

## 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:

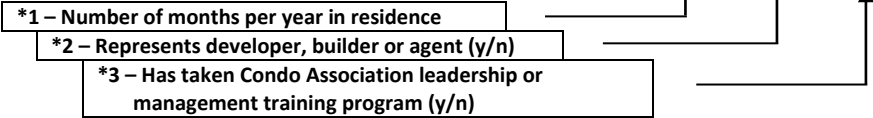
Insurer:

Policy #:	Limit \$:	Expiry:
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### CONDOMINIUM DIRECTORS & OFFICERS LIABILITY APPLICATION

**LIST OF DIRECTORS / OFFICERS**

Director's Name	Office Held	Occupation	*1	*2	*3



**4. SIGNATURE OF APPLICANT**

The undersigned officer of the corporation declares that, to the best of his/her knowledge, the statements set forth are true. Signing of this application does not bind the Applicant or Insurer to complete the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date