



THE SOVEREIGN GENERAL INSURANCE COMPANY

APPLICATION FOR NON-PROFIT CORPORATION PROFESSIONAL

INDEMNITY INSURANCE OF CHAPTERS.

ANNUAL PREMIUM \$250

| | | | | |
|---|---|------|----------------------|-----|
| 1 | NAME OF CHAPTER | | | |
| | ADDRESS | | | |
| | PHONE | () | FAX | () |
| 2 | DATE SET UP | | DATE INCORPORATED | |
| 3 | LAST ANNUAL PERIOD | FROM | | TO |
| | TOTAL REVENUE | \$ | NET INCOME | \$ |
| | TOTAL ASSETS | \$ | NET WORTH | \$ |
| 4 | CURRENT PERIOD | FROM | | TO |
| | ESTIMATED REVENUE | | ESTIMATED NET INCOME | |
| 5 | HAS ANY CLAIM BEEN MADE AGAINST ANY DIRECTOR OR OFFICER, OR FORMER DIRECTOR OR OFFICER, IN THEIR CAPACITY AS A DIRECTOR OR OFFICER, OR AGAINST THE CHAPTER? | | | |
| | IF YES, PLEASE GIVE DETAILS | | | |
| 6 | IS ANY DIRECTOR OR OFFICER AWARE OF ANY FACT, CIRCUMSTANCE OR SITUATION WHICH HE/SHE HAS REASON TO SUPPOSE MIGHT AFFORD GROUNDS FOR ANY FUTURE CLAIM SUCH AS WOULD FALL WITHIN THE SCOPE OF THIS INSURANCE? | | | |
| | IF YES, PLEASE GIVE DETAILS | | | |

The undersigned authorized officer of this Chapter declares that to the best of his knowledge the statements set forth herein are true. This form shall be the basis of the contract should a certificate be issued and a copy of this form will be attached to the certificate and become part of the policy. Coverage in respect of this chapter will not take effect until confirmed by the Insurer.

| | | | |
|-------------|--|-------------------|--|
| SIGNATURE | | PRINT NAME | |
| DATE SIGNED | | OFFICIAL CAPACITY | |

PLEASE ATTACH

- (A) The latest financial statements (only if budget is over \$50,000).
- (B) The minutes of the last general meeting (if available).
- (C) Any available activities report(s).
- (D) A list of the Directors and Officers.

PLEASE RETURN BY MAIL TO

JOE CAPOGNA
1(800) 267 -7636 EXT 2266

ADRIATIC INSURANCE BROKERS LTD
10 DIRECTOR COURT, SUITE 100,
WOODBRIIDGE, ONT. L4I 7E8