

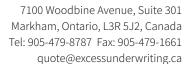
## GameDay Application Form for Non-Profit Directors' and Officers' Liability

**NOTE:** Copies of the following information must be attached to this application:

- The applicant's charter or by-laws
- The applicant's latest financial statement
- The list of current directors and officers

Name of organization/incorporated association (applicant)	
Address:	
Date organized:	Conducted business continuously since:
Legal structure (corporation, association, foundation, profes	ssional trade or service etc.):
Size of operating budget (revenue plus cash assets): \$	
Indicate the percentage of funds received from the following	
Source	Percentage
Federal, provincial, local government	
Fees for services	
Dues from members	
Donations, contributions from the general public	
Other (please specify):	
Number of: Directors: Officers: Officer	
Name of auditor/accountant:	How often is an audit done?
Are any of the directors or officers or person(s) proposed for	r this insurance indebted to the organization? Yes No
If yes, provide full details:	
Is the non-profit corporation running a deficit/loss in the cu	ırrent or prior year? Yes No
If yes, please explain	
Are board of directors paid a salary or are they unpaid volur	nteers? Yes No
Has any claim been made or any lawsuits issued against the (If yes, please indicate date, nature and present status of the	e applicant or its predecessors, owners, directors and officers? e claim or lawsuit). Yes No
Is the organization/ association registered with an active fee organization operating number? Yes No	deral or provincial non-profit corporation or charity
If yes, please explain	
Does the organization have any operations outside of Canad	da? Yes No







## **Liability Coverage Required**

Limit of liability coverage:

\$1,000,000 \$2,000,000 \$3,000,000 \$5,000,000

## **Warranty Statement**

- 1. The undersigned, for himself or herself, or as authorized representative of the applicant organization, declares that to the best of his/her knowledge the statements made and information provided in this application and all questionnaires are true.
- 2. Signing this application does not bind the applicant to complete the insurance, but signing here does indicate applicant's agreement that the application and the information provided will form the basis of the contract should an insurance policy be issued, and this application will become part any issued policy. Aviva Canada Inc. is hereby authorized to make any investigation and inquiry in connection with this application as necessary. The undersigned, for himself or herself, or as authorized representative understands that Aviva must be advised of any material changes.
- 3. It is also agreed that in the event there is any material change in the answers to the questions contained herein prior to the effective date of the insurance policy, the applicant will notify Aviva Canada Inc. and at the sole discretion of Aviva, any outstanding quotations may be modified or withdrawn.

Signed By Applicant:	Date:
Name:	Title/Position:
(Please Print)	(Please Print: President, CEO, CFO, Treasurer)

