



NEW BUSINESS APPLICATION FOR
BARNES INSURANCE NON-PROFIT ORGANIZATION PROGRAM

- Please complete all questions – If no answer available, please write “not applicable” in the space provided.
- Where space provided is insufficient to fully answer, please attach additional sheet(s).
- Attach the following additional information:
 - Copy of most recent financial statements for the last 2 years
 - Complete list of Directors & Officers
 - Copy of the organizations bylaws

GENERAL INFORMATION

1. Name of Applicant: _____
2. Address of main office: _____
3. Are there any additional offices or locations where you conduct business? Yes No
If yes, please provide list of all additional offices or locations.
4. Date organized: _____ Conducted business continuously since: _____
5. Incorporated under the laws of: _____ Date: _____
6. Purpose of organization and nature of operations. _____

7. Does the organization organize any fundraising events? Yes No
If yes, please describe the types of fundraising events or activities organized: _____

- Do you serve alcohol at any of these events? Yes No
If yes, please advise if host liquor liability coverage is obtained. _____
8. Does the organization have activities outside of Canada? If yes, attach details. Yes No
9. Does the organization have any subsidiaries and/or affiliated organizations? Yes No
10. Does the organization have any Non-Owned Auto exposures? Yes No
If the answer is yes, please provide a completed Non-Owned Auto application.
11. Does the organization or any person(s) proposed for this insurance perform any of the following:
If yes, please attach additional information.
 - a. Provide counseling, referral, legal aid, computer or medical services? Yes No
 - b. Promote or sponsor any type of group travel, conventions, parades or other similar events or assume any

- liability in connection therewith? Yes No
- c. Engage in activities such as lobbying or labor negotiations? Yes No

CONSTRUCTION DETAILS

12. Please provide construction details, square footage, hydrant / fire protection & other tenants for each location:

FIDELITY

13. Are bank accounts reconciled monthly? Yes No
14. Are banks accounts reconciled by someone not authorized to deposit or withdraw? Yes No
If No, please explain _____
15. Is countersignature of all cheques required? Yes No
16. Are the applicants financial statements audited annually by an independent external accountant, qualified to do so, and in accordance with generally accepted accounting procedures? Yes No

FINANCIAL INFORMATION

17. Operating budget (annual revenues plus cash assets):

d. Current year: \$ _____ Projected for next year: \$ _____

OPERATIONS

18. Indicate the total number of:

e. Directors _____ Officers _____ Members _____

f. Employees _____ Managers _____ Volunteers _____

COVERAGE DETAILS

19. Provide details of all Directors & Officers Liability Insurance carried in the past three years:

<u>Insurer</u>	<u>Policy Period</u>	<u>Limit of Liability</u>	<u>Deductible</u>	<u>Premium</u>

20. Provide details of all Commercial General Liability Insurance carried in the past three years:

<u>Insurer</u>	<u>Policy Period</u>	<u>Limit of Liability</u>	<u>Deductible</u>	<u>Premium</u>
----------------	----------------------	---------------------------	-------------------	----------------

10. During the past five years, has the organization had similar insurance declined, cancelled, non-renewed or refused? Yes No If yes, provide full details.

CLAIMS EXPERIENCE AND PAST INCIDENTS

11. Has any claim been made or is a claim now pending against the organization or any person proposed for this insurance? Yes No If yes, provide full details.

12. Has any suit or legal action been filed by or on behalf of the organization against any person(s) proposed for this insurance? Yes No If yes, provide full details.

13. Does the organization or any other person(s) proposed for this insurance have knowledge or information of any actual or alleged negligent act, error, omission, misstatement or misleading statement or breach of duty which might give rise to a future claim? Yes No If yes, provide full details.

It is agreed that any claim or action arising from any negligent act, error or omission, misstatement or misleading statement, or breach of duty, which is known to any person proposed for this insurance, including the Directors and Officers, prior to issuance of the policy shall be excluded from coverage.

DECLARATION

The undersigned declares that all statements made in the Application and the information contained in documents submitted with it are true. Signing of this document does not bind the Applicant to complete the insurance, but it is agreed that the Application shall be the basis of the contract, should a policy be issued.

Signature

Title or Position

MUST BE SIGNED BY THE PRESIDENT OR CHAIRMAN OF THE BOARD OR THE EXECUTIVE DIRECTOR.

Date

Please mail form to address below

**Barnes Insurance Agency Ltd
81 Victoria Street
Amherst N.S. B4H 1X7**

Ph: 902-667-0800
Fax: 902-667-4030
barnesinsurance@yins.ns.ca