

**If a policy is issued, the coverage will apply only to claims that are first made against the insured and reported to the insurer during the policy period**

#### 1. APPLICANT:

- 1.1 Name of the condominium/strata Organization applying for this insurance: \_\_\_\_\_
- 1.2 Postal Address: \_\_\_\_\_
- 1.3 Location Address: \_\_\_\_\_
- 1.4 Date of incorporation / Date Registered at Land Title Office: \_\_\_\_\_
- 1.5 Age of Building / Dwelling: \_\_\_\_\_ 1.6 Number of employees: \_\_\_\_\_
- 1.7 Number of directors and council members: \_\_\_\_\_
- 1.8 Number of Residential Units: \_\_\_\_\_ 1.9 Number of Commercial Units: \_\_\_\_\_
- 1.10 (BC ONLY) Is the Organization segmented into sections? ☐ YES ☐ NO
- 1.11 If "YES" to 1.10, list sections: \_\_\_\_\_
- 1.12 Is the number of residential strata units over 50% occupied by owners? ☐ YES ☐ NO
- 1.13 If "NO" to 1.12, who is the leasing/renting of residential units facilitated by?
- ☐ OWNERS ☐ OUTSIDE MANAGEMENT AGENT
- ☐ OTHER (please describe): \_\_\_\_\_
- 1.14 Number of Long-Term Rental Units: \_\_\_\_\_
- 1.15 Number of Short-Term Rental (less than 30-days): \_\_\_\_\_
- 1.16 Describe the business operations of all commercial tenants (use separate sheet if necessary): \_\_\_\_\_
- 1.17 What percentage of the units has builder/developer retained ownership of? \_\_\_\_\_
- 1.18 Prior to the current term, were any previous individuals removed, dismissed or terminated with cause from the board of directors and officers? ☐ YES ☐ NO
- 1.19 If "YES" to 1.18, please explain: \_\_\_\_\_
- 1.20 Is any board member employed by a business with which the Organization contracts services from? ☐ YES ☐ NO
- 1.21 If "YES" to 1.20, please provide details: \_\_\_\_\_
- 1.22 Are minutes kept of all board meetings? ☐ YES ☐ NO
- 1.23 Does the Organization employ an auditor or an accountant? ☐ YES ☐ NO
- 1.24 If "YES" to 1.23, how often are audits completed? \_\_\_\_\_

#### 2. FINANCIAL INFORMATION:

##### Fiscal Year End Date: \_\_\_\_\_

- 2.1 Budgeted Revenues / Condo Fees: \_\_\_\_\_
- 2.2 Reserve fund balance at the start of the current fiscal year: \_\_\_\_\_
- 2.3 **Contingency fund report:**
- a) When was the most recent report completed? \_\_\_\_\_
- b) Was the report completed by an authorized professional (e.g. architect, engineer)? ☐ YES ☐ NO
- c) Did the report show an anticipated shortfall in the current reserve fund? ☐ YES ☐ NO
- d) If "YES" to 2.3 "c", please explain how the shortfall will be eliminated: \_\_\_\_\_
- 2.4 In any of the past 3 years, has the Organization levied a Special Assessment upon Owners in excess of \$500? ☐ YES ☐ NO
- 2.5 If "YES" to 2.4, please provide the date, reason and total amount of the levy: \_\_\_\_\_

- 2.6 Is the applicant incurring a deficit in the current or prior year? ☐ YES ☐ NO
- 2.7 If "YES" to 2.6, please explain: \_\_\_\_\_
- 2.8 Are there any reserve funding deficits or known under reserving for future major repairs and replacement? ☐ YES ☐ NO
- 2.9 If "YES" to 2.8", please explain: \_\_\_\_\_

**\* Please attach a complete financial statement if the Organization's revenues exceed \$1,000,000.**

**3. INSURANCE:**

- 3.1 In the past three years, has any director, officer or the Organization been involved in any:
- a) civil, criminal, administrative or regulatory investigation or proceeding: ☐ YES ☐ NO
  - b) claim, which has been made or now pending, under a Directors and Officers, Employment Practices or Fiduciary Liability Insurance policy to the insurer: ☐ YES ☐ NO
  - c) claim or potential claim where a written notice was made under the provisions of any other liability insurance: ☐ YES ☐ NO

**If "YES" to one or more questions above, please provide full details on a separate sheet.**

- 3.2 Has the Organization ever been declined, cancelled or refused to be renewed for D&O / Management Liability insurance: ☐ YES ☐ NO
- 3.3 **Limit of liability requested:** \_\_\_\_\_

**4. PRIOR KNOWLEDGE/WARRANTY (Do not complete if this is a renewal application for an existing policy with Intact Insurance and no change in coverage limits of liability are requested).**

- 4.1 Is any person proposed for this insurance aware of any facts, circumstances or situations likely to give rise to a claim? ☐ YES ☐ NO

**5. DECLARATION:**

The undersigned designated as an officer of the Organization declares that:

- a) They have been duly authorized by the Organization to complete this Application and that the statements and representations contained herein are true and complete;
- b) Reasonable efforts have been made to obtain sufficient information from each person proposed for this insurance in order to complete this Application properly and accurately;
- c) The financial information submitted with this Application reflects the current financial situation of the Organization and its subsidiaries (if this is not the case, please provide details on a separate sheet);
- d) Acknowledges that these statements, representations and information submitted are relied on by Intact Insurance and shall be deemed material to the acceptance of the risk assumed by the Insurer under the insurance applied for, should insurance be issued;
- e) Agrees that if between the date of this Application and the effective date of the Policy, the statements and information contained in this Application change in any way, they will immediately advise Intact Insurance in writing and, without prejudice to any other legal remedy available to it, Intact Insurance may modify or withdraw any outstanding quotation or any authorization or agreement to bind;
- f) Acknowledges this Application and all documentation attached hereto shall form part of the Policy and shall be the basis of the contract, should one be issued.

It is agreed that the statements, representations and attached supplemental information submitted contained within this Application are true and are the basis of the Policy contract. Terms and conditions, including limits of coverage, offered by Intact Insurance, may differ from those applied for from the Applicant. It is further agreed that this policy shall not be voided, rescinded or coverage excluded as a result of any untrue statement in this Application, except as to the Organization, its Subsidiaries and those Insured Persons making such statement or having knowledge of its untruth.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Organization:** \_\_\_\_\_