



DIRECTORS AND OFFICERS LIABILITY

APPLICATION

Please Read the following carefully.

This form is in respect of a claims made policy which covers claims made against the Company in whose name a policy will be issued (which includes all its subsidiaries) and any other company or other person(s) insured under the policy.

Please respond to all questions.

If there is not enough room on the form to provide responses to all questions or provide any other requested information, please provide an additional sheet or sheets

Please provide the following data with this application form:

1. The most recent annual report and accounts or financial statements in respect of the Company.
2. Any other information requested elsewhere in the form.

1. Name of Applicant: _____

2. Address of Company: _____

3. Province of Incorporation of Company: _____

4. Date of Incorporation of Company: _____

5. Official Website Address of Company: _____

6. What was the Company's total revenue for the last full year? CAD \$ _____

7. What is the total number of full and part-time Employees? _____

8. What percentage of all Employees are based in the USA? % _____

9. What are the activities and/or purpose of the Organization?

- Agriculture and Fishing
- Biotechnology/Chemical/Pharmaceutical
- Construction/Property Development
- Education
- Manufacturing (Light Industry)
- Manufacturing (Heavy Industry)
- Media (Radio, Newspapers, Television, Press)
- Medical, Healthcare and Veterinary Services
- Mining, Oil & Gas, Exploration and Energy
- Miscellaneous Professional Services
- Professional Services (Legal, Accountancy, IFA, Insurance Broker) Retail
- Software Development /Consultancy /Internet
- Telecommunications
- Tobacco
- Transportation (road, rail, marine, air)
- Travel & Leisure
- Utilities (Water, Electricity, Gas provision)

Other: please state _____

10. Do you require a separate limit for Employment Practices Liability cover? yes No

11. Is coverage required for Pension Trustee/Fiduciary Liability Insurance? yes No

12. Is coverage required for Employee Fidelity Insurance? yes No

Please complete all of the following questions:

13. Please confirm that the Company is privately owned and not traded on any stock exchange.

yes No

14. Is the Company a Financial Institution and/or does it provide any financial advice?

yes No If yes, please provide details:

15. Is the Company involved in or considering liquidation or insolvency proceedings in the next twelve months?

yes No If yes, please provide details:

16. Does the Company have more than one Director (or equivalent) on the board?

yes No If No, are there any plans to increase the number of Directors (please provide details):

17. Can the Company confirm it has less than 500 Employees?

yes No

18. Is the Company planning to sell to or merge with another entity in the next 12 months?

yes No If yes, please provide details:

19. Is the Company considering planning to acquire any other entity in the next 12 months that would increase its total assets and/or revenues by more than 50%?

yes No If yes, please provide details:

20. Is the Company in breach of any of its loan covenants?

yes No If yes, please provide details:

21. Does the Company have a Human Resources and/or Employee Manual?

yes No If No, who is responsible for all HR matters?

22. Does the Company have a Human Resources and/or Employee Manual?

yes No

Please complete only if Pension Trustee Liability Coverage is required.

23. Are all Employee Benefit Plans fully funded?

yes No If No, please confirm level of funding:

24. Does the Company intend to terminate any Employee Benefit Plans in the next 12 months?

yes No If yes, please provide details:

25. Can the Company confirm that all Employee Benefit Plans have been amended to comply with Canadian Labour Code R.S.C 1985 or any similar federal or provincial workers compensation regulation or similar law of Canada where applicable and that all Plans are reviewed and/or audited?

yes No If No, please provide details:

Please complete only if Employee Fidelity Coverage is required.

26. Does the Company have dual control for the validation of all checks, transfer payments and new bank account formation?

yes No If No, please advise the processes involved:

27. Does the Company mandate that no one individual controls the appointment of suppliers or the awarding of contracts without referral to others?

yes No If No, please advise the processes involved:

28. Can the Company confirm that an independent physical count of stock, raw material, work in progress and finished goods is undertaken at least half yearly and that this count is reconciled against stock records?

yes No If No, please advise the processes involved:

29. Are unique passwords used to give various level of entry to the computers depending on the user's job function?

yes No If No, please advise the processes involved:

30. Are bank statements independently reconciled by those not permitted to make payments including drawings and signature of cheques and the use of electronic bank transfers at least every 30 days?

yes No If No, please advise the processes involved:

31. What Limit is required?

- \$250,000 \$500,000
- \$1,000,000 \$2,000,000
- \$3,000,000 \$4,000,000
- \$5,000,000 Other (please state) \$ _____

32. What deductible is required?

- \$1,000
- \$2,500
- \$5,000

33. a) Has the Company or any Insured ever been subject to any investigation by any official body, commissioner or regulatory body or the like?

yes No If yes, please provide details:

admonishment, or recommendations?

yes No If yes, please provide details:

34. Has any claim been made against the Company or the Insureds in the past 5 years?

yes No If yes, please provide details:

35. Are the Company or any Insureds aware of or have any knowledge of any of any act, error, omission, fact, event or circumstances which might reasonably be expected to give rise to a claim that would be covered by a policy, if effected?

yes No If yes, please provide details:

36. Does the Applicant currently maintain any Management Liability insurance?

yes No If yes, please provide details of the:

Current Insurer: _____

Limit: \$ _____ Expiry/Renewal date: _____

37. Has any prior policy of Management Liability insurance effected by the Applicant ever been cancelled?

yes No If yes, please provide details:

38. Has the Applicant ever been refused Management Liability insurance?

yes No If yes, please provide details:

This application and any supplements attached hereto do not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued by TCB Underwriters Ltd.

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN. I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH MY APPLICATION FOR INSURANCE AND FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS AND DETERMINE CLAIMS HISTORY OF THE APPLICANT.

Signature of the Applicant: _____

Dated: _____

Print full Name and Title / Position: _____

BROKER NAME: _____

BROKERAGE NAME: _____

BROKERAGE ADDRESS: _____

BROKER PHONE NUMBER: _____ BROKER FAX NUMBER: _____

BROKER EMAIL: _____