



NON-PROFIT MANAGEMENT AND CORPORATE LIABILITY INSURANCE POLICY

MEMBERS OF THE BFL EQUINE GROUP - 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: (d) Web-Site Address: (e) Briefly describe the functions, purpose and general operations of the Corporation:

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 (a) If the Corporation holds a charitable status, has this status ever been revoked or been subject to review?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... (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) **Canada** **United States** **Other**
- Number of employees located in: \_\_\_\_\_
- Number of volunteers located in: \_\_\_\_\_
- (b) Are any layoffs or staff reductions anticipated within the next two years? Yes  No
- If Yes, describe fully: \_\_\_\_\_

**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 3 years, has the Applicant or any directors, officers or any other person proposed for this insurance:
- (a) been the recipient(s) of any declination, cancellation or non-renewal of any liability insurance similar to that now applied for? Yes  No
- (b) given or delivered written notice under the provisions of any liability insurance policy of any claim, or notice of potential claim? Yes  No
- (c) been involved in 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
- (d) been involved in any civil, criminal, administrative or regulatory investigation or proceeding? Yes  No
- (e) been involved in any receivership or insolvency or bankruptcy proceeding? Yes  No

***If yes to any of the above, attach details.***

**THE APPLICANT DOES HEREBY PROVIDE THE FOLLOWING WARRANTY TO THE INSURER**

9. Are there any facts, circumstances or situations which could 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**

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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**

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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