

- AXA Insurance (Canada)
- AXA Assurances inc.
- AXA Pacific Insurance Company



**Directors and Officers Liability  
Non-Profit Organization  
Program Application**

**Program: Manitoba Chambers Association**

**Broker: Horizon Insurance Brokers**

\* Additional Information Required: Annual Financial Statements

**THE COVERAGE IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS WHICH ARE FIRST REPORTED TO THE INSURER WHILE THE POLICY IS IN FORCE.**

**1. APPLICANT:**

1.1 Name of Organization \_\_\_\_\_

1.2 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_ Postal Code: \_\_\_\_\_

1.3 The following Officer of the Organization is designated as **representative** to receive all notices from the Insurer concerning this insurance:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

1.4 What are the estimated **Total Revenues** for the current year? \$ \_\_\_\_\_ Total Equity (Deficit) \$ \_\_\_\_\_

1.5 Number of members \_\_\_\_\_

**2. INFORMATION RELATING TO EMPLOYMENT PRACTICES:**

2.1 Total number of employees \_\_\_\_\_ Total number of volunteers \_\_\_\_\_

2.2 Number of employees located in the United States \_\_\_\_\_

2.3 Total global annual salaries paid \$ \_\_\_\_\_

2.4 Approximate annual employee turnover rate \_\_\_\_\_

2.5 How many employees have been laid off in the last twelve months? \_\_\_\_\_

2.6 Do you have an employment practice guide? YES [ ] NO [ ]

2.7 Is the guide distributed to the employees? YES [ ] NO [ ]

2.8 Do you have a written policy on discrimination practices including sexual harassments? YES [ ] NO [ ]

2.9 Do you ask for a specialist advice before laying off an employee? YES [ ] NO [ ]

2.10 Who is authorized to hire an employee? \_\_\_\_\_

2.11 Who is authorized to lay off an employee? \_\_\_\_\_

**3. PRIOR INSURANCE AND CLAIMS:**

Prior knowledge (do not complete if this is a renewal application for an existing policy with AXA):

NOTE: CONTINUITY OF COVERAGE WILL BE GRANTED WHENEVER AXA IS THE CURRENT PROVIDER OF THE INSURANCE APPLIED FOR.

3.1 Within the past five years, has any Insurer declined, cancelled or refused to renew any similar insurance? If so, explain YES [] NO []

\_\_\_\_\_

\_\_\_\_\_

3.2 Within the past five years, has any claim been made or is a claim now pending, or has any notice been given to any Insurer concerning a probable claim against the applicant, its Directors or Officers? YES [] NO []

3.3 Is the applicant, its Directors or Officers aware of any facts, circumstances or situations which might eventually give rise to a claim? YES [] NO []

For all positive answer to questions 3.1,3.2 or 3.3, please state the date, circumstances, name of claimant and the amount claimed.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4. SIGNATURE:**

4.1 It is agreed by all concerned that if any person(s) or entity(ies) applying for this insurance has any knowledge of any fact, circumstance or situation which might eventually give rise to a claim, any claim or suit emanating therefrom is excluded from coverage under the proposed insurance.

4.2 The undersigned authorized Officer to the Organization declares that to the best of his/her knowledge, the statements herein are true. The signing of this application does not bind the undersigned to complete the insurance, but it is agreed that this application form shall be the basis of the contract should a policy be issued, and this application form will be attached to and become a part of such policy.

**VERY IMPORTANT**

The Insurer is hereby authorized to make any investigation and inquiry in connection with this application form as it may deem necessary.

**It is important to declare to your present Insurer, any facts or circumstances that could eventually give rise to a claim.**

Signed: \_\_\_\_\_  
Chairperson of the Board or President

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Organization \_\_\_\_\_