

APPLICATION FOR INSURANCE

for the PROrescue program provided exclusively
by KRS Insurance Brokers Inc.

STATEMENT / DECLARATIONS

Registered Business Name:			
Operating name (if different):			
Type of Business:	<input type="checkbox"/> Non-Profit	<input type="checkbox"/> Reg. Charity	<input type="checkbox"/> Corporation <input type="checkbox"/> Individual
If co-partnership, partner(s) full names:			

Contact: First Name:	Last Name:	Mr/Mrs/Ms/Dr:	<input type="checkbox"/> Owner <input type="checkbox"/> Subcontractor
Tel:	Alt tel:	Fax:	
Email:	Website:		
Mailing Address:	Street: City:	Province:	Postal Code:

# of Volunteers:	# of Foster Homes:
# of Directors:	# of Employees:
Maximum # of Animals fostered per foster home:	

Number of years in operation:	
Annual Receipts: \$	
Commercial General Liability Limit: \$	(minimum \$2,000,000)
Directors & Officers Liability Limit: \$	(minimum \$2,000,000)

Does the organization have any physical assets to insure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide details:	

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Please identify the amount of funds or percent of revenue attributable to each:

Membership Dues	\$ _____	_____ %
Donations	\$ _____	_____ %
Government Grants	\$ _____	_____ %
Other _____	\$ _____	_____ %

Name of auditor/accountant _____

How often is an audit done? _____

Has the organization changed its accountant/auditor in the last 5 years? ☐ Yes ☐ No

If yes, provide details _____

Has the organization filed a Federal Income Tax Return for any of the last 5 years? ☐ Yes ☐ No

If yes, have returns been accepted as filed? ☐ Yes ☐ No

If no, provide details. _____

How frequently does the board meet? _____

How many board members must be present to constitute a quorum? _____

Describe the procedures in place to keep the Directors and Officers informed of new developments between meetings. _____

Does each Director have a formal job description which clearly defines his/her scope of duties? ☐ Yes ☐ No

Are any of the Directors or Officers or any other person(s) proposed for this insurance indebted to the Organization? ☐ Yes ☐ No

Indicate the source of the Boards legal advice _____

Application date: _____

Reference #: _____

Date Coverage is Required:

Previous insurance & policy number:

Has an insurer refused to renew or declined any property, products, premises or professional (malpractice) liability insurance or application for the applicant during the past three (3) years? ☐ Yes ☐ No

If yes, provide details:

Describe all claims and loss amounts, if any, incurred by applicant in past three (3) years:

Please forward the following documents by email to prorescue@krsinsurance.ca. Reference the **Application ID** you will receive on clicking the "submit" button below to submit this application.

- Copy of By-Laws / Code of Ethics
- Current Financial Statement
- Copy of volunteer waiver
- Completed schedule of Directors & Officers

DECLARATION & PERSONAL INFORMATION CONSENT

This application is attached to and forms part of the insurance contract for which you are applying. Any applicant who gives false particulars or knowingly misrepresents or fails to disclose any fact in any part of this application will void the contract of insurance, and may subject you to criminal and civil penalties.

Upon electronic submission of this application, you declare that the information provided is true and correct and hereby apply for a contract of insurance to be based upon the truth of these statements. Further, you understand that the submission of this form is only an application for insurance. The effective date of insurance will be determined by the insurer.

By submitting this application, you also declare that you have read and consent to KRS Insurance Brokers Inc.'s [Personal Information Policy](#) ("Policy") for the current and future collection, use and disclosure of personal information in accordance with the Policy.

We never rent or sell our customers', applicants' or subscribers' information.

Application date:
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Reference #:

ver. PROrescueGFFR 1.0

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