



CANADIAN BAR INSURANCE ASSOCIATION

**APPLICATION FOR  
OUTSIDE DIRECTORSHIP LIABILITY INSURANCE**

UNDERWRITTEN BY CERTAIN UNDERWRITERS AT  
LLOYD'S, LONDON, ENGLAND (THE "INSURER")

**Notice to Applicants:** *This Application and all attachments will, if accepted, attach to and form part of the policy. All directorships or trusteeships for which coverage is sought are to be declared.*

**I. GENERAL INFORMATION**

A. Coverage is required for:

- Option A – **Group All**  
All Partners & Employees (*please complete Sections II & IV and Schedule 1*).
- Option B – **Group Select**  
Selected Partners & Employees (*please complete Sections II & IV and Schedule 1*).
- Option C – **Individual**  
Individual Lawyer's Coverage (*please complete Sections III & IV and Schedule 1*).

B. Additional or new Director/Officer positions:

Please complete the attached Schedule 1 for all Director/Officer positions assumed since completion of last year's application which were not previously listed in Schedule 1. If this is a new application for coverage, please complete the attached Schedule 1 for all Director/Officer positions for which coverage is sought. Specific instructions for completion can be found on the Schedule.

C. Where applicable, please provide:

Broker Name: \_\_\_\_\_

CBIA Agent: \_\_\_\_\_

**II. APPLICANT INFORMATION – TO BE COMPLETED FOR OPTION A OR OPTION B**

A. Applicant - Partners and Employees of (please state name of Law Firm):

\_\_\_\_\_

Number of Lawyers in Law Firm by Office: \_\_\_\_\_

B. Head Office Address: \_\_\_\_\_

C. Telephone No.: ( ) \_\_\_\_\_ Fax No.: ( ) \_\_\_\_\_

D. Branch Office(s) Address: \_\_\_\_\_

E. Person Representing Applicants:

_____	_____
Name	Title

F. Effective Date of Desired Coverage: \_\_\_\_\_

G. Limits of Liability Requested:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$5,000,000 per Claim<br>\$5,000,000 Annual Aggregate | <input type="checkbox"/> \$5,000,000 per Claim<br>\$10,000,000 Annual<br>Aggregate | <input type="checkbox"/> \$10,000,000 per Claim<br>\$10,000,000 Annual Aggregate |
|--|--|--|



H. Is Extended Reporting Period (ERP) coverage required for persons who had been insured on the current or a predecessor policy but who has left the Law Firm?

- No                       Yes

If "Yes", an additional 5% of total premium will apply .

SAMPLE



**III. APPLICANT INFORMATION – TO BE COMPLETED FOR OPTION C**

A. Applicant - Individual: \_\_\_\_\_

B. Law Firm Name: \_\_\_\_\_

C. Address: \_\_\_\_\_

D. Telephone No.: ( ) \_\_\_\_\_ Fax No.: ( ) \_\_\_\_\_

E. Applicant's Position/Title: \_\_\_\_\_

F. Effective Date of Desired Coverage: \_\_\_\_\_

G. Limits of Liability Requested:

- \$1,000,000 Annual Aggregate
- \$2,000,000 Annual Aggregate
- \$3,000,000 Annual Aggregate

**IV. PRIOR CLAIMS OR KNOWLEDGE WARRANTY (Complete for all of the above options)**

FOR DIRECTORSHIPS NOT PREVIOUSLY DECLARED FOR RENEWALS AND FOR ALL NEW APPLICATIONS:

- A. Is the Applicant aware of any claim made or pending against the Applicant in his/her/their capacity as Director, Officer or Trustee that has not previously been reported to the Insurer?  No  Yes
- B. Does the Applicant have knowledge or information of any negligent act, error, omission, breach of duty or other circumstance which might give rise to a claim against the Applicant in his/her/their capacity as Director, Officer or Trustee?  No  Yes

If the answer to either Questions A or B above is "Yes", please attach a written statement giving full details.

If this is a renewal application, the Applicant agrees that if such facts or circumstances exist, any claim arising therefrom may, depending on the circumstances, be excluded from this proposed coverage whether or not disclosed.

If this is a new application for coverage, the Applicant agrees that if such facts or circumstances exist, any claim arising therefrom is excluded from this proposed coverage whether or not disclosed.

The undersigned, on behalf of the Applicant, declares that, to the best of his/her/their knowledge, the statements made in this Application and any attachments are true and complete. Signing of this Application does not bind the Applicant or the Insurer to complete the insurance, but it is agreed that this Application will form the basis of the contract should an insurance policy providing the requested coverage be issued and shall be deemed to be attached to and shall form part of any such policy.

The undersigned, on behalf of the Applicant, acknowledges reading the attached Privacy Statement and consents to the collection, use and disclosure of personal information in accordance with the Privacy Statement.

The information provided in this Application is for underwriting purposes only and does not constitute notice to the Insurer under any policy of a claim or potential claim.

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

Signed: \_\_\_\_\_

Title or Position: \_\_\_\_\_

**Please return this Application to:** Dion, Durrell + Associates Inc.  
 Suite 306, 20 Queen Street West  
 Toronto, Ontario M5H 3R3



## Privacy Statement

*The Canadian Bar Insurance Association Outside Directorship Liability Insurance Program (CBIA-ODL) uses information you provide in your insurance application (including Schedule 1), claim report and other reporting forms for a number of purposes. This personal information may be used to:*

- 1. Establish insurance coverage.*
- 2. Determine and collect premiums and other amounts owing.*
- 3. Manage claims.*
- 4. Provide our actuaries and other professionals with data required to determine valuations, premiums, underwriting and risk management.*
- 5. Develop statistics for planning and evaluation.*
- 6. Develop loss prevention initiatives.*
- 7. Obtain insurance or reinsurance and comply with reporting and audit requirements of insurers and/or reinsurers (including but not limited to Certain Underwriters of Lloyd's).*
- 8. Fulfill our regulatory and accounting obligations.*

*CBIA-ODL may disclose the personal information to the following entities from time to time:*

- 1. Third parties involved in a claim including counsel, adjuster, experts, mediators and adjudicators, your broker (if applicable), insurers and/or reinsurers (including but not limited to Certain Underwriters of Lloyd's) to the extent disclosure is necessary for the securing of coverage or handling or resolution of the claim.*
- 2. Our auditors, actuaries and professional advisors to the extent disclosure is necessary for them to fulfill their professional responsibilities to us.*
- 3. Regulatory bodies having jurisdiction over the CBIA ODL Program to the extent that they require disclosure.*
- 4. Law firms where you have been or currently are a partner, associate or employee, to the extent that the personal information pertains to the time period of your relationship with the law firm or earlier fields of practice.*

*If you have any questions about the use and/or disclosure of information, please contact Joseph D. Tontini, Office of the Program Manager at 1-416-408-5287.*

**Sponsored By The Canadian Bar Insurance Association  
Underwritten by Certain Underwriters at Lloyd's, London, England  
Managed By Dion, Durrell + Associates Inc.**



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