NAVACORD TriPoint FEED ONTARIO

APPLICATION FOR NON-PROFIT COMPANY
MANAGEMENT LIABILITY INSURANCE

ACCELERATED FOOD BANK APPLICATION

This Application Form is for a Claims Made Policy. A Claims Made Policy only responds to claims made against the Insured and notified to the Underwriters during the period of insurance.

1.	Full Name of Company or Organization	
2.	Address	
3.	New or Renewal Requested D&O limit	☐ $1,000,000 ☐ $2,000,000 ☐ $5,000,000

4. Number of board members: ☐
5. Number of volunteers: ☐
6. Number of employees: ☐
7. Total Revenue: ☐ Net Assets: ☐

If available, please attach a copy of the most recent audited financial statements

8. Has the Insured had Positive Excess of Revenue over Expenses for the past two years? ☐ YES ☐ NO

If no, please comment on availability of/ access to cash to sustain operations:

DECLARATION & WARRANTY:

1.	Does any Director or Officer or the organization have any knowledge of any claims or circumstances which may give rise to a claim, or of any disciplinary proceedings or any complaints having been threatened, intimated or made (successfully or otherwise) against the Directors or Officers or the organization or the employees or the organization in respect of the legal liabilities or loss?	◯ Yes ◯ No (If Yes, please provide details)
2.	Do you have any knowledge of any claims, pending claim or disciplinary proceeding of any complaint?	◯ Yes ◯ No (If Yes, please provide details)
3.	Has insurance been refused, voided, or cancelled in the past 5 years?	◯ Yes ◯ No (If Yes, please provide details)

Please note that no coverage will be afforded under the proposed policy for any claim arising out of any fact or circumstance or actual or alleged error, misstatement, misleading statement, act, omission, neglect, or breach of duty disclosed or required to be disclosed in response to questions in this application.

PRIVACY CONSENT

I am providing personal information of individuals in this form to apply for insurance. The personal information collected will be used for the purpose of this application or any renewal or change in coverage. I consent and authorize my broker, agent or insurer to the following:

i) To collect, use and disclose personal information on this form to, from and between insurers and other appropriate parties, subject to my broker's, agent's and the insurer's policy regarding personal information. Such personal information will include policy history, loss history and rating information.

ii) That these collections, uses and disclosures are for the purposes necessary to communicate with me and the listed applicants, assess, manage and underwrite risk, determine a premium, determine eligibility and conditions for a premium payment plan, investigate and settle claims, analyze business results, detect and prevent fraud, as permitted by law.

I declare that all individuals whose personal information is contained in this form have authorized me to consent to i) and ii) above on their behalf.

I may obtain a copy of or ask questions about my broker's, agent's or insurer's personal information policies by contacting their Chief Compliance Officer.

NOTICES

Signing this application does not bind the undersigned or the Insurer to complete the insurance, however, if a policy is issued, this application will be the basis of the policy and a copy of this application is deemed to be attached to and made part of the policy. The Insurer is authorized to make any investigation and inquiry regarding this application as it deems necessary. The undersigned, on behalf of all prospective Insureds, declares that the statements in this application and the information submitted herewith are true, complete and accurate. If there are material changes to any statements in this application or the information submitted herewith prior to the inception of the policy, the undersigned will immediately notify the Insurer of such changes who shall then have the right to change or withdraw any outstanding terms or proposal.

APPLICANT'S SIGNATURE

I, the Applicant, and the Insured if the Insurer has requested information from it, have reviewed all parts of and attachments to this application and declare that all the information is true and correct, even if the information has been entered or suggested by the representative of the Insurer or by the insurance broker. I understand that acceptance of this application for insurance is based on the truth and completeness of this information, and that if I falsely describe the risk to the prejudice of the Insurer, or misrepresent or fraudulently omit to communicate any circumstance that is material to be made known to the Insurer in order to enable it to judge the risk to be undertaken, the contract may be void in whole or as to any property or liability in relation to which the misrepresentation or omission is material.

Any fraud or willfully false statement in a statutory declaration in relation to any of the particulars required by applicable conditions, statutory or otherwise, to be specified in relation to a claim, vitiates the claim of the person making the declaration.

Signature of Applicant	Title (either Chairman, President, CEO or CFO)
Print Name	Date

Director's and Officer's Liability Insurance Program

Limits of Liability

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

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

Q. Who is eligible for this plan?

A. All OAFB members and Incorporated Affiliates as well as the food banks they serve within their community.

Q. What liability limits are available?

A. $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?

A. "The Wrongful Acts of the Directors and Officers of your Food Bank" or in other words, the Management Liability of the Board Members, Executive Officers or Corporate entity. What this means is, if the Leadership team is sued by members of their community or even their own Executives, for allegedly not fulfilling their management duties outlined in the bylaws or legislation, the Directors & Officers policy will defend. If coverage is not in place,, ALL LEGAL COSTS AND AWARDS FALL DIRECTLY ON THE FOOD BANK, THE BOARD MEMBERS AND THEIR PERSONAL ASSETS. Importantly the non-profit Director and Officer policy coverages also extends to food bank employees, volunteers and committee members.

A. The policy also includes Employment Practices Wrongful Acts coverage and Wrongful Third Party Act. This coverage can be used to cover defence costs and indemnification for Wrongful Termination, Discrimination, Harassment or Retaliation lawsuits by employees or volunteers or in the unfortunate event that employees or volunteers are accused by a customer of such actions.

Q. Benefits of having a D&O Policy within the Feed Ontario program

- For smaller Food Banks, there is NO deductible.
- For Food Banks over $350,000 in revenue, a $5,000 deductible will apply only on Employment Practices Liability
- Food Banks will have access to legal experts who can manage the complicated nature of Director and Officer mismanagement allegations or Wrongful Termination allegations. The nature of these claims often is an emotional trial for the leadership team. Involving a neutral third party with the expertise to navigate all the complex legal steps allows the Board of Directors and Executives to continue to focus on the community needs while the experts work to resolve the legal matter.
- Early Claim Reporting is encouraged. At the first notice of an issue, it allows the experts to handle the claim from the outset which minimizes claims costs in the long run.
- By joining the Program, premium Rates for the FoodBanks are naturally stabilized through scale. This is important as a Director and Officer or Employment claim isn't an indication of poor leadership, its simply a legal action that can happen to any Foodbank regardless of policies and procedures in place. Being part of the program allows the participating Foodbanks to manage their insurance costs long term.

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

A. 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 running a Food Bank.

Q: How much does this program cost?

A: As a Group Insurance program, the buying power of the Group helps in lowering your premiums and keeping them stable.

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

A. NO. This is a group program only available to Feed Ontario/OAFB members and incorporated affiliates.

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 Allison.Binks@Navacord.com