



**PROPOSAL FORM**

Member Clubs of the BC (Minor) Baseball Association  
Policy No – TBD

**DIRECTORS AND OFFICERS, ENTITY AND PERSONAL LIABILITY INSURANCE**

This is a Proposal Form for an insurance policy relating to **Claims** made against the **Directors and Officers** or the **Entity** and reported to the **Insurer** during the **Policy Period**.

Coverage will only be afforded to those individuals and entities that fit within the definitions of **Director and Officer** and **Subsidiary**, unless otherwise agreed to by the Insurer and specifically endorsed onto the policy.

Words and expressions appearing in **bold italics** in this proposal form are defined in the policy wording

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- Requirements:
- All of the following questions must be answered
  - If available, the most recent annual financial statements (These will be considered part of the proposal)
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**1. GENERAL INFORMATION**

- a) Name of the Non-Profit **Entity**: \_\_\_\_\_
- b) Address / Postal Code \_\_\_\_\_
- c) Total Budget for next twelve (12) months: \_\_\_\_\_
- d) Number of :                **Directors** \_\_\_\_\_ **Officers** \_\_\_\_\_

**2. CORPORATE INFORMATION**

Is the **Entity** currently or has it, during the past twelve (12) months;

- a) been in arrears in its payments of monies payable to Revenue Canada or the provincial ministries of revenue (including source deductions, G.S.T and P.S.T) ? .....Yes  No
- b) been in breach of any of its debt covenants, loan agreements or contractual obligations, or does it anticipate any such breach occurring within the next twelve (12) months ? .....Yes  No   
(If the answer to any of the above questions is Yes, please provide full details.)

**3. NOTICE**

Identify the **Officer** of the **Entity** designated to receive all notices from the Insurer concerning this insurance:

\_\_\_\_\_  
NAME (Please print)

\_\_\_\_\_  
TITLE (Please print)

**4. WARRANTIES AND SIGNATURE**

**THE APPLICANT DOES HEREBY PROVIDE THE FOLLOWING WARRANTIES TO THE INSURER:**

- a) No **Claim** which would, had insurance similar to that now proposed been in force, have fallen within the scope of such insurance has been made or is now pending against any person(s) proposed for this insurance in the capacity of either **Insured Persons** of the **Entity**, except as follows: (If answer is "none", so state) \_\_\_\_\_
- b) No person proposed for this insurance is cognizant of any fact or circumstances or of any **Wrongful Act** which might possibly give rise to a future **Claim** such as would fall within the scope of the proposed insurance, except as follows: (If answer is "none", so state) \_\_\_\_\_
- c) No similar insurance on behalf of the **Entity** has been declined or cancelled or renewal thereof refused, except as follows: (If answer is "none", so state) \_\_\_\_\_
- d) Neither the **Entity** nor any of the **Insured Persons** has been involved in or has any knowledge of any currently pending insolvency and/or bankruptcy, anti-trust, combines, price fixing, restraint of trade, tax, copyright, patent, securities law or regulation infringement or government regulatory or administrative proceedings against the **Entity** and/or the **Insured Persons**, except as follows: (If answer is "none", so state) \_\_\_\_\_
- e) No fact, circumstance or situation indicating the possibility of a **Claim** against which indemnification would be afforded by the proposed insurance is now known to any person(s) applying for this insurance other than which is disclosed in this proposal form. It is specifically agreed by all concerned that if any person(s) applying for this insurance has any knowledge of any such fact, circumstance or situation, any **Claim** subsequently emanating therefrom will be excluded from coverage under the proposed insurance.
- f) The undersigned **Director** of the **Entity** is duly authorized to make representations and to sign on behalf of all of the **Directors and Officers** and the **Entity** and declares that the statements herein are true and complete.
- g) The undersigned **Director** of the **Entity** declares that the financial statements submitted with this proposal form are representative of the current financial position of the **Entity** including its **Subsidiaries**.
- h) Signing of this proposal form does not bind the Insurer to complete the insurance, but it is agreed that this proposal form will be the basis of the contract should a policy be issued, and that this proposal form will be attached to and become a part of such policy, if issued. The Insurer is hereby authorized to make any investigation and inquiry in connection with this proposal as it may deem necessary.
- i) It is warranted that the particulars and statements contained in the proposal 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.
- j) It is agreed that in the event that there is any material change in the answers to the questions contained herein prior to the effective date of the policy, the **Entity** will notify the Insurer and, at the sole discretion of the Insurer, any outstanding quotations may be modified or withdrawn.

**N.B. COVERAGE CANNOT BE BOUND UNLESS THIS PROPOSAL FORM HAS BEEN DULY COMPLETED AND DULY SIGNED AND DATED.**

\_\_\_\_\_  
Entity

\_\_\_\_\_  
Name of Chairman of the Board or President  
(in block letters)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Chairman of the Board or President