

D&O Renewal

To:

Subject:



10020 12th Ave North Battleford, SK S9A 3A4
TOLL FREE: 1-866-979-2747 Fax TOLL FREE 1-866-488-6122 Email: info@oasisinsurance.ca

Fax #:

Policy #:		Renewal Date:		
Our records indicate that the above-mentioned policy is due to expire . We are pleased to advise that an application form is not required this year and offer the following terms and conditions based on no changes to operations or financial status.				
X	Limit of Liability	Deductible	Premium	
	\$1,000,000	Nil / \$ 1,000	\$275.00	
	\$2,000,000	Nil / \$ 1,000	\$400.00	
	\$5,000,000	Nil / \$ 1,000	\$650.00	
*** Please note – The above premiums do not apply if your operating budget is over \$100,000. Call or email for rates. Terms and Conditions: Upon renewal, the Insurer will be Certain Underwriter's at Lloyd's form Argo Not For Profit (Canada) V 1.0. For ease of handling and to prevent reissuing of documents, please advise if there has been any change in the Names Insured and/or the mailing address. If there has been any material change in risk, please contact our office to discuss further. Should you wish to proceed with the coverage as outlined above, please confirm the Limit of Liability required and have the Insured sign the declaration below and return this form to our office for processing.				
The Undersigned declares in all information previously submitted to the Insurer's is without error and/or omission. It is our statement that all operations remain unchanged, that there have been no material changes in risk and there are no known instances which may result in a claim. Signing of this document binds the Applicant to a renewal of the current insurance policy. It is further agreed that the application and supporting documentation on file shall be the basis of the contract.				
Signature		Title or Positi	Title or Position	
Date			MUST BE SIGNED BY A MEMBER OF THE EXECUTIVE (PRESIDENT< VICE< SECRETARY< TREASURER)	