

**CONDOMINIUM CORPORATION**

**DIRECTORS & OFFICERS LIABILITY APPLICATION**

1. Name of Corporation: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Director or Officer of the Corporation authorized to receive any and all notices from the Insurer or their representative concerning this insurance: \_\_\_\_\_

\_\_\_\_\_

4. Limit of Insurance required: \_\_\_\_\_

5. Date Incorporated: \_\_\_\_\_

6. Year condominium built: \_\_\_\_\_ Is this a conversion?  Yes  No

7. Type of Buildings (apartment, townhouse, etc.): \_\_\_\_\_

8. Commercial occupancies (if any): \_\_\_\_\_

9. (a) Recreational facilities (if any): \_\_\_\_\_

(b) Are these facilities under the control of the applicant? If No, please give details.  Yes  No

\_\_\_\_\_

10. Are the affairs of the applicant handled by:

(a) Employees  Yes  No

(b) Unit Owners  Yes  No

(c) Property Manager or company. If Yes, please give name & address.  Yes  No

\_\_\_\_\_

11. Number of Units: \_\_\_\_\_ Number Owner Occupied: \_\_\_\_\_

12. Date of last Reserve Fund Study: \_\_\_\_\_

13. Date of last Audit: \_\_\_\_\_ Name of Auditor: \_\_\_\_\_

14. Total number of Directors & Officers: \_\_\_\_\_

Has the Developer a seat on the board? \_\_\_\_\_

15. Directors & Officers Liability Insurance carried in the past three years:

Insurer	Policy Period	Limit	Deductible	Premium

16. Commercial Property & Casualty Insurance in force:

Insurer	Policy Period	Limit

17. Has any similar insurance on behalf of the Corporation or any of their officers or directors for which this insurance is sought been declined, cancelled or renewal refused? If so, give details:

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18. (a) Has there been or is there now pending any fact(s) or situation(s) that would be covered by this  Yes  No insurance against Directors or Officers of the Corporation? If Yes, give details:

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(b) Does any Director or Officer have knowledge of any act or error or omission that might give rise to a  Yes  No claim under proposed policy? If Yes, give details:

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**Without limitation of any other remedy available to the Insurer, it is agreed that if there be any such knowledge of any such fact, circumstance or situation, any claim or action subsequently emanating therefrom shall be excluded from coverage under the proposed insurance.**

**Declaration:**

The undersigned authorized Director or Officer of the Corporation, on behalf of the Directors and Officers and the Corporation declare that to the best of his/her knowledge and belief the statements set forth herein are true.

The undersigned further declares that all Directors and Officers of the Corporation named herein have been notified in writing of the full content of item 18 of the present declarations and have been required to attest as to its validity with respect to their personal knowledge.

Although the signing of the Application does not bind the undersigned on behalf of the Directors and Officers of the Corporation to effect insurance, the undersigned on behalf of the Directors and Officers of the Corporation agrees that this form and the information furnished pursuant hereto shall be the basis of the contract should a policy be issued.

The undersigned agrees that if any significant change in the conditions described in the Application form is discovered between the date of the Application forms and the effective date of the policy, which renders this Application form inaccurate or incomplete, notice of such change will be reported immediately in writing to the authorized representative of the Insurer.

Signature of Director or Officer \_\_\_\_\_

Date Signed \_\_\_\_\_

Attach with Application:

- 1. Last Audited Financial Statement
- 2. Copy of latest Reserve Fund Plan
- 3. List of Directors as per Schedule 1 of the Application
- 4. Minutes from the most recent Annual General Meeting

