



Name of Insurance Company to which Application is made (herein called the "Insurer")

Not-For-Profit Risk ProtectorSM Renewal Application

Management Liability, Professional Liability, Crime and
Kidnap Ransom/Extortion Coverage for Not-For-Profit Organizations

NOTICES:[THE FOLLOWING NOTICE IS INAPPLICABLE TO CRIME COVERAGE SECTION AND KIDNAP AND RANSOM/
EXTORTION COVERAGE SECTION]

IF A POLICY IS ISSUED: (1) DEFENSE COSTS WILL REDUCE THE LIMITS OF LIABILITY (AND, THEREFORE, AMOUNTS
AVAILABLE TO RESPOND TO SETTLEMENTS AND JUDGMENTS) AND WILL BE APPLIED AGAINST APPLICABLE
RETENTIONS; AND (2) IT WILL BE ISSUED ON A CLAIMS-MADE BASIS.

Section A. General Information

- 1. Name Of Applicant : North American Wildlife Enforcement Office
Address Of Named Applicant : 1610 N Fenwick Crescent, Regina, SK, S4X 4N4
Domiciled State: _____ State of Incorporation: Montana Years of Operation : 30
- 2. Applicant's Primary Nature Of Business : Fraternal Association to Promote
- 3. Is the Applicant a Not -for-Profit Non-Taxable Organization under the U.S. Internal Revenue code or State Revenue Code? Yes No If "Yes" please list the applicable Federal or State Revenue Code _____
- 4. Please list all direct and indirect Subsidiaries. If included as an attachment herein, check here .
If not applicable, please check here .

Name	Business or Type of Operation	Percentage of Ownership	Date Acquired or Created	Domestic or Foreign and Country of Incorporation
International Game W	Game Warden Magazi	100%	June/02	Not Incorporated

Are you requesting for coverage to be extended to all Subsidiaries ? Yes No

- 5. Is the Applicant or any of its Subsidiaries involved in any joint ventures ? Yes No
- 6. Does the Applicant or any of its Subsidiaries provide childcare services? Yes No
- 7. Does the Applicant or any of its Subsidiaries provide medical services? Yes No
- 8. Has the Applicant or any of its Subsidiaries had any mergers, acquisitions or consolidations in the past 24 months? Yes No
- 9. Are there any plans for a future merger, acquisition or consolidation of or by the Applicant or any of its Subsidiaries in the next 12 months ? Yes No



Please answer the following questions 10 through 13 for each coverage type desired which this is the first Policy Period you are applying for such coverage type (if Applicant maintained coverage type for the previous Policy Period(s) check the applicable N/A box):

10. There has not been nor is there now pending any claim(s), suit(s), investigation(s) or action(s) against the Named Applicant, its subsidiaries, or any director, officer or employee of any Applicant arising out of: (i) any director, officer, trustee, employee, employee benefit plan or entity liability matter, including securities matters and/or employment matters; or (ii) any matter claimed against any person proposed for insurance in his or her capacity under the proposed policy?

Please answer with regard to :

- D & O and Private Company Liability Yes No N/A
- Employment Practices Liability Yes No N/A
- Fiduciary Liability Yes No N/A
- Employed Lawyers Professional Liability Yes No N/A

(If "Yes" was checked with respect to any of the above, please attach complete details regarding those claims, suits, investigations or actions.)

11. Please answer if applying for Fiduciary Liability: Has there been or is there pending any inquiry or investigation, or any violation of ERISA¹ or any similar common or statutory law of the United States, Canada or any state or other jurisdiction anywhere in the world, to which an Applicant's employee benefit plan is subject?

- Yes No (If "Yes" , please attach the complete details.)

12. Does the Applicant, its subsidiaries, or any director, officer, trustee or employee of the Applicant know of any act, error or omission, which could give rise to a claim(s), suit(s) or action(s) under the proposed policy with regard to:

- D & O and Private Company Liability Yes No
- Employment Practices Liability Yes No
- Fiduciary Liability Yes No
- Employed Lawyers Professional Liability Yes No

(If "Yes" was checked with respect to any of the above, please attach complete details.)

13. Has the Applicant, any of its Subsidiaries or any director and/or officer:

- a. Been involved in any antitrust, copyright or patent litigation? Yes No
- b. Been charged in any civil or criminal action or administrative proceeding with a violation of any federal or state antitrust or fair trade law? Yes No
- c. Been charged in any civil or criminal action or administrative proceeding with a violation of any federal or state securities law or regulation? Yes No
- d. Been involved in any representative actions, class actions, or derivative suits? Yes No
- e. Been charged in any federal or state proceeding citing a violation of anti-harassment or anti-discrimination law? Yes No

It is agreed that with respect to Questions 1 through 6(e) above, if such claim(s), suit(s), investigation(s), action(s), proceeding(s), inquiry, violation, knowledge, information or involvement exists, then such claim(s), suit(s), investigation (s), action(s), proceeding(s) or inquiry and any claim, action, suit, investigations, proceeding or inquiry arising therefrom or arising from such violation, knowledge, information or involvement is excluded from the proposed coverage.

¹Employee Retirement Income Security Act of 1974 and including any amendment or revision thereto



Section B. FINANCIAL INFORMATION

Information must be based on the most recent audited financials or interim financials, if audited financials are not available.

1. What percentage of revenues does the Applicant or any of its Subsidiaries receive from government sources?

- None Less Than 50% Greater Than 50% to 60%
- Greater Than 60% to 70% Greater Than 70% to 80% Greater Than 80%

2. Has the Applicant or any of its Subsidiaries changed auditors in the past year? Yes No N/A

If "Yes" please explain why auditors were changed : _____

3. Please provide the following financial information for the Applicant and its Subsidiaries.

Based on Financial Statements Dated	<u>2009</u> / <u>06</u> (YYYY/MM)
Total Assets	\$ _____
Total Liabilities	\$ _____
Total Revenues/Contributions	\$ _____
<input type="checkbox"/> Net Income or <input type="checkbox"/> Net Loss	\$ _____
Cashflow from Operations	\$ _____



Section C. DIRECTORS AND OFFICERS INFORMATION Coverage Requested ? Yes No

Please complete this Section if applying for this coverage.

1. Attach a complete list of all Directors of the Applicant by name, affiliation, and date of nomination.

2. Are Board members elected? Yes No

If "No," please attach complete details.

3. Does the Board hold meetings more than 3 times per year? Yes No

4. Does the Applicant participate in a risk management program? Yes No

5. Has the Applicant or any of its Subsidiaries had or will be having any non-taxable bond issuances?

Yes No If "Yes," please attach complete details.

6. Does the Applicant have any of the following committees? Please check all that apply.

Audit Compensation Nomination



Section H. NAME OF RISK MANAGER OR GENERAL COUNSEL

1. Name of Risk Manager and/or General Counsel (or equivalent position) and number of years in current position:

Name :	None
Title:	
Years in Current Position :	
Email Adress :	
Phone Number :	



Section M. REQUESTED POLICY COVERAGE DETAILS

1. Aggregate Limit Of Liability Requested for all Coverage Sections, other than Crime and Kidnap &

Ransom/Extortion: \$ _____

2. Limits of Liability And Retention For Directors and Officers, Employment Practices, Fiduciary and Employed

Lawyers Liability:

Coverage	Separate Limit of Liability Requested:	Shared Limit of Liability Requested (Indicate coverages to be shared - n/a for Crime & KRE)	Retention Requested
Directors and Officers	_____	_____	_____
Employment Practices	_____	_____	_____
Fiduciary Liability	_____	_____	_____
Employed Lawyers	_____	_____	_____

3. Crime Limits of Liability and Deductibles:

Insuring Agreement	Per Occurrence Limit of Liability	Deductible
Employee Theft	\$ _____	\$ _____
Forgery or Alteration	\$ _____	\$ _____
Inside Premises-Theft of Money & Securities	\$ _____	\$ _____
Inside Premises - Robbery or Safe Burglary	\$ _____	\$ _____
Outside the Premises	\$ _____	\$ _____
Computer Fraud	\$ _____	\$ _____
Money Orders & Counterfeit Paper Currency	\$ _____	\$ _____
Clients Property	\$ _____	\$ _____
Funds Transfer Fraud	\$ _____	\$ _____
Guest Property	\$ _____	\$ _____

4. Kidnap and Ransom/Extortion Limit of Liability for each Loss component: \$ _____



Section N. CURRENT INSURANCE DETAILS

Coverage	Does the Applicant currently have such insurance?	Current Policy Expiration Date	Current Limit	Current Retention	Current Carrier	Continuity Date	Loss Experience in prior 3 years? If Yes attach details
Directors and Officers	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Employment Practices	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Fiduciary Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Crime	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Employed Lawyers	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Kidnap and Ransom/ Extortion	<input type="checkbox"/> Yes <input type="checkbox"/> No						

WE MAY REQUIRE THE FOLLOWING ADDITIONAL INFORMATION:

- Completed, Signed and Currently Dated Original Application.
- Latest Applicant Financial Statement (with Treasurers Warranty Letter if not audited.)
- Mainform Application from current carrier (if applicable).
- List of all direct and indirect Subsidiaries, include as to each the nature of business operation, percentage of ownership and whether such Subsidiaries are domestic or foreign.
- List of all Directors, Officers and Trustees of the Applicant and as to each provide any affiliation with other corporations.
- For the five largest Pension Plans (in terms of total assets), copies of the latest CPA-audited financial statements, with investment portfolios. (If Plan assets are held in a master trust, submit master trust investment portfolio. If exempt from filing audited financial statements, then please submit the most recent Form 5500 for each such plan, with all attachments.)
- For each Plan whose assets at any time within twelve months prior to the inception date of this policy was comprised of 10% or more of securities of the Sponsor Organization or any subsidiary or affiliate thereof, the latest CPA-audited financial statement (with investment portfolio). If such Plan holds securities that are not publicly traded, then also submit a three year history of the "per-share" value, as well as the per-share value at the time shares were first purchased for the plan.
- Written Plan description and latest financial statement, if applicable, for any non-qualified plans.



Notes: This section may be used to provide additional information.

IMPORTANT: To complete the application, please remember to proceed to the next page in order to review the notices and to apply your signature.

Year end Financial Statements for 2008 and 2009 attached.

List of Board of Directors for association attached.



THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND BECOME PART OF THE POLICY.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.



NOTICE TO LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.



Signature

Kevin Schoepp

 (Must be signed by President, Chairman, Chief Executive Officer,
 Chief Financial Officer, Executive Director or Business Manager*)

Title: President, NAWEOA
 (Must be signed by an authorized officer)

Date: 02/07/2010

Attest: _____

Broker: _____

License Number: _____

Address: _____

Please read the following statement carefully and sign where indicated. If a policy is issued, this signed statement will be attached to the policy.

The undersigned authorized officer of the Applicant hereby acknowledges that he/she is aware that the limit of liability contained in this policy shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability of this policy.

The undersigned authorized officer of the Applicant hereby acknowledges that he/she is aware that legal defense costs that are incurred shall be applied against the retention amount.

Signature

Kevin Schoepp

 (Must be signed by President, Chairman, Chief Executive Officer,
 Chief Financial Officer, Executive Director or Business Manager*)

Title: President, NAWEOA
 (Must be signed by an authorized officer)

Date: 02/07/2010

*Labor Unions Only

