

CONDOMINIUM DIRECTORS & OFFICERS LIABILITY APPLICATION

New
 Renewal: Policy # _____
 Limits – each loss _____
 Aggregate _____

Broker Name: _____

1. CORPORATION

Name: _____

Full Address (including postal code): _____

Date of Incorporation: _____

**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 on the reverse.**

2. BUILDING PROFILE

Number of units: _____ Owner occupied: _____ Owned by developer, builder or agent: _____ Vacant: _____

Rented or leased: _____ Part of a time-share arrangement: _____ Commercial: _____

Type of commercial occupancy: _____

Annual income from commercial occupancy: \$ _____

The affairs of the applicant are handled by (provide names): Employee Outside managing agent

List all existing or planned recreational facilities: _____

Is the operation of these facilities under the control of: Applicant Outside concessionaires (provide names): _____

Are any recreational facilities leased to applicant? Yes No If "Yes", specify: _____

Name of Auditor/Accountant: _____

How often is an audit completed? _____

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

3. INSURANCE AND CLAIMS HISTORY

New Risks – Current Directors & Officers Liability Policy:

Insurer: _____

Policy #: _____ Limit \$: _____ Expiry: _____ Premium \$: _____

3. Within the scope of the proposed insurance:

- a) Has any claim been made or is a 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 might 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 or 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 #: _____ Limit \$: _____ Expiry: _____

