



**PROPOSAL FORM FOR DIRECTORS AND OFFICERS  
INSURANCE**

**PLEASE COMPLETE THIS SECTION FOR ALL APPLICATIONS**

1. Name of Insured.....  
.....
2. Contact Name.....  
Phone..... Fax.....  
Address.....  
..... Postal code.....  
Email.....  
Website.....
3. a)Annual Revenue .....  
b)Total Assets .....  
c)Total Net Shareholders Funds .....  
d)At Last Balance Date - Give Date: ..... / ..... / .....  

(i) Profit (Loss)  
(ii) Accumulated Losses
4. Date Insured Established:.....
5. Attach a copy of the latest annual report of the Insured or management accounts if balance date is more than 120 days overdue.
6. Total number of financial members .....

**7. COMMITTEE PERSONNEL**

List all committee members and their position.

Name	Position

**8. COMPLETE LIST OF ASSOCIATED CLUBS:**

(Note that cover does not extend to associated clubs)

9. Name, Qualifications and Duration of membership of all Insured Directors:.....  
 .....  
 .....

10. **OUTSIDE DIRECTORSHIPS**

List for all past and present Directors/Officers who hold or have held outside directorships solely for the purpose of representing the Insured including your auditor.

NAME	POSITION	CLUB/ASSOCIATION

Note: Annual Reports may be required for **Clubs/Associations**

11. a) Has there been any material change in the financial condition of the Insured or its associates or any other matter considered material to the acceptance of this proposal since the last annual report, or since production of the financial data provided with this proposal?

b) Was the Insured trading profitably at the close of the last calender month?

12. Does the Insured or its associates conduct sport in the United States of America?

Yes ( ) No ( )

If yes, supply details of the nature and extent of its activities, including percentages of total revenue so derived.

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13. Has there been or is there now pending any claim against any person proposed for insurance in their capacity of either Director or Officer of the above Insured or any other Insured? Yes ( ) No ( )

If yes, please give comprehensive details (by way of attachment if necessary).

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14. Has any person proposed for insurance ever been subject to disciplinary action, been fined or penalised or been subject to an inquiry in their capacity as a Director/Officer? Yes ( ) No ( )

If yes, please give comprehensive details (by way of attachment if necessary).

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15. Does any Director or Officer to be covered by this insurance, after specific inquiry of management and staff, have knowledge or information of any incident, act, error or omission which may give rise to a claim under the proposed policy? Yes ( ) No ( )

If yes, please give comprehensive details.

Note: If such knowledge or information exists, any claim or action arising therefrom is excluded from this proposed coverage. See back page for explanatory notes).

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16. Details of existing or previous Directors and Officers legal liability insurance.

- a) Name of Insurer.....
- b) Policy Period.....
- c) Sum Insured.....

17. Has any insurer refused, cancelled or increased the premium on any insurance of this nature?

Yes ( ) No ( )

18. Is the Insured currently subject to any takeover attempt or has the Insured publicly revealed its intention to merge with or takeover any other association? Yes ( ) No ( )

If yes, please give details.

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19. Has the Insured merged with/taken over any other entity since the date of its last annual report?

Yes ( ) No ( )

If yes, please give details.

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.....

20. Has there ever been, or is there now pending, any prosecution of the Insured or its associates under any statute legislation, particularly under any companies code or trade practices act? If yes, please give details.

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# THIS DECLARATION MUST BE COMPLETED IN ALL CASES

## DECLARATION

For and on behalf of the Applicant I represent that the above statements and facts are true and that no material facts have been suppressed or mis-stated. I understand that completion of this form does not bind coverage. The Applicant's acceptance of the company's quotation and the company's acceptance of the applicant's proposal is required before cover may be bound and the policy issued.

I further declare that on behalf of the Insured I:

- have either completed all the questions on this form personally or they have been completed by somebody else on my behalf and the answers have been checked for fullness and accuracy by me.
- am a duly authorized officer of the Insured applying for insurance for the purpose of completing this application.
- have read and understood the information concerning the disclosure of material fact and understand that this is a contract of utmost good faith.
- agree on behalf of the applicant to Sutton Special Risk obtaining from the applicant's previous insurer(s) any information it may need about prior claims or insurance history.
- agree to Sutton Special Risk making enquiries from any third party to verify claims history and other information disclosed herein or statements made by the applicant or its representatives in making this application.
- agree to Sutton Special Risk disclosing to any insurance intermediary appointed by the applicant or to any former or future insurer of the applicants the claims history or any other information as may be determined.

### IMPORTANT – Proposal Information

1. **Disclosure of Material Fact** – Any material facts known to you must be disclosed. A material fact is one which could influence an underwriter in the assessment and acceptance of this proposal. Should you have any doubt as to whether a fact is material, it should be disclosed for your own protection as failure to disclose such fact may invalidate the policy. You are recommended to keep your own records (including copies of letters) of all information supplied to us in arranging this insurance. A copy of your completed proposal form is available on request.
2. **Utmost Good Faith** – The insurance is a contract based on the utmost good faith requiring Underwriters and the proposer/insured(s) to act towards each other with the utmost good faith in respect of any matter relating to this insurance.

Full Name .....

Position held.....

Signature .....

Date ...../...../.....  
(dd/mm/yy)

**Please return this form to your accredited Sutton Special Risk Broker**

### **SUTTON SPECIAL RISK**

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33 Yonge Street  
Toronto, ON M5E 1G4  
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