



**INSURANCE APPLICATION FOR: FEDERAL LIBERAL ELECTORAL DISTRICT ASSOCIATION**

**WARNING**

Submission of this Application does not obligate the insurer to provide insurance terms to the EDA. It is agreed, however, by the applicant and the insurer that the information provided in this application, together with all attachments shall be the representations of the applicant and the prospective insureds and any insurance coverage offered is issued in reliance of the truth of the information provided.

General Information

Insurers:	Contents/Property Coverage	Novex Insurance Company
	Commercial General Liability	Novex Insurance Company
	Directors' & Officers' Liability	Novex Insurance Company

Insurance Broker: Rhodes & Williams Limited  
3<sup>rd</sup> Floor, 1050 Morrison Drive  
Ottawa, ON K2H 8K7

For all inquiries or should you wish to receive this application in French, please call **613-226-6590**, toll free at **1-888-391-8379** or email at **liberalpartyinsurance@rhodeswilliams.com**

A brief overview of the insurance coverages offered is outlined in sections below. This is NOT a complete description and should not be interpreted as such. Insurance policy terms, conditions, limits, exclusions and deductibles will apply to all claims as outlined in each policy wording once coverage is bound.

Indicate the coverage(s) required and answer all questions for each section, signing after each required coverage. **Please note:** All coverages provided as part of this insurance program are subject to shared limits for all participants subscribing to this program within the Master Policy.

- Section A**      General Information - **All applicants must complete this section**
- Section B**      Commercial General Liability - \$5,000,000 combined limit  
Annual Premium \$510 plus applicable tax

- Section C** Directors' & Officers' Liability - \$500,000 Single Event / \$1,000,000 Aggregate combined limit.  
Annual Premium \$410 plus applicable tax
- Section D** Property Insurance:
  - Office Contents Insurance - Limit \$20,000 (limit can be increased upon request)
  - Crime Insurance - Theft of Money Insurance - Limit of \$5,000  
Annual Premium \$260 plus applicable tax
- Section E** Privacy Breach Expense (Cyber)  
Must be purchase with Property Insurance (Section D). Coverage includes:
  - Privacy Breach Expense (1<sup>st</sup> Party) - \$25,000
  - Business Interruption (1<sup>st</sup> Party) - \$25,000
  - Privacy Breach Legal Expense (1<sup>st</sup> Party) - \$25,000

Annual Premium \$120 plus applicable tax

  - ❖ Please note third party coverage (lawsuit launched against the organization following a privacy breach event) available upon request – additional premium applies

<b>Pour Résidents du Québec Seulement</b>	<b>Je confirme que ma demande pour la présente assurance ainsi que toute correspondance soit en anglais.</b>
<b>For Québec Residents only</b>	<b>I hereby request that all correspondence pertaining to this policy be issued in English</b>
<b>Name/ Nom:</b> _____ <b>Signature:</b> _____ <b>Date:</b> _____	

**Section A: General Information (must be completed by everyone)**

1. Name of Applicant: \_\_\_\_\_

2. Full Postal Address: \_\_\_\_\_

3. Location Address (if different from mailing)  
\_\_\_\_\_

4. Contact Name: \_\_\_\_\_

Phone # \_\_\_\_\_ email: \_\_\_\_\_

Section B:      Commercial General Liability

Insurance for Bodily Injury or Property Damage suffered by others as a result of your negligence in relation to premises and operations of the EDA. A combined Bodily Injury/Property Damage Deductible of \$1,000 applies.

Exclusions

**Please note the Commercial General Liability Policy does not cover libel, slander or defamation of character in any manner.**

1.    Addresses for all Premises owned, rented or controlled by the applicant  
Location 1 \_\_\_\_\_  
Location 2 \_\_\_\_\_
  
2.    Square Footage Occupied by you for each location  
Location 1 \_\_\_\_\_  
Location 2 \_\_\_\_\_
  
3.    Interest of the applicant in each premises (owner or tenant)  
Location 1 \_\_\_\_\_  
Location 2 \_\_\_\_\_
  
4.    Details of all claims brought against the Applicant in the past 5 Years  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
5.    Additional Insured – Please indicate if the landlord requires to be added as additional insured; if so, please provide their name and mailing address.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
6.    To finalize please sign below and complete the “Personal Information Commercial Client Agreement” form and return with your application.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**(Must be signed by the president or treasurer of the association)**

Section C      Directors' & Officers' Liability

Provides funds to pay for claims and/or defense costs to protect EDA Directors' and Officers' from liability for real or alleged wrongful acts related to their administrative duties. The policy also provides funds to reimburse the EDA for claims paid to protect the directors and officers as indicated in the entity's bylaws. It is important to note that this type of insurance is written on a **claims made basis** meaning the insurance must be in force at the time a claim is presented.

**D&O Application**

1. Total Assets \_\_\_\_\_
2. Total Liabilities \_\_\_\_\_
3. Net Assets \_\_\_\_\_
4. Total Revenues \_\_\_\_\_
5. Net Income \_\_\_\_\_
6. List of Directors and Officers - please complete Annex A
7. Does the association or any of its subsidiaries provide any professional services for a fee?  
Yes  No  If yes, please attach full details  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Does the association take any disciplinary action or recommend disciplinary action as a result of peer review or standard setting activities?  
Yes  No  If yes, please attach full details  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Does the association publish any magazines, periodicals or technical manuals or engage in broadcasting or reproduction or copyright?  
Yes  No  If yes, please attach full details  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. During the past three years, has any claim or notice of circumstance which could reasonably give rise to a claim been reported to any previous Directors' and Officers' Liability insurer?  
Yes  No  If yes, please attach full details  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Is any insured aware of any fact, circumstance or situation involving the Applicant, the directors or officers of the association which may give rise to a claim under the policy?  
Yes  No  If yes, please attach full details

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12. To finalize, please sign below and complete the “Personal Information Commercial Client Agreement” form and return with your application

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Date: \_\_\_\_\_ Signature: \_\_\_\_\_

\_\_\_\_\_  
**(Must be signed by the president or treasurer of the association)**

Section D:      Property Coverage

#### **CONTENTS INSURANCE**

**Office Contents Insurance – Limit \$20,000 (limit can be increased upon request) –** insurance to pay for damage or destruction to or theft of property in the electoral district association’s office. A deductible of \$1,000 will apply.

#### **CRIME INSURANCE**

**Theft of Money Insurance – Limit \$5,000 –** insurance for theft of money by other than electoral district association’s staff (robbery and holdup coverage). A deductible of \$1,000 will apply.

To finalize, please sign below and complete the “Personal Information Commercial Client Agreement” form and return with your application.

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Date: \_\_\_\_\_ Signature: \_\_\_\_\_

\_\_\_\_\_  
**(Must be signed by the president or treasurer of the association)**

Section E: Privacy Breach Expense (Cyber)

If the named insured (named insured is your organization) fails to prevent unauthorized use or access to data found on the organization's network. Coverage includes legal fees or defense expenses incurred as a result of civil proceedings linked to a privacy breach.

- Privacy Breach expenses (1<sup>st</sup> party) \$25,000
- Business Interruption (1<sup>st</sup> party) \$25,000
- Privacy Breach Legal expenses (1<sup>st</sup> party) \$25,000
- Deductibles: \$1,000 (for insuring agreement A) and 48 hours (insuring agreement B)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**(Must be signed by the president or treasurer of the association)**

Payment Options:

Payment Options	
Online/Telephone Banking	<ul style="list-style-type: none"><li>• Log onto your bank's online banking website</li><li>• Under your bill payee list, add Rhodes &amp; Williams</li><li>• Your online banking number is your client code on the invoice</li></ul>
E-Transfer	<ul style="list-style-type: none"><li>• Use <a href="mailto:accounting@rhodeswilliams.com">accounting@rhodeswilliams.com</a> and use password 'insurance'</li></ul>
Credit Card	<ul style="list-style-type: none"><li>• <a href="https://www.policypayments.com/rhodeswilliams?step2">https://www.policypayments.com/rhodeswilliams?step2</a> [Charges apply]</li></ul>
Cheque or Money Order	<ul style="list-style-type: none"><li>• Make your cheque or money order payable to: Rhodes &amp; Williams</li><li>• Send your payment to: 1050 Morrison Drive, 3<sup>rd</sup> Floor, Ottawa, ON K2H 8K7</li></ul>



**Personal Information  
Commercial Client Agreement**

**Date:**

**BETWEEN:**

Rhodes & Williams Limited (the  
“**Broker**”)

**AND**

\_\_\_\_\_

(the “**Client**”)

The parties acknowledge that the Broker is being retained by the Client to acquire or renew a policy or policies of insurance for the Client, under which certain individuals, including the Client’s employees, servants, agents and representatives may be insured (hereinafter called “insured individuals”).

Accordingly, each of the parties may need to collect, use and disclose the personal information of such insured individuals.

FOR GOOD AND VALUABLE CONSIDERATION, the receipt and sufficiency of which is hereby acknowledged, each of the parties hereto agrees to collect, use and disclose the personal information of such insured individuals in a manner that a reasonable person would consider appropriate in the circumstances. Each of the parties further agrees to safeguard the security of such personal information in a manner appropriate to the sensitivity of that information.

FOR THE SAID CONSIDERATION, the Client further covenants and warrants that the Client has obtained and will continue to obtain, the appropriate consent from such insured individuals and newly insured individuals, to disclose their personal information to the Broker.

Dated at \_\_\_\_\_ in the Province/State of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Per:

\_\_\_\_\_  
Witness

\_\_\_\_\_  
**Broker**

Print Name:

\_\_\_\_\_  
Authorized signing officer

Per:

\_\_\_\_\_  
Witness

\_\_\_\_\_  
**Client**

Print Name:

\_\_\_\_\_  
Authorized signing officer