



West ULC dba **HUB International Canada**
Brokers **HUB International Insurance**
BC V2P 6R5 8346 Noble Road, Chilliwack,
(604) 703-7092 Telephone: (604) 703-7070 Fax:

StrataComplete/CondoComplete Insurance Program
APPLICATION FOR INSURANCE
Condominium/Strata Non Profit Directors & Officers Liability Insurance

PLEASE READ CAREFULLY: THIS IS AN APPLICATION FORM FOR A CLAIMS MADE POLICY. IF POLICY IS ISSUED, IT WILL COVER ONLY CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURER DURING THE POLICY PERIOD. DEFENCE COSTS ARE INCLUDED WITHIN THE LIMITS OF LIABILITY.

1) Name of Applicant: Whitehorse Condominium Corporation #124 o/a Lansing Point

Address: 134 Seine Sq, Whitehorse YT Y1A 3C3

2) Date of Incorporation:

3) Jurisdiction: Alberta

(A) General Information

i. Is the condominium or strata corporation in arrears of its payments of monies payable to the Canada Revenue Agency or the Provincial Ministries of Revenue, including source deductions, G.S.T. and P.S.T.?

Yes No

ii. Is the corporation currently, or has it at any time during the past three years, been in breach of any of its debt covenants or loan agreements?

Yes No

iii. During the past three years has any auditor rendered a "going concern" opinion for the financial statements of the corporation?

Yes No

If YES to any of the above, please attach full details.

iv. For the most recent consolidated fiscal year-end please provide the following information:

(a) Fiscal Year End Date: SEE ATTACHED FINANCIALS

(b) Total Assets:

(c) Total Revenues:

(d) Total Liabilities:

v. What was the date of the last reserve fund study?

vi. What is the name of the firm who prepared the reserve fund?

vii. Was the reserve fund deemed adequate by the Board of Directors?

viii. What is the number of board members required by the bylaws? How many unit owners sit on the board?

ix. Was the last Annual General Meeting held within 6 months of the corporations fiscal year end? Yes

(B) Current Coverage or Previous Insurance

COVERAGES	INSURANCE COMPANY	LIMIT OF LIABILITY	DEDUCTIBLE	POLICY EFFECTIVE DATES	PREMIUM
D&O	Lloyds Underwriters as per Contract No. B0621P33125623	\$ 20,000,000	Nil		
Liability	Lloyds Underwriters as per Contract No. B0621P33125623	\$ 5,000,000	\$ 1,000		

i. During the past three years has any Directors and Officers liability insurance similar to that now applied for ever been declined, cancelled or non-renewed? Yes

ii. During the past three years has any written notice of claim, or potential claim, been made under the provisions of any Directors and Officers liability insurance? Yes No

4. Year condominium was built: 2008 Is it a conversion? Yes No

5. a) Type of condominium: apartment style complex

b) Total number of units: 10 Total number of unsold units: _____

c) Total number of units rented by unit owners: _____

d) Total number of units rented by corporation: _____

6) a) Any Commercial mercantile occupancy: Yes No If yes total number of units: _____
 b) Total number of rented/leased units: _____ Total number of sold units: _____
 c) Describe type of occupancies: _____

7) Are the affairs of the applicant handled by:
 a) Employees: Yes
 b) Unit Owners: Yes
 c) A managing agent: Yes (If yes please provide name and address)
 d) Others, please specify: _____

8) a) Describe any recreational facilities that exist or that are planned:
 b) Is the operation of these facilities under the control of the applicant? Yes No
 c) Are any recreational facilities leased to the applicant? (If yes, please specify) Yes No

9) The officer of the corporation designated to receive any or all notices from the insurer or their representative concerning this insurance is:
 Name: Gray Management
 Address: 134 Seine Sq Suite 111, Whitehorse YT Y1A 3C3

10) Has any director & officers liability insurance on behalf of the corporation been declined, cancelled or not renewed:
 Yes No
 If yes, indicate company, date and reason for termination of declination:

11) a) Do any board members hold positions with any business employed by the condominium corporation or hold positions with the management of the condominium corporation: Yes No
 (If yes please provide details)

b) Is the developer on the board? Yes No

12) Has the corporation initiated any legal action against any member of the corporation? Yes No
 If yes, please indicate the date and nature of the legal action and the present status of the action:

13) Are minutes of all board meetings kept? Yes

14) a) Name of auditor or accountant:
 b) How often is an audit done?

15) List of directors and officers

Name	Position	Director/Officer since	Unit owner yes/no
SEE ATTACHED			

16) Limits of liability requested: \$ \$20,000,000

17) Has any claim been made or is now pending against the corporation or any of the directors or officers? Yes No
 If yes, please indicate date of claim, nature of claim and present status of claim:

18) Does any director or officer have any knowledge of any act, error or omission which might give rise to a claim against them?
 Yes No If yes please give details:

The undersigned declares that all directors and officers of the corporation have been notified as to the full content of questions 17 and 18 and have been required to attest with respect to their personal knowledge. That the responses are accurate. Without limitations to any other remedy available to the insurer. It is agreed that if there shall be knowledge of any such fact or circumstance, any claim or action subsequently emanating there from shall be excluded from coverage under the proposed insurance.

The undersigned authorized officer of the corporation, on behalf of the directors and officers and the corporation, declares that to the best of his/her knowledge and belief the statements set forth herein are true.

The undersigned agrees that if any significant change in the conditions described in this application form is discovered between the date of this application form and the effective date of the policy, which renders this application form inaccurate or incomplete, notice of change will be reported immediately in writing to HUB International Canada West ULC dba HUB International Insurance Brokers,

8346 Noble Road, Chilliwack, BC V2P 6R5

The signing of this application does not bind the undersigned to purchase the insurance, nor does review of the applicant bind the insurance company to issue a policy.

The undersigned further agrees, should a policy be issued, that this application and its attachments shall be attached to and form part of the policy.

Signed: _____ Date: (President or Chairman of the board of the corporation)

Submitted by: _____ Date:
(Agent / Broker)

**NOTE: A COPY OF THE CORPORATIONS LATEST FINANCIAL STATEMENT AND A COPY OF THE BY-LAWS
MUST ACCOMPANY THIS APPLICATION**