



INSURANCE FOR NOT FOR PROFIT ORGANIZATIONS

ExecSurance™ NFP Application Form

This is an application for a management liability package policy aimed at a wide range of not for profit organizations including charities, clubs and associations. As well as cover for the directors and trustees of the not for profit organization, the policy also includes cover for the organization itself including employment practices liability, fiduciary liability, errors and omissions, commercial general liability, cyber and privacy, privacy breach notification costs, crime, kidnap and ransom, property and business interruption. Limits are available up to \$10,000,000 and worldwide cover is provided as standard. Simply complete the form and return it to your



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INSURANCE FOR NOT FOR PROFIT ORGANIZATIONS

APPLICATION FORM

INTRODUCTION

The purpose of this application form is for us to find out who you are and to obtain information relevant to the cover provided by the NFP policy. Completion of this application form does not oblige either party to enter into a contract of insurance.

Insurance is a contract of utmost good faith. This means that the information you provide in this application form must be complete, accurate and not misleading. It also means that you must tell us about all facts and matters which may be relevant to our consideration of your application for insurance. Any failure by you in this regard may entitle us to treat this insurance as if it never existed. If a contract of insurance is agreed between you and us this application form will form the basis of the contract.

Important: Insuring clauses 1, 2, 3, 4 and 5 provide cover on a claims made and reported basis. Under these insuring clauses, a claim must be first made against the Insured and notified to us during the period of the policy to be covered.

HOW TO COMPLETE THIS FORM

Whoever fills out the form must be a director or trustee of the applicant organization and should make all the necessary enquiries of their fellow directors, trustees and employees to enable all the questions to be answered.

If you require any extra space to complete the answers to questions contained within this application form please continue your response in the Additional Information sections contained throughout and at the back of the form. Once you have completed the form please return it directly to your insurance agent.

SECTION I: DETAILS OF THE ORGANIZATION

1.1 a) Please provide the following details:

Applicant organization:	
Address:	
City:	Province:
Postal code:	
Year of incorporation:	Website:

b) If the organization has been operating for less than 12 months, please confirm how you are to be funded during the first two years?

1.2 Please confirm the legal structure of the organization (tick as appropriate):

Society:	<input type="checkbox"/>	Professional:	<input type="checkbox"/>
Corporation:	<input type="checkbox"/>	Service:	<input type="checkbox"/>
Association:	<input type="checkbox"/>	Trade:	<input type="checkbox"/>
Foundation:	<input type="checkbox"/>	Other (please provide details):	<input type="checkbox"/>

**1.3 Please describe below the nature of your activities:
If you have a brochure, or organization literature, please attach to this form**

1.4 Please state the number of employees (including volunteers) and organization locations:

Territory:	Number of employees:	Number of locations:
Canada:	<hr/>	<hr/>
USA:	<hr/>	<hr/>
Europe:	<hr/>	<hr/>
Rest of the World:	<hr/>	<hr/>
Total:	<hr/>	<hr/>

1.5 Please confirm:

a) Your gross revenue for the last completed financial year:	<input style="width: 100%;" type="text"/>
b) The percentage of revenue derived from the USA:	<input style="width: 100%;" type="text"/> %
c) You achieved a surplus for the last completed financial year	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Your total assets for the last completed financial year:	<input style="width: 100%;" type="text"/>
e) The percentage of assets within the USA:	<input style="width: 100%;" type="text"/> %
f) You have a positive net worth for the last completed financial year:	<input type="checkbox"/> Yes <input type="checkbox"/> No

1.6 Have you in the past 3 years, or do you during the next 12 months, have plans to:

a) Wind up the organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Be involved in any mergers or acquisitions?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have ticked any of the shaded boxes in questions 1.5 to 1.7, please explain in the box below and continue on the ADDITIONAL INFORMATION page if necessary:

SECTION 2: EMPLOYMENT PRACTICES LIABILITY

Only complete this section if you require employment practices liability cover

2.1 Do you have a human resources department:

Yes No

a) If yes, how many employees are in this department?

b) If no, how is this function handled?

2.2 Are your employees issued with an employee handbook?
If yes, please provide a copy

Yes No

2.3 Do you have written procedures for the following:

a) Disciplinary procedures?

Yes No

b) Termination of employment?

Yes No

c) Preventing discrimination?

Yes No

d) Preventing harassment?

Yes No

e) Any complaint of discrimination or harassment?

Yes No

f) Grievance procedures?

Yes No

If you have ticked any of the shaded boxes in question 2.3, please explain in the box below and continue on the ADDITIONAL INFORMATION page if necessary:

2.4 In the past 24 months has there been or, in the next 12 months is it anticipated there will be, any redundancies?

Yes No

If yes, please provide full details:

<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

SECTION 3: FIDUCIARY LIABILITY

Only complete this section if you require fiduciary liability cover

3.1 Please state the total asset size of all of your benefit plans:

3.2 Please complete the following information for your three largest plans to be covered:

Name of Plan:	Plan assets:	Type of Plan (i.e. defined contributions or defined benefits, welfare benefits, profit sharing, etc):
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Please forward your latest financial statement and a copy of the most recently filed Form 5500 (and attachments) for your largest benefit plan.

3.3 Are the benefit plans funded in accordance with the actuary's recommendation?

Yes No

3.4 Do all of the benefit plans conform to the standard of eligibility, participation, vesting and other provisions of, in Canada, the Pension Benefits Standards Act, 1985, as amended, and any similar provincial statute, or, in the US, the Employee Retirement Income Security Act of 1974, as amended?

Yes No

3.5 Are the organization and employee contributions fully and promptly paid to the benefit plans?

Yes No

3.5 Are the benefit plan assets held independently of the organization?

Yes No

3.7 Is there currently, or is it anticipated that there will be, a suspension or reduction in contributions to any benefit plan?

Yes No

3.8 Is any benefit plan currently, or anticipated to be, terminated, suspended, merged or dissolved?

Yes No

3.9 Has any benefit plan merged with, or assumed the responsibilities of, another benefit plan in the last 3 years?

Yes No

If you have ticked any of the shaded boxes in questions 3.3 to 3.9, please explain in the box below and continue on the ADDITIONAL INFORMATION page if necessary:

<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

SECTION 4: ERRORS AND OMISSIONS

Only complete this section if you require errors and omissions cover

4.1 Please provide details of the professional or advisory services the organization provides:

4.2 Please state your fees received in respect of the professional or advisory services in respect of the following years:

Territory:	Last completed financial year:	Estimate for current financial year:	Estimate for next financial year:
Canada:	_____	_____	_____
USA:	_____	_____	_____
Europe:	_____	_____	_____
Rest of the World:	_____	_____	_____
Total:	_____	_____	_____

4.3 Please give details of the 5 largest contracts you have carried out in the past 3 years:

Name of client:	Business of client:	Nature of your work undertaken for this contract:	Your annual income from this contract:	Start date:	Completion date:
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

- 4.4 Do you engage sub-contractors to provide professional or advisory services on your behalf: Yes No
- If yes, do you ensure that they have their own public liability and errors and omissions insurance? Yes No

SECTION 5: COMMERCIAL GENERAL LIABILITY

Only complete this section if you require public liability cover

5.1 Please state the following:

- a) Your estimated payroll for the next financial year:
- b) Your payroll relating to non-manual work away from your premises (such as consulting or similar):

Please detail the nature of this work below:

c) Your payroll relating to manual work away from your premises:

Please detail the nature of this work below:

d) Your payroll relating to hazardous work away from your premises:

Please detail the nature of this work below:

SECTION 6: CYBER AND PRIVACY

Only complete this section if you require cyber and privacy cover

- 6.1** Do you have procedures and protocols in place covering compliance with all applicable privacy regulations?

Yes No
- 6.2** Do you have IT security procedures and protocols in place that govern the handling and storage of sensitive information?

Yes No
- 6.3** Do you ensure that all sensitive personally identifiable data (including credit and debit card details) is encrypted when stored on portable devices?

Yes No
- 6.4** Do you have anti-virus software installed and enabled on all desktops, laptops and servers (excluding database servers) and is it updated on a regular basis?

Yes No
- 6.5** Do you also have firewalls installed on all external gateways?

Yes No
- 6.6** Do you take regular back-ups (at least weekly) of all critical data and store the same offsite or in a fire-proof safe or can you confirm that your outsourced service provider meets this requirement?

Yes No

If you have ticked any of the shaded boxes in questions 6.1 to 6.6, please explain in the box on the following page and continue on the ADDITIONAL INFORMATION page if necessary:

6.7 a) Please detail which of the following data types you collect:

- Credit or debit card details Yes No
- Credit history or ratings Yes No
- Medical records or health information Yes No
- Customer bank records or details Yes No
- Third party corporate confidential data Yes No

b) If you collect credit or debit card data, are your internal systems accredited by the PCI as being compliant? Yes No

If no, please please confirm when you anticipate achieving PCI accreditation?

SECTION 7: RISK MANAGEMENT

7.1 Do you outsource the handling of sensitive data to a third party? Yes No

If yes, does the third party provide you with an indemnity to cover a breach of sensitive data? Yes No

If no, please explain why:

8.2 Have you got a fully documented and tested business continuity plan in place? Yes No

7.3 Have your systems been subject to a third party security audit? Yes No

If 'yes', have all high risk recommendations from your most recent audit been implemented? Yes No

If not all high risk recommendations have been implemented, please explain why:

7.4 Have your systems been audited as being compliant with ISO 27001 or equivalent? Yes No

SECTION 8: CRIME

Only complete this section if you require crime cover:

8.1 Do you have dual control procedures in place for the transfer of assets, funds, investments, disbursements and for the signing of cheques in excess of \$2,500? Yes No

8.2 Are bank statements independently reconciled at least every 30 days by staff who are not authorized to make payments? Yes No

8.3 Please list all locations containing sums of money in excess of \$10,000 and the security at each location:

Location:	Security:

8.4 Does any individual independently control the appointment of suppliers or award contracts? Yes No

8.5 In the event of an acquisition, are the recommendations arising out of the due diligence process adhered to in full? Yes No

8.6 Prior to the appointment of finance, accounts and treasury employees, do you obtain written references covering their most recent 3 year employment history? Yes No

8.7 Are the finance, accounts and treasury department employees required to take two weeks consecutive holiday each year? Yes No

8.8 Do you investigate any variance in the monthly management reports against the budget forecast? Yes No

8.9 Are salaries checked by staff not authorized to administer the payroll against personnel records for unusual or excessive payments? Yes No

8.10 Do you undertake an audit of raw materials, work in progress and stock at least every 6 months? Yes No

8.11 Do you have procedures in place for the use of passwords for your computer systems and is authorization automatically withdrawn at cessation of employment? Yes No

8.12 Do you have internal audits performed? Yes No

If you have ticked any of the shaded boxes in the above questions, please explain in the box below and continue on the ADDITIONAL INFORMATION page if necessary:

SECTION 9: KIDNAP AND RANSOM

Only complete this section if you require kidnap and ransom cover

9.1 Please provide the following information in respect of each planned foreign trip in the coming 12 months by your employees:

Country of destination:	Number of employees travelling:	Duration of visit:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you have more than 10 trips planned in the coming 12 months, please provide an itinerary

9.2 Please state any special security precautions taken prior to and during foreign travel:

SECTION 10: COMMERCIAL PROPERTY AND BUSINESS INTERRUPTION INSURANCE

Only complete this section if you require this cover.

10.1 Please state the address of the premises to be insured (if different from the address given earlier):

PREMISES 1	
Address: _____	
_____	_____
City: _____	Province: _____
Postal code: _____	
PREMISES 2	
Address: _____	
_____	_____
City: _____	Province: _____
Postal code: _____	

Please continue on a separate sheet if more than 2 premises are to be insured.

10.2 Please detail below any other party (such as a bank) whose financial interest in the premises should be noted on the policy.

Name of party:	_____
Interest of party:	_____
Address:	_____ _____ _____
Postal code:	_____

10.3 Are all of the premises:

- a) Constructed with external walls of brick, stone or concrete and roofed with slate, tiles, concrete metal, asbestos or any other, non-combustible material? Yes No
- b) Free from cracks or other signs of damage that may be due to subsidence, landslip or heave and have not previously suffered damage by any of these causes? Yes No
- c) In an area free from flooding and not near the vicinity of any rivers, streams or tidal waters? Yes No
- d) In a good state of repair and occupied solely as offices? Yes No
- e) Self contained with a lockable entrance door? Yes No
- f) Protected by an intruder alarm that is subject to an annual maintenance contract? Yes No

NOTE: We may refuse to pay a claim if all of the devices for the security of your premises (including locks and the intruder alarm) are not put into full and effective operation whenever the premises are closed for business or left unattended.

- g) Heated by a conventional electric, gas, oil or solid fuel heating system? Yes No
- h) Fitted with electrical installations which are inspected at least every 5 years by a qualified electrician and any defect remedied? Yes No
- i) Lifts, boilers, steam and pressure vessels inspected and approved to comply with all of the statutory requirements? Yes No
- j) Sprinklered, either fully or partially? Yes No

NOTE: Assuming you have answered 'yes' to questions h) and i) above, it is important to keep records of all relevant inspections as we may ask for evidence of these before paying a claim.

If you have answered 'no' to any of the above questions then please give further details:

_____ _____ _____ _____ _____

10.4 Please detail the amounts to be insured below for each premises.

NOTE: The amounts insured you state below should be the full rebuilding or replacement cost in each of the categories. If you understate these amounts you will be under-insuring and we may not pay the full amount of your claim. It is therefore essential that these amounts are as close to the true values of the insured items as possible.

ITEM	AMOUNT INSURED PREMISES 1	AMOUNT INSURED PREMISES 2
Main Building:	_____	_____
Landlord's fixtures & fittings and tenant improvements:	_____	_____
Personal computers, printers and ancillary computer equipment at your premises:	_____	_____
All other contents at your premises:	_____	_____
Portable computers and associated equipment at home / away from your premises:	_____	_____
All other contents at home / away from your premises:	_____	_____

10.5 Please state, in respect of portable computers and associated equipment at home / away from your premises, the maximum value of any one item (not the total value of all items):

10.6 Would you like a quotation for either of the following extensions?

Earthquake Yes No
Flood Yes No

10.7 Please detail the amounts to be insured below for Business Interruption cover. Note that the maximum indemnity period available is 12 months. You should bear in mind how long it will take you to re-commence trading at another premises when stating the amount insured and indemnity period.

We provide our Business Interruption cover on a 'Flexible First Loss' basis – please specify a total amount insured for business interruption cover. This amount applies regardless of whether your business interruption loss is loss of income, costs and expenses or outstanding debts. This often enables a smaller total amount insured to be specified and therefore often results in a cheaper premium.

ITEM	AMOUNT INSURED	INDEMNITY PERIOD
Business Interruption cover (flexible First Loss) :	_____	_____

SECTION 11: INSURANCE REQUIREMENTS

11.1 Please provide details of your current insurance or the cover you require if this is the first time you are applying for insurance:

	Limit:	Excess	Prior and Pending or Retroactive Date:
Trustee Liability:	_____	_____	_____
Employment Practices Liability:	_____	_____	_____
Fiduciary Liability:	_____	_____	_____
Errors and Omissions:	_____	_____	_____
Commercial General Liability:	_____	_____	_____
Cyber and Privacy:	_____	_____	_____
Crime:	_____	_____	_____
Kidnap and Ransom:	_____	_____	_____

11.2 When would you like your insurance to start?

 DD / MM / YY

SECTION 12: CLAIMS EXPERIENCE

Regarding all of the types of insurance to which this application form relates AFTER FULL INQUIRY:

- a) are you aware of any circumstances which may give rise to a claim against any of the organizations to be insured or their directors, trustees or employees, or
- b) have any directors or trustees of the organization to be insured, or the organization itself, been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body, or
- c) are you aware of any loss or damage, whether insured or not, that has occurred to any of the organizations to be insured within the last 5 years, or
- d) have the organizations to be insured, or anyone working for the organizations to be insured, experienced any kidnap, extortion, hijack, wrongful detention or a political threat, or
- e) have you ever suffered a loss of data that has resulted in a privacy breach?

With reference to questions a, b, c, d and e above:

Yes No

If the answer to the above is 'yes' then please attach full details including an explanation of the background of events, the maximum amount involved or claimed, the status of the claims or circumstances and any reserves or payments made by you or by insurers, and the dates of all developments and payments.

SECTION 13: DECLARATION

- I declare that AFTER FULL INQUIRY the information provided in this application form is true and complete and that I have not mis-stated or suppressed any material fact.
- I agree that this application form, together with any other material information supplied by me, shall form the basis this contract of insurance.
- I undertake to inform underwriters of any material alteration to these facts occurring before the inception of the Policy.

Signed: _____	Full name: _____
Position held: _____	Date: <u>DD / MM / YY</u>

Please enclose with this Application Form your last financial statements

ADDITIONAL INFORMATION:

NFP



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