

WRONGFUL DISMISSAL

SUPPLEMENTARY QUESTIONNAIRE FOR NON-PROFIT CORPORATIONS

1. **Number of employees in Canada:** Total: _____ Unionized: _____ Non-unionized: _____

2. **Number of employees outside of Canada (specify location):**
Total: _____ Unionized: _____ Non-unionized: _____

3. **Total number of employees with total annual compensation greater than \$100,000:** _____

4. **How many employees or officers have been terminated in the past 3 years?** _____
Please attach full details of termination(s).

5. **Are any layoffs or staff reductions anticipated in the next three (3) years?** Yes No
If "yes", please attach full details.

6. **Does the Corporation have a Human Resources or Personnel Department?** Yes No
If "no", how is this function handled?

7. **Does the Corporation have:**
 - a) A formal orientation program for new employees that addresses workplace conduct and grievance procedures? Yes No
 - b) An employment handbook that is distributed to all employees? Yes No
 - c) For all positions:
 - (i) Written job descriptions? Yes No
 - (ii) Regular written Performance evaluations? Yes No
 - (iii) An application form for employment? Yes No
 - (iv) A personnel file? Yes No
 - d) A policy on accommodating the disabled? Yes No
 - e) A written program on sexual harassment and discrimination? Yes No
 - f) A written program on the handling of employee complaints of discrimination or sexual harassment? Yes No
 - g) A standardized severance program for terminations and layoffs? Yes No

8. **In the past three (3) years, has the Corporation or any person(s) applying for this insurance been involved in any litigation or proceedings related to employment (including but not limited to wrongful dismissal)?**
Yes No If yes, please attach full details.

9. **Is the Corporation or any person(s) applying for this insurance aware of any fact, circumstance or situation which could reasonably be expected to give rise to a claim related to employment (including but not limited to wrongful dismissal)?**
Yes No If yes, please attach full details.

Declarations and Signature:

- ◆ It is understood and agreed that if any such facts, circumstances or situations exist, whether or not disclosed, any claim or action there from is excluded under any policy issued by The Sovereign General Insurance Company.
- ◆ The undersigned is duly authorized to make representations and sign on behalf of all person(s) or entity(ies) applying for this insurance, and declares that the statements herein are true.
- ◆ It is agreed that the particulars and statements contained in the Supplementary Application form for the policy and any materials submitted herewith (which will be retained on file by the Insurer and which will be deemed attached hereto, as if physically attached hereto), are the basis for the policy and are to be considered as incorporated into and constituting a part of the policy.
- ◆ It is agreed that in the events that there is any material change in the answers to the questions contained herein prior to the effective date of the policy, the Corporation will notify the Insurer and, at the sole discretion of the Insurer, any outstanding quotations may be modified or withdrawn.
- ◆ All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present application for insurance.
- ◆ Signing of this Supplementary application form does not bind the Insurer to complete the insurance, but it agreed that this Supplementary application from will be the basis of the contract should a policy be issued, and that this Supplementary application form will become a part of such policy, if issued.

Signature of duly authorized signing Officer

Signature of individual responsible
for Human Resources

Title

Title

Date

Date