

INSTRUCTIONS

For private companies, non-profit organisations, and associations. Publicly traded companies should contact their broker for a dedicated securities liability submission. Most recent 2 years of financial statements must be attached to this application. Complete all sections in full — incomplete applications may delay quoting.

SECTION A — APPLICANT & CORPORATE DETAILS

LEGAL NAME OF APPLICANT <input style="width: 95%; height: 20px;" type="text"/>	OPERATING / TRADE NAME (IF DIFFERENT) <input style="width: 95%; height: 20px;" type="text"/>
---	---

BUSINESS ADDRESS <input style="width: 95%; height: 20px;" type="text"/>	CITY <input style="width: 95%; height: 20px;" type="text"/>	PROVINCE / STATE <input style="width: 95%; height: 20px;" type="text"/>	POSTAL / ZIP <input style="width: 95%; height: 20px;" type="text"/>
--	--	--	--

PRIMARY CONTACT NAME <input style="width: 95%; height: 20px;" type="text"/>	TITLE <input style="width: 95%; height: 20px;" type="text"/>	PHONE <input style="width: 95%; height: 20px;" type="text"/>	EMAIL <input style="width: 95%; height: 20px;" type="text"/>
--	---	---	---

WEBSITE <input style="width: 95%; height: 20px;" type="text"/>	YEAR ESTABLISHED <input style="width: 95%; height: 20px;" type="text"/>	FINANCIAL YEAR END (MM/DD) <input style="width: 95%; height: 20px;" type="text"/>	BUSINESS NUMBER <input style="width: 95%; height: 20px;" type="text"/>
---	--	--	---

ENTITY TYPE

<input type="checkbox"/> Private corporation	<input type="checkbox"/> Partnership / LLP
<input type="checkbox"/> Non-profit / charity	<input type="checkbox"/> Association / society
<input type="checkbox"/> Co-operative	<input type="checkbox"/> Other (describe below)

IF 'OTHER' — DESCRIBE ENTITY TYPE

INDUSTRY / SECTOR

<input type="checkbox"/> Professional services	<input type="checkbox"/> Healthcare
<input type="checkbox"/> Technology	<input type="checkbox"/> Financial services
<input type="checkbox"/> Real estate / construction	<input type="checkbox"/> Manufacturing / industrial
<input type="checkbox"/> Retail / consumer	<input type="checkbox"/> Hospitality / food service
<input type="checkbox"/> Education	<input type="checkbox"/> Non-profit / charitable
<input type="checkbox"/> Association / trade body	<input type="checkbox"/> Other (describe below)

IF 'OTHER' — DESCRIBE INDUSTRY / SECTOR

PROVINCE OF INCORPORATION <input style="width: 95%; height: 20px;" type="text"/>	# PROVINCES / STATES OPERATING IN <input style="width: 95%; height: 20px;" type="text"/>	DOES THE ENTITY OPERATE IN THE USA? <input style="width: 95%; height: 20px;" type="text"/>
---	---	---

SECTION A — APPLICANT & CORPORATE (continued)

SUBSIDIARIES

SUBSIDIARY NAME	JURISDICTION	% OWNED	NATURE OF BUSINESS	COVERAGE REQUIRED?

BOARD / LEADERSHIP

NAME	TITLE / ROLE	YEARS WITH ORG.	INDEPENDENT DIRECTOR?

SECTION B — FINANCIAL INFORMATION

Most recent year's financial statements must be attached. Prior year statements are strongly preferred and may be required by underwriters for larger limits. If year-end statements are not yet available, attach interim financials + prior year.

	2 YEARS AGO	LAST COMPLETE FY	CURRENT FY ESTIMATE
Total gross revenue (\$)			
Net income / (loss) (\$)			
Total assets (\$)			
Total liabilities (\$)			
Net equity / fund balance (\$)			

TYPE OF FINANCIAL STATEMENTS ATTACHED

- Audited
 Reviewed
 Compiled / Notice to reader
 Internally prepared

SECTION B — FINANCIAL (continued)

Financial health — has the organisation in the past 3 years:

- Reported a net loss or operating deficit in any of the past 3 financial years? Yes No
- Had any debt covenants waived, modified, or breached? Yes No
- Had any credit facilities reduced, withdrawn, or placed on notice? Yes No
- Had any secured or unsecured debt in default or in arrears? Yes No
- Received a going concern qualification in any audit or review report? Yes No
- Undergone any significant restructuring, downsizing, or strategic pivot? Yes No

IF YES TO ANY — PROVIDE FULL DETAILS, SPECIFYING WHICH ITEM(S) APPLY

Corporate activity — in the past 12 months or anticipated in the next 12 months:

- Any merger, acquisition, consolidation, or divestment completed or contemplated? Yes No
- Any significant change in ownership or shareholding structure? Yes No
- Any plans to raise capital, issue shares, or take on significant new debt? Yes No
- Any plan to sell the company or undertake a management buyout? Yes No

IF YES TO ANY — PROVIDE FULL DETAILS

SECTION C — CORPORATE GOVERNANCE

TOTAL DIRECTORS / BOARD MEMBERS (#)

INDEPENDENT / OUTSIDE DIRECTORS

EXECUTIVE / MANAGEMENT DIRECTORS

SECTION C — CORPORATE GOVERNANCE (continued)

Governance structures — does the organisation have:

- A formal audit committee or finance committee? Yes No
- A formal compensation / remuneration committee? Yes No
- A formal risk management committee or process? Yes No
- A written conflict of interest policy for directors and officers? Yes No
- A written code of conduct or ethics policy? Yes No
- A whistleblower / anonymous reporting policy? Yes No
- Directors & officers liability insurance in prior years? Yes No

IF NO TO ANY — DESCRIBE ARRANGEMENTS IN PLACE

Has the organisation, in the past 5 years:

- Had any director or officer removed, resign under pressure, or be subject to investigation? Yes No
- Had any significant shareholder, member, or donor dispute or grievance? Yes No
- Been subject to any government, regulatory, or tax authority investigation or audit? Yes No
- Had any insolvency, bankruptcy, or receivership proceeding commenced or threatened? Yes No
- Had any injunction, cease and desist, or court order made against it or any director? Yes No

IF YES TO ANY — PROVIDE FULL DETAILS, SPECIFYING WHICH ITEM(S) APPLY

SECTION D — EMPLOYMENT PRACTICES

TOTAL FULL-TIME EMPLOYEES (#) <input style="width: 95%;" type="text"/>	TOTAL PART-TIME EMPLOYEES (#) <input style="width: 95%;" type="text"/>	TOTAL CONTRACTORS / TEMPS (#) <input style="width: 95%;" type="text"/>	ANNUAL TOTAL PAYROLL (\$) <input style="width: 95%;" type="text"/>
# EMPLOYEES IN CANADA <input style="width: 95%;" type="text"/>	# EMPLOYEES IN USA <input style="width: 95%;" type="text"/>	# EMPLOYEES — OTHER TERRITORIES <input style="width: 95%;" type="text"/>	EMPLOYEE TURNOVER — LAST FY (%) <input style="width: 95%;" type="text"/>

SECTION D — EMPLOYMENT PRACTICES (continued)

Employment policies — does the organisation have written policies covering:

- Anti-discrimination and equal opportunity employment? Yes No
- Workplace harassment and sexual harassment? Yes No
- Workplace violence prevention? Yes No
- Accommodation of disabilities and human rights obligations? Yes No
- Disciplinary and termination procedures? Yes No
- Whistleblower / anonymous reporting for employment concerns? Yes No

IF NO TO ANY — DESCRIBE HOW THESE MATTERS ARE ADDRESSED

Has the organisation, in the past 5 years:

- Had any claim, complaint, or formal grievance alleging discrimination, harassment, or wrongful dismissal? Yes No
- Had any complaint filed with a human rights tribunal, labour board, or employment standards body? Yes No
- Conducted any layoffs, restructuring, or reductions in force affecting 5 or more employees? Yes No
- Had any union certification application filed, or been subject to any labour relations dispute? Yes No
- Had any WSIB / WCB claim involving allegations of workplace harassment or violence? Yes No

IF YES TO ANY — PROVIDE FULL DETAILS, SPECIFYING WHICH ITEM(S) APPLY

- Does the organisation conduct employment practices liability training for managers? Yes No
- Are all terminations reviewed by HR or legal counsel prior to execution? Yes No
- Does the organisation use written employment agreements for all employees? Yes No

SECTION E — PRIOR INSURANCE & CLAIMS HISTORY

No prior management liability insurance Currently insured — see details below

COVERAGE	INSURER	EXPIRY DATE	LIMIT (\$)	RETENTION (\$)	RETROACTIVE DATE

Has any coverage ever been declined, cancelled, non-renewed, or had special terms applied? Yes No

IF YES — PROVIDE FULL DETAILS

Has the organisation, or any past or present director, officer, or employee:

Ever had a claim, suit, or demand made against them in their capacity as a director or officer? Yes No

Ever been subject to any regulatory, government, or securities authority investigation or proceeding? Yes No

Ever had a claim or complaint made relating to any employment practice (discrimination, harassment, dismissal)? Yes No

Ever been found liable or paid any settlement in connection with a D&O or EPL matter? Yes No

Ever had any insolvency, bankruptcy, or receivership proceeding commenced against the organisation? Yes No

DATE	NATURE OF CLAIM / MATTER	D&O OR EPL?	AMOUNT CLAIMED (\$)	STATUS	AMOUNT PAID (\$)

Is the organisation or any director / officer currently aware of:

Any act, error, omission, or circumstance that might reasonably give rise to a D&O claim? Yes No

Any threatened or pending employment complaint, tribunal application, or regulatory inquiry? Yes No

Any shareholder, member, or stakeholder dispute that could escalate into formal proceedings? Yes No

IF YES TO ANY — PROVIDE FULL DETAILS

SECTION F — COVERAGE REQUESTED

COVERAGE REQUIRED (CHECK ALL THAT APPLY)

Directors & Officers Liability (D&O) Employment Practices Liability (EPL)

LIMIT OF LIABILITY REQUESTED (EACH CLAIM / AGGREGATE)

\$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000

DESIRED EFFECTIVE DATE

RETROACTIVE / PRIOR ACTS DATE

SECTION G — DECLARATION