

- Copies of any new standard contracts and engagement/proposal letter (in the last 12 months) used with clients
- Biographical sketches/resumes of any new Principals, Partners, and key employees
- New (in the last 12 months) Brochures, advertisements, or other descriptive literature about the Applicant firm, its operations, and activities (if not available on website)

#### CRIME

- Auditors letter to management on internal controls and management's response for last 12 months