



INSURANCE COVERAGE FOR VOLUNTEER CANADA MEMBERS

Name of Organization:

Name of contact person (First Last):

Organization's Mailing Address:

City:

Province/Territory:

Postal Code:

Office Phone:

Organization Website (if available):

Mobile Phone:

Email:

Note: This coverage is only available to organizations that are domiciled in Canada. Please confirm you understand and agree to the eligibility requirements.

*Please advise BMS if the organization's contact details have changed to ensure that you continue to receive information pertaining to the organization's insurance.

Member Details

Is your organization a member of Volunteer Canada?

Yes No

Please provide the organization's membership number:

If you are not a member in good standing with Volunteer Canada any policy issued through this application process is null and void. Please confirm you understand the eligibility requirements.

Are you renewing this insurance policy?

Yes No

If you are renewing your insurance policy after its expiry date and outside of the renewal period, please confirm that you understand the effective date of this policy will be set to the current date of application and upon receiving payment.

Organization Details

Please select the category that best describes your organization:

- | | |
|--|--|
| <input type="checkbox"/> Arts and culture | <input type="checkbox"/> Development and housing |
| <input type="checkbox"/> Sports and recreation | <input type="checkbox"/> Law, advocacy, and politics |
| <input type="checkbox"/> Education and research | <input type="checkbox"/> Grant-making, fundraising and volunteerism protection |
| <input type="checkbox"/> Universities and colleges | <input type="checkbox"/> International |
| <input type="checkbox"/> Health | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Social Services | <input type="checkbox"/> Business and professional associations and unions |
| <input type="checkbox"/> Environment | <input type="checkbox"/> Community/Neighbourhood Association |

Organizations not elsewhere classified / Other (please provide details):

Briefly describe the organization's operations:

Total Revenue for the last fiscal year:

- | | |
|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$750,001 - \$1,000,000 |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$1,000,001 - \$2,000,000 |
| <input type="checkbox"/> \$100,001 - \$250,000 | <input type="checkbox"/> \$2,000,001 - \$3,000,000 |
| <input type="checkbox"/> \$250,001 - \$500,000 | <input type="checkbox"/> \$3,000,001 - \$5,000,000 |
| <input type="checkbox"/> \$500,001 - \$750,000 | <input type="checkbox"/> \$5,000,001+ |
-

Indicate the surplus or deficit for the last fiscal year (Ex: indicate -1000 for a deficit of \$1,000):

Special Categories

If your organization falls within one of the Special Categories listed here, your application will be referred to BMS for further review. Please indicate if your organization falls into any of the following categories:

- Airport Commissions
- Condominium Corporations
- Educational Institutions/Public School Boards
- Financial Investment Organizations
- For-Profit Business Organizations
- Hospitals, Clinics, and Other Medical Institutions
- Labour Unions
- Lobby Groups
- Municipalities, Provincial, Federal Administrations (Governments)
- Political Parties
- Product Development Organizations, including Testing and Standards
- Professional Groups with Regulatory Authority and/or Disciplinary Committee
- Research Organizations
- Unincorporated Organizations

Applicant Details

The following questions relate to Directors' and Officers' Liability and Commercial General Liability for claims/suits or legal action made against the organization or other persons proposed for this insurance.

Has the organization ever had Directors' & Officers' and/or Commercial General Liability insurance Yes No declined, cancelled or not renewed?
If yes, please provide details.

Has any claim or suit been made or is any claim now pending against the organization or any other person(s) proposed for this insurance? Yes No
If yes, please provide details.

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, please provide details.

Has the organization or any person(s) proposed for this insurance within the last three years been the subject of any inquiries, complaints, notices, or hearings by any Federal or Provincial regulatory authority? Yes No
If yes, please provide details.

Has the organization or any person(s) proposed for this insurance ever been the recipient of any allegations of negligence in writing or verbally in the past five years? Yes No
If yes, please provide details.

Do you have knowledge of any fact or circumstance involving the organization or the Directors or Officers of the organization, which might give rise to a claim or do you anticipate any claims being brought against your organization? Yes No
If yes, please provide details.

Directors' and Officers' Liability Insurance

Coverage Overview:

| | |
|---|---|
| Policy Form | Claims Made |
| Costs of Defence | In addition to Limits |
| Outside Directorship | Included |
| Employment Practices Liability | Included |
| Fiduciary Liability | Included |
| Public Relations Costs | \$100,000 aggregate |
| Coverage Territory | Worldwide |
| Insured Persons | All persons who were, now are, or shall be directors, trustees, officers, employees, staff members, executive board members and committee members of the organization or its subsidiaries |
| Coverage for Third Party Claims for Discrimination | Included |
| Personal Injury Extension | Included |
| Data Security Wrongful Acts & Privacy Wrongful Acts | \$100,000 / \$1,000 deductible |

Do you require Directors' & Officers' Liability Insurance?
If yes, please complete the fields below.

Yes No

Designated Volunteer Organization Directors' and Officers' Annual Pricing Matrix:

| Annual Revenue | \$500,000 limit | \$1,000,000 limit | \$2,000,000 limit | \$3,000,000 limit | \$5,000,000 limit |
|---------------------------|--------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| < \$50,000 | <input type="checkbox"/> \$284 | <input type="checkbox"/> \$372 | <input type="checkbox"/> \$612 | <input type="checkbox"/> \$776 | <input type="checkbox"/> \$1,104 |
| \$50,001 - \$100,000 | <input type="checkbox"/> \$448 | <input type="checkbox"/> \$612 | <input type="checkbox"/> \$776 | <input type="checkbox"/> \$898 | <input type="checkbox"/> \$1,269 |
| \$100,001 - \$250,000 | <input type="checkbox"/> \$575 | <input type="checkbox"/> \$764 | <input type="checkbox"/> \$1,187 | <input type="checkbox"/> \$1,450 | <input type="checkbox"/> \$2,377 |
| \$250,001 - \$500,000 | <input type="checkbox"/> \$652 | <input type="checkbox"/> \$842 | <input type="checkbox"/> \$1,318 | <input type="checkbox"/> \$1,599 | <input type="checkbox"/> \$2,641 |
| \$500,001 - \$750,000 | N/A | <input type="checkbox"/> \$948 | <input type="checkbox"/> \$1,468 | <input type="checkbox"/> \$1,757 | <input type="checkbox"/> \$2,906 |
| \$750,001 - \$1,000,000 | NA | <input type="checkbox"/> \$1,054 | <input type="checkbox"/> \$1,616 | <input type="checkbox"/> \$1,932 | <input type="checkbox"/> \$3,170 |
| \$1,000,001 - \$2,000,000 | NA | <input type="checkbox"/> \$1,267 | <input type="checkbox"/> \$1,943 | <input type="checkbox"/> \$2,323 | <input type="checkbox"/> \$3,435 |
| \$2,000,001 - \$3,000,000 | N/A | <input type="checkbox"/> \$1,530 | <input type="checkbox"/> \$2,323 | <input type="checkbox"/> \$2,790 | <input type="checkbox"/> \$3,700 |
| \$3,000,000 - \$5,000,000 | N/A | <input type="checkbox"/> \$1,837 | <input type="checkbox"/> \$2,790 | <input type="checkbox"/> \$3,350 | <input type="checkbox"/> \$3,965 |

Designated Volunteer Centre Directors' and Officers' Annual Pricing Matrix:

| Annual Revenue | \$500,000 limit | \$1,000,000 limit | \$2,000,000 limit | \$3,000,000 limit | \$5,000,000 limit |
|---------------------------|--------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| < \$50,000 | <input type="checkbox"/> \$199 | <input type="checkbox"/> \$256 | <input type="checkbox"/> \$429 | <input type="checkbox"/> \$543 | <input type="checkbox"/> \$773 |
| \$50,001 - \$100,000 | <input type="checkbox"/> \$314 | <input type="checkbox"/> \$429 | <input type="checkbox"/> \$544 | <input type="checkbox"/> \$630 | <input type="checkbox"/> \$888 |
| \$100,001 - \$250,000 | <input type="checkbox"/> \$403 | <input type="checkbox"/> \$535 | <input type="checkbox"/> \$831 | <input type="checkbox"/> \$1,015 | <input type="checkbox"/> \$1,664 |
| \$250,001 - \$500,000 | <input type="checkbox"/> \$458 | <input type="checkbox"/> \$590 | <input type="checkbox"/> \$924 | <input type="checkbox"/> \$1,119 | <input type="checkbox"/> \$1,850 |
| \$500,001 - \$750,000 | N/A | <input type="checkbox"/> \$665 | <input type="checkbox"/> \$1,027 | <input type="checkbox"/> \$1,231 | <input type="checkbox"/> \$2,035 |
| \$750,001 - \$1,000,000 | NA | <input type="checkbox"/> \$735 | <input type="checkbox"/> \$1,132 | <input type="checkbox"/> \$1,352 | <input type="checkbox"/> \$2,219 |
| \$1,000,001 - \$2,000,000 | NA | <input type="checkbox"/> \$887 | <input type="checkbox"/> \$1,360 | <input type="checkbox"/> \$1,627 | <input type="checkbox"/> \$2,405 |
| \$2,000,001 - \$3,000,000 | N/A | <input type="checkbox"/> \$1,071 | <input type="checkbox"/> \$1,627 | <input type="checkbox"/> \$1,952 | <input type="checkbox"/> \$2,591 |
| \$3,000,000 - \$5,000,000 | N/A | <input type="checkbox"/> \$1,287 | <input type="checkbox"/> \$1,952 | <input type="checkbox"/> \$2,345 | <input type="checkbox"/> \$2,775 |

Did you know? Legal Expense Insurance is included within your Directors' and Officers' Liability Insurance, which provides the following:

| | |
|--------------------------------------|-------------------------------|
| Statutory License Appeals (defence) | \$150,000 (defence) per claim |
| Property Disputes (pursuits/defence) | \$150,000 per claim |
| Bodily Injury (pursuit) | \$150,000 per claim |
| Tax Protection (defence) | \$150,000 per claim |

Organizations also have access to:

Unlimited Legal Helpline

Unlimited access to the Legal Helpline. Helpline Lawyers provide general legal information and assistance for any legal question. Please note: the lawyer will not advise on coverage, make a claim decision, or review documents.

Legal Document Centre

Unlimited access to an online library of legal documents, all of which have been drafted by lawyers, and are in the form of guided, customizable templates. Examples of templates include wills and power of attorney documents, employment contracts, service agreements, and more. Documents are based on Canadian laws and legal best practices. They can be downloaded and saved securely for future reference or reuse.

Legal Document Review

Access to lawyers to review a simple legal document and provide you with an annotated copy of the document with their notes. This will assist you in understanding the general impacts that the document may have for you.

Errors & Omissions Insurance

Does your organization provide any professional advice, training, treatment, supervision, or care services to clients or members of the public? If yes, your organization should consider holding Errors and Omissions (E&O) Insurance.

Non-profit organizations in social services, health care, or any field that provides professional services can be vulnerable to risk and should consider E&O Insurance.

E&O insurance provides coverage for actual or alleged negligence with respect to delivering a service to clients or members of the public. Professional services commonly covered under E&O includes services performed for, or advice given to, others on behalf of the organization. Whereas Directors and Officers Liability Insurance (D&O) covers the performance related to the duties of the directors and officers and does not extend to professional services.

E&O insurance can offer non-profits and charities critical financial protection. E&O Insurance provides funds to cover lawyers' fees, court costs, and even settlement or judgment fees related to initial charges.

If you believe you have an E&O exposure based on the above information above, please select Yes to the following question.

Are you interested in receiving more information on Errors & Omissions Insurance?

Yes No

Commercial General Liability Insurance

Commercial General Liability (CGL) protects the organization against claims arising from injury or property damage that it may cause to another person as a result of the organization's operations and/or premises.

CGL is recommended for most organizations, including but not limited to those that:

- Lease or own an office
- Interact with clients or members of the public
- Host or attend events

If your organization has contents to insure (desks, computers, chairs, etc.), BMS recommends that you purchase the Office Package, as a standalone CGL policy may not be sufficient protection.

This can be done through completing a separate application. If you intend to purchase an Office Package policy, please do not complete the following section.

If you would prefer to speak to a Broker, please contact BMS at 1-844-294-2715 or underourwing@bmsgroup.com.

Coverage Overview:

| | |
|-----------------------------------|-----------------------------|
| Policy Form | Occurrence based |
| Products and Completed Operations | To policy limit selected |
| Personal and Advertising Injury | To policy limit selected |
| Non-Owned Automobile | \$2,000,000 |
| Damage to Hired Automobiles | \$40,000 |
| Tenant's Legal Liability | \$500,000 |
| Contingent Employer's Liability | \$1,000,000 |
| Employee Benefits Liability | \$1,000,000 |
| Medical Expenses | \$25,000 any one occurrence |
| Deductible | \$1,000 |

Exclusion Endorsements:

Abuse

The following organizations are not eligible for coverage:

- Assisted Living
- Palliative Care
- Nursing Homes
- Daycares
- Youth Services – Drop-in Centres/At-Risk Youth
- Exposures Outside Canada

Please confirm that your organization does not fall into one of these categories.

Would you like to purchase Commercial General Liability coverage for your organization? Yes No
 If yes, please complete the fields below.

| Annual Revenue | \$2,000,000 per claim / \$2,000,000 aggregate | \$5,000,000 per claim / \$5,000,000 aggregate |
|-------------------------|---|---|
| < \$200,000 | <input type="checkbox"/> \$500 | <input type="checkbox"/> \$794 |
| \$200,001 - \$300,000 | <input type="checkbox"/> \$627 | <input type="checkbox"/> \$923 |
| \$300,001 - \$400,000 | <input type="checkbox"/> \$697 | <input type="checkbox"/> \$994 |
| \$400,001 - \$1,000,000 | <input type="checkbox"/> \$783 | <input type="checkbox"/> \$1,080 |

Please indicate the organization's revenue, if over \$1,000,000:

Do volunteers undertake any hazardous activities or manual/physical activities that require specialized expertise? Yes No
 If yes, please provide details.

Is the organization involved in manufacturing, modifying, distributing, or selling product(s)? Yes No
If yes, please provide details.

Is the organization involved with foreign sales or operations? Yes No
If yes, please provide details.

Does the organization have a location or travel outside Canada? Yes No
If yes, please provide details.

Additional Locations

Does the organization lease/operate out of a second location that it requires Commercial General Liability Insurance for? If yes, the CGL limit will be shared with your primary location. Yes No

NOTE: this is not for locations where temporary events are held.

If yes, please enter the address of the location below:

Mailing Address:

City: Province/Territory: Postal Code:

| Per occurrence limit | Premium |
|----------------------|--------------------------------|
| \$2,000,000 | <input type="checkbox"/> \$119 |
| \$5,000,000 | <input type="checkbox"/> \$297 |

The following events/activities are excluded under the Commercial General Liability:

- Tobogganing
- Tackle Football
- Fire Arms or exposures involving fire arms
- Protests / Demonstrations
- Overnights / Retreats
- Skateboard Competitions
- Summer Camps
- Assisted Living
- Palliative Care
- Nursing Homes
- Youth Services - Drop-in Centres / At-risk youth
- Air Shows / Aviation Exposure including Hot Air Balloons
- Bungee Jumping
- Car Shows (involving racing events, Poker runs, tractor pulls)
- Portable Climbing Walls
- Demolition Derbies
- Dragon Boat Festivals
- Mountain Climbing
- Exposures involving Firearms
- Fireworks or Pyrotechnic Effects or Displays

| | |
|--|--|
| Activities with inflatables | History-in-Action / Battle Re-enactments |
| Daycares | Rodeos |
| Travelling Carnivals / Amusement Rides / Mechanical Bulls | Snowmobile Races or Events (including Poker Runs) |
| Hypnotists | Search and Rescue |
| Gaming Risk | Alpine Skiing / Snowboarding; |
| Waterslide / Water Parks / Water sports/activities | Kitesurfing / Parasailing |
| Contact Sports | Equestrian |
| Mixed Martial Arts; Rugby | Boxing; Football (Contact); Hockey (Contact); |
| White Water Rafting; Zip Lines; Ice Climbing; Ice Fishing; Mountain Climbing; Kitesurfing; Parasailing | Boating events not conducted by a licensed third party operator with insurance |
| Rallies of a Political or Religious Nature | Axe throwing (when not held at a third party venue with insurance) |
| Exposure outside of Canada | |

I understand that the above events/activities are excluded under the CGL policy.

If you require coverage for an event that fits on of the above descriptions, please contact BMS.

Do you have an event planned for the 2025-2026 policy period? Please answer "No" if the details of your event have not yet been finalized. Please contact BMS at least one month of any future events to ensure adequate coverage is in place. Yes No

If yes, please answer the questions below.

How many events will have 250 to 500 attendees?

If you are hosting any events with 250 to 500 attendees, please note that an additional premium will apply per event: \$2,000,000 CGL is \$120 / \$5,000,000 CGL is \$250.

Will any events exceed 500 attendees? Yes No

Will alcohol be served at any event? Yes No

If yes, please confirm if venue holds a host liquor liability.

If the above answers change throughout the year, please contact BMS prior to the event to ensure you are adequately covered.

Additional Insured(s)

Only complete this section if the organization is contractually required to add an Additional Insured to your Commercial General Liability insurance policy.

Adding an Additional Insured provides limited liability insurance coverage to the third-party Additional Insured but only as it relates to General Liability resulting from the organization's operations / occupancy. Note that any Additional Insured is required to carry their own Commercial General Liability insurance.

I understand and agree to the terms detailed above.

Name:

Address:

City:

Province/Territory:

Postal Code:

Cyber Security and Privacy Liability – ENHANCED 2025-2026

Cyber liability continues to be an ever-evolving area of risk. You have access to a comprehensive Cyber Security and Privacy Liability policy to protect against claims arising out of the theft, loss, or unauthorized disclosure of identifiable information, which includes First- and Third-Party coverage and Breach Response Services.

This policy is designed to provide protection against the risk of holding increasingly large quantities of personally identifiable data of clients, employees, and others, and to mitigate the reputational damage resulting from a data security breach.

Breach Response

| | |
|--|--|
| Additional Breach Response Costs | \$500,000 (NEW) |
| Legal, Forensic & Public Relations/Crisis Management | \$250,000 |
| Notified Individuals | 5,000 (Individual), 100,000 (Business) |

Policy Aggregate Limit of Liability

\$1,000,000

First Party Loss

| | |
|--|--------------------------------|
| Business Interruption - Resulting from Security Breach | \$100,000 (NEW – HIGHER LIMIT) |
| Cyber Extortion Loss | \$500,000 (NEW – HIGHER LIMIT) |
| Data Recovery Costs | \$100,000 |

Liability

| | |
|----------------------------------|----------------------------------|
| Data & Network Liability | \$1,000,000 |
| Regulatory Defense & Penalties | \$1,000,000 (NEW – HIGHER LIMIT) |
| Payment Card Liabilities & Costs | \$1,000,000 |
| Media Liability | \$1,000,000 |

eCrime

| | |
|--|----------------------------------|
| Fraudulent Instruction* & Funds Transfer Fraud | Available for additional premium |
| Telecommunications Fraud | \$100,000 |

Criminal Reward

| | |
|-----------------|-------------------------------|
| Criminal Reward | \$50,000 (NEW – HIGHER LIMIT) |
|-----------------|-------------------------------|

Computer Hardware Restoration

Included (NEW)

Deductibles

| | |
|----------------------|---------|
| Each Incident | \$1,000 |
| Notified Individuals | 100 |

Would you like to purchase Cyber Security & Privacy Liability coverage?
If yes, please complete the fields below.

Yes No

| Gross Revenue | Annual Premium |
|----------------------------|-----------------------------------|
| \$0 to \$500,000 | <input type="checkbox"/> \$675 |
| \$500,001 to \$1,000,000 | <input type="checkbox"/> \$1,023 |
| \$1,000,001 to \$1,500,000 | <input type="checkbox"/> \$1,284 |
| \$1,500,001 to \$2,000,000 | <input type="checkbox"/> \$1,578 |
| \$2,000,001 to \$2,500,000 | <input type="checkbox"/> \$1,776 |
| \$2,500,001 to \$3,000,000 | <input type="checkbox"/> \$1,873 |
| \$3,000,001 to \$3,500,000 | <input type="checkbox"/> \$2,017 |
| \$3,500,001 to \$4,000,000 | <input type="checkbox"/> \$2,159 |
| \$4,000,001 to \$4,500,000 | <input type="checkbox"/> \$2,298 |
| \$4,500,001 to \$5,000,000 | <input type="checkbox"/> \$2,434 |
| Above \$5,000,001 | <input type="checkbox"/> Referral |

Has any Cyber claim or lawsuit been made against your organization, or is any such claim now pending against your organization?
If yes, please provide details.

Yes No

Are you aware of any facts, circumstances, or situations, which may reasonably give rise to a claim against your organization?
If yes, please provide details.

Yes No

Has your organization ever had a cyber security / privacy breach and/or network security incident in the past or has such a claim been made against your organization?
If yes, please provide details.

Yes No

Statement of Facts including condition precedent requirements

The following items are important risk mitigation strategies and are required by the insurer for coverage to be secured. Please confirm the following is accurate:

IT IS A CONDITION PRECEDENT FOR COVERAGE UNDER THIS POLICY THAT ALL THE BELOW ITEMS ARE SATISFIED. IF ANY OF THE BELOW STATEMENTS ARE NOT MET THEN NO COVERAGE SHALL BE PROVIDED UNDER THIS POLICY FOR ANY DAMAGES, CLAIMS EXPENSES, PENALTIES, PRIVACY BREACH RESPONSE SERVICES, PCI FINES EXPENSES AND COSTS, CYBER EXTORTION LOSS, DATA PROTECTION LOSS, BUSINESS INTERRUPTION LOSS.

Please confirm the following is accurate:

The organization implements loss control measures such as: Antivirus software, a firewall, and/or regular software patch installations.

The organization regularly backs-up critical data to a separate location that would be unaffected by an issue in the live environment.

The organization uses multi-factor authentication (MFA) for cloud based services (such as cloud based email account access) and for all remote access to its network; or if No, the organization uses Jane, Clinicmaster, owl practice or Practiceperfect.

For those systems which have an on-premises network only: The organization only allow(s) remote access into its environment with a virtual private network (VPN). Note: This does not apply if your systems are entirely cloud based.

I confirm the above statements are true and accurate.

I also confirm the following:

The organization takes and/or provides cyber security awareness training at least once annually, including anti-phishing which includes training for all individuals who have access to your organization's network or confidential/personal data. Resources can be found at www.getcybersafe.gc.ca.

I confirm the above statement is true and accurate.

***Additional Coverage Available**

If the organization transfers funds, BMS recommends you consider adding Fraudulent Instruction/Funds Transfer Fraud coverage.

Fraudulent Instruction coverage provides a limit of up to \$100,000 for claims resulting directly from you/your insured business having transferred, paid, or delivered any Money or Securities as a direct result of Fraudulent Instructions (i.e.: a fraudulent written instruction, electronic instruction (including email or web-based instruction) or telephone instruction provided by a person purporting to be a Vendor, Client, or an Authorized Employee, that is intended to mislead an Insured through the misrepresentation of a material fact that is relied upon in good faith by such Insured).

Funds Transfer Fraud means the loss of Money or Securities contained in a Transfer Account at a Financial Institution resulting from fraudulent instructions by a third party issued to a Financial Institution directing such institution to transfer, pay or deliver Money or Securities from any account maintained by you/your insured business at such institution, without you/your insured business's knowledge or consent.

\$25,000 limit for **\$230 / year**

\$100,000 limit starting from **\$335 / year**

Would you like BMS to contact you regarding a quote for Fraudulent instruction coverage?

Yes No

If yes, an additional questionnaire is required to be completed and will be sent to you separately.

Declarations and Warranty

WITHOUT LIMITATION TO ANY OTHER REMEDY AVAILABLE TO THE INSURERS, THE PROPOSED INSURANCE WILL NOT AFFORD COVERAGE TO ANY CLAIMS OF WHICH ANY PERSON PROPOSED FOR THIS INSURANCE HAS KNOWLEDGE OR ANY CLAIMS RESULTING FROM ANY FACTS OR CIRCUMSTANCES OF WHICH ANY PERSON PROPOSED FOR THIS INSURANCE HAS KNOWLEDGE.

The undersigned authorized officer of the organization, on behalf of the organization and all person(s) proposed for this insurance, declares that, to the best of his/her knowledge and belief, the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information from each and every person proposed for this Insurance to facilitate the proper and accurate completion of this application form. The undersigned further agrees that if any significant change in the condition of the applicant is discovered between the date of this application form and the effective date of the policy, which would render this application form inaccurate or incomplete, notice of such change will be reported in writing to insurer immediately. Although the signing of this application form does not bind the undersigned on behalf of the organization or any person(s) proposed for this insurance, to effect insurance, the undersigned, on behalf of those person(s) proposed for this insurance and organization, agrees that this form and the Information furnished pursuant hereto shall be the basis of the contract should a policy be issued and this form will be attached to and become part of the policy.

The undersigned declares:

I declare that during the last five years no insurer has cancelled, declined or refused to issue me/us any form of liability insurance or property coverage and that this application discloses the hazards known to exist at the date of this application.

I declare that the statements made herein are in every respect true and correct and hereby apply for a contract of insurance to be based upon the truth of the said statements.

Submitting this form does not bind the Applicant or Organization to complete the insurance but is agreed that this form shall be the basis of the contract should a policy be issued.

It is understood and agreed that I/we authorize (BMS) to arrange for the insurance application, communication and policy documentation (immediate and future) to be in the English language at our express consent. This authorization shall not affect the Terms and Conditions set out in the Policy(ies).

The insurance premium is fully retained and not refundable.

IMPORTANT: This application must be completed by the Executive Director, Board Member or another authorized officer/director on behalf of the applicant. By selecting from the drop-down menu below, the applicant certifies that this form has been duly completed by the Executive Director, Board Member or an authorized officer/director.

Signed by:

Position:

Date:

Fee Disclosure

| Line of Coverage | Premium | Commission (included within premium) |
|------------------------------------|-----------------|--------------------------------------|
| Directors' and Officers' Liability | Per application | 25% |
| Legal Expense Insurance | Per application | 25% |

| | | |
|---|-----------------|-----|
| Commercial General Liability | Per application | 25% |
| Cyber Security and Privacy Liability Coverage | Per application | 25% |

For more information on broker compensation please click here:
https://www.bmsgroup.com/assets/emailDownloads/Disclosure_Duty-of-Care_2024.pdf

Payment Information

For New Applications, Premiums are prorated:

March 31 - June 30 premium = 100% of matrix pricing
 July 1 – September 30 premium = 75% of matrix pricing
 October 1 – December 31 premium = 50% of matrix pricing
 January 1 – March 30 premium = 25% of matrix pricing

The following provinces are subject to provincial sales tax:

Ontario residents add 8% sales tax
 Québec residents add 9% sales tax
 Manitoba residents add 7% sales tax
 Newfoundland residents add 15% sales tax
 Saskatchewan residents add 6% sales tax

| | |
|----------------|---------|
| Sub-total | \$ |
| Service Fee* | \$25.00 |
| Tax | \$ |
| Total Enclosed | \$ |

***PLEASE NOTE:** The Service Fee does not apply if you ONLY purchase E&O Insurance.

All other provinces are exempt. GST is not applicable to insurance premiums.
 All cheques payable to BMS Canada Risk Services Ltd, or complete credit card authorization below.

Authorization for Credit Card Charge

| | | |
|-------------------------------|--------------|------|
| VISA, AMEX or M/C Account No: | Expiry Date: | CVV: |
| Cardholder Name: | Signature: | |

BMS Canada Risk Services Ltd. (BMS)
 979 Bank St, Suite 200
 Ottawa, ON K1S 5K5

Toll Free: 1-844-294-2715
 Fax: 613-701-4234
 Website: www.underourwing.bmsgroup.com