

Application Non-Profit Organization Directors and Officers Liability

Please forward application to:
Jones DesLauriers Insurance
100-881 Lady Ellen Place Ottawa,
Ontario K1Z 5L3 Telephone
613-226-1350 Facsimile
613-226-7029
allisonb@jdimi.com
www.jdimi.com

1. Name: _____

Contact: _____

Telephone Number: _____

2. Address: _____

3. Attach a list of all directors and officers.

4. For the last fiscal year-end, indicate:

(a) Total Revenue: \$ _____ (b) Surplus or (deficit): \$ _____

5. Has any similar insurance to that proposed herein, on behalf of the organization, been declined, cancelled or renewed? YES NO

If yes, provide date(s) and attach details.

6. (a) Has any claim or suit been made or is any claim now pending against the organization or any other person(s) proposed for this insurance? YES NO

(b) Has any suit or legal action been filed by or on behalf of the organization against any person(s) proposed for this insurance? YES NO

(c) Has the organization within the last three years been the subject of any inquiries, complaints, notices or hearings by any Federal or Provincial regulatory authority? YES NO

(d) Is the undersigned or any other person(s) proposed for this insurance aware of any fact or circumstance involving the organization, the directors or officers of the organization which he/she has reason to believe might result in any future claim which would fall within the scope of the proposed insurance? YES NO

If yes to the above, attach details.

WITHOUT LIMITATION TO ANY OTHER REMEDY AVAILABLE TO THE INSURERS, THE PROPOSED INSURANCE WILL NOT AFFORD COVERAGE TO ANY CLAIMS OF WHICH ANY PERSON PROPOSED FOR THIS INSURANCE HAS KNOWLEDGE NOR ANY CLAIMS RESULTING FROM ANY FACTS OR CIRCUMSTANCES OF WHICH ANY PERSON PROPOSED FOR THIS INSURANCE HAS KNOWLEDGE.

7. Limit Requested: \$1,000,000 \$2,000,000 \$5,000,000

8. Effective Date: _____

APPLICANT'S CONSENT TO THE TRANSMISSION OF THE INFORMATION CONTAINED IN THE APPLICATION FORM

I hereby acknowledge that the information collected in the Application form is acquired by my insurance broker to be transmitted to Victor Insurance Managers Inc. for the sole purpose of obtaining an insurance policy, and will be kept confidential.

Moreover, I authorize Victor Insurance Managers Inc., its insurers or service providers to:

- conduct verification, using outside sources, of the information contained in the Application form, in attached documentation and in subsequently provided documentation;
- in the event of a claim, transmit the submitted and verified information to loss adjusters, lawyers or other similar offices for the purposes of investigating, defending, negotiating or settling any claims, as required.

For more information on Victor's privacy policy, please contact privacypolicyinquiries@victorinsurance.com.

DECLARATIONS AND SIGNATURE

The undersigned authorized officer of the organization, on behalf of the organization and all person(s) proposed for this insurance, declares that, to the best of his/her knowledge and belief, the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information from each and every person proposed for this insurance to facilitate the proper and accurate completion of this Application form. The undersigned further agrees that, if any significant change in the condition of the applicant is discovered between the date of this Application form and the effective date of the policy, which would render this Application form inaccurate or incomplete, notice of such change will be reported in writing to Victor Insurance Managers Inc. immediately. Although the signing of this Application form does not bind the undersigned on behalf of the organization or any person(s) proposed for this insurance, to effect insurance, the undersigned, on behalf of those persons(s) proposed for this insurance and organization, agrees that this form and the information furnished pursuant hereto shall be the basis of the contract should a policy be issued and this form will be attached to and become part of the policy.

Signature of the President or Executive Officer

Date (dd/mm/yyyy)

Premium Matrix (2023-2024 rates)

(Please indicate the premium for your annual revenue range under the coverage limit chosen.)

Limit	\$1,000,000	\$2,000,000	\$5,000,000
Annual Revenue	Annual Premium (add 8% PST)		
Under \$350,000	\$411 <input type="checkbox"/>	\$549 <input type="checkbox"/>	\$823 <input type="checkbox"/>
\$350,001 to \$750,000	\$685 <input type="checkbox"/>	\$892 <input type="checkbox"/>	\$1,373 <input type="checkbox"/>
Over \$750,000	\$960 <input type="checkbox"/>	\$1,235 <input type="checkbox"/>	\$1,922 <input type="checkbox"/>



Product Information Sheet

FEED Ontario Directors' & Officers' Liability F.A.Q.

Limits of Liability

- Limit Per Claim As per each individual certificate
- Aggregate Limit \$15,000,000

Insuring Agreements

- Insured Person and Entity Liability
- Non-Profit Outside Directorship Liability
- Employment Practices Liability
- Fiduciary Liability
- Penal Defence Cost Liability
- Duty to Defend

Description and Extensions

- Coverage will be based on Victor's Claims-Made Non-Profit Entity Management Liability Insurance policy form EIM-NP-2006, subject to policy exclusions
 - Defence Costs included in the limit of liability
 - Definition of Claim includes non-compensatory and punitive damages
 - Including trustees, employees, volunteers and committee members in definition of Insured Person
 - The Bodily Injury/Property Damage exclusion does not apply to Employment Practices claims alleging mental anguish
 - Sub-limit of \$1,000,000 for defence costs for non-indemnifiable pollution claims
- Territory: Worldwide, however policy responds only to suits brought in Canada

Policy Extensions

- Spousal/Domestic Partner liability coverage
- Pending or Prior Litigation Date – to inception of policy

Exclusions

- Professional Services Exclusion

Deductibles/Retentions

- No deductible/retention applies

Q. Who is eligible for this plan?

- All OAFB members as well as the food banks they serve within their community.

Q. What liability limits are available?

- \$1,000,000, \$2,000,000, and \$5,000,000. This choice allows Boards of various sizes and complexities to choose an appropriate limit for their food bank. A pricing matrix comparing operation size has been designed to assist with the decision making process.

Q. What does the policy cover?

- "The Wrongful Acts of the Directors and Officers of your Food Bank". In other words, if Board members do not fulfill their duties as set out in the bylaws and according to any applicable legislation, they are open to being sued. If the food bank does not have Directors' and Officers' Liability insurance, ALL LEGAL COSTS AND AWARDS FALL DIRECTLY ON THE FOOD BANK, THE BOARD MEMBERS AND THEIR PERSONAL SAVINGS. In addition to the Board of Directors, coverage also extends to the organisation itself, as well as all food bank employees, volunteers and committee members.

Q. Doesn't my Standard Liability Policy or my Business Owners Policy cover these things?

- NO. Standard General Liability policies extend coverage to include directors and officers of the food banks, but only for bodily injury or property damage. These policies DO NOT cover Boards for Wrongful Acts in conducting the business of a non-profit organization.

Q. How much does this program cost?

- As a group insurance program, the rates will likely be lower than what you are currently paying. Some members ~~much~~ have seen their rates cut by more than half. Please contact Binks Insurance for more information.

Q. Can I purchase this policy from my local broker?

- NO. This is a group program only available to OAFB members through Jones Deslauriers Insurance.

The above explains the general purpose of the insurance described, but in no way changes or affects the coverage afforded under the policy. For a full description of the policy provisions, refer to your certificate of coverage and the master policy.

**If you have any additional questions,
please do not hesitate to contact**

Allison Binks at allisonb@jdimi.com