

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:
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**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 \$:
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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:
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