



[Professional Liability Application]

PROSURE D&O CONDO LIABILITY APPLICATION



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PART 1 GENERAL INFORMATION

Broker: _____ Broker Code: _____ Tel: _____

New Renewal - Policy No: _____ Limits each loss: \$ _____ Aggregate: \$ _____

Corporation Name (Full Legal Name): _____

Full Address: _____ Postal Code: _____

Date of Incorporation (dd/mm/yy): _____

Note: A copy of the Condominium's latest financial statement and a copy of the by-laws must accompany this application. In addition, the List of Directors / Officers must be completed further below.

PART 2 BUILDING PROFILE

Total # of Units: _____ # Owner Occupied: _____ # Owned by Developer, Builder, Agent: _____ # Vacant: _____

Rented/Leased: _____ # Part of Time-Share Arrangement: _____ # Commercial Units: _____

Type of Commercial Occupancy: _____

Annual Income from Commercial Occupancy: \$ _____

The affairs of the Applicant are handled by (please provide name below):

Employee: _____

Outside Managing Agent: _____

List all existing or planned recreational facilities:

Is the operation of these facilities under the control of: Applicant Outside Concessionaires (please provide name(s) below)

Are any recreational facilities leased to the Applicant? Yes No If "Yes", please specify below:

Name of Auditor / Accountant: _____ How often is audit completed? _____

Does Auditor report directly to entire board? Yes No If "Yes", how often? _____

PART 3 INSURANCE AND CLAIMS HISTORY

NEW RISKS: Current Directors and Officers Liability Policy: _____

Insurer: _____

Policy No: _____ Limit: \$ _____ Expiry (dd/mm/yy): _____ Premium: \$ _____

Within the scope of the proposed insurance:

(a) Has any claim been made or is any claim now pending against any person proposed for this insurance in the capacity of a director or officer?

Yes No If "Yes", please provide full details on a separate page and attach to this application

(b) Has any past director or officer been dismissed from the board due to circumstances which may give rise to a claim?

Yes No If "Yes", please provide full details on a separate page and attach to this application

(c) Does any director or officer know of any negligent act, error or omission in breach of duty which might result in a claim?

Yes No If "Yes", please provide full details on a separate page and attach to this application

Current General Liability Policy:

Insurer:

Policy No: Limit: \$ Expiry (dd/mm/yy): Premium: \$

LIST OF DIRECTORS / OFFICERS

Director's Name	Office Held	Occupation	Number of months per year in residence	Represents Developer, Builder or Agent? (Y/N)	Has taken Condo Assoc leadership or managed training program? (Y/N)

ANY ADDITIONAL COMMENTS?



NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicant's Signature: _____ Position: _____

Please print name: _____ Date: _____

BROKER DECLARATION

How long have you known this applicant? _____

Is this account new or renewal to you? _____

Have you personally viewed the applicants operations? _____

What is the condition of facilities and equipment? _____

What is the applicant's attitude toward risk management and insurance? _____

Do you recommend this applicant? _____

Broker's Signature: _____ Position: _____

Please print name: _____ Date: _____