

Please complete this application in its entirety, as the responses given are material to the provision of terms. There is space for more details in the Additional Information Section at the end of the application. Coverage(s) may be provided on a claims-made basis.

Named Insured: _____
 Street Address: _____
 City: _____ Province: _____ Postal Code: _____
 Contact: _____ Email: _____ Phone: _____

Section 1: About Your Organization

1. What year was your organization established? _____
2. What jurisdiction was your organization incorporated? _____
3. Please describe the nature of your business: _____

Section 2: Ownership Information: Private and Public Entities

1. Please indicate the number of your Directors and Officers:

In Canada	In the United States	In Rest of World
_____	_____	_____

4. Please provide your number of voting stock shareholders: _____
5. What percentage of voting securities are owned directly or beneficially by your directors and officers? _____

Please list all of your shareholders who own 5% or more of any class of securities, whether directly or beneficially:

If there are more shareholders than available space, please attached a list containing the information requested.*

Shareholder	Class of Security	Percent (%) Owned	Director or Officer (Yes/No)

6. Do you have any securities that are convertible to voting stock? If Yes, please provide details.* Yes No

7. Please list any subsidiaries or related entities of your organization that are owned by your organization:

Entity Name	Description of Operations	Percent (%) Owned	Year Incorporated	Jurisdiction

8. In the next 12 months are you contemplating, or in the past 24 months have you completed or are in the process of completing:
 - a. Any acquisitions, tender offers, mergers, consolidations, or divestitures? Yes No
 - b. Any private or public offerings of your securities? Yes No
 - c. Any changes in the nature of your operations or sources of revenue? Yes No
 - d. Any changes in directors or senior management? Yes No
 - e. Any changes in your controlling ownership? Yes No
 - f. Any changes in accountants or external legal advisors? Yes No

9. Please provide the following information:

Region	Shares	Assets	Sales	Number of Employees
Canada	%	%	%	
United States	%	%	%	
Other:	%	%	%	
	%	%	%	
	%	%	%	

*Please provide further details in the space provided under the Additional Information Section.

Section 3: Corporate Structure: Non-Profit Entities

1. Please indicate which one following best describes your operations:

- | | | |
|---|---|--|
| <input type="radio"/> Community Organization | <input type="radio"/> Golf / Country Club | <input type="radio"/> Professional Association |
| <input type="radio"/> Condominium / Housing | <input type="radio"/> Government Agency | <input type="radio"/> Religious Organization |
| <input type="radio"/> Co-operative | <input type="radio"/> Healthcare Provider | <input type="radio"/> School / Education Institution |
| <input type="radio"/> Daycare | <input type="radio"/> Labour Union | <input type="radio"/> Sports / Recreation Club |
| <input type="radio"/> Foundation | <input type="radio"/> Lobby Group | <input type="radio"/> Trader / Business Group |
| <input type="radio"/> Fraternal / Student Association | <input type="radio"/> Museum | <input type="radio"/> Other |

2. Are you a licensing body for your members? If Yes, please provide details.* Yes No
3. Do you have activities outside of Canada? If Yes, please provide details.* Yes No
4. Do you sponsor a pension plan? If Yes, please provide details.* Yes No
5. Do you have a fiduciary responsibility for the pension plan? If Yes, please provide details.* Yes No

Section 4: Financial Information: Private, Public and Non-Profit Entities

1. Please provide your following financial details or provide your latest consolidated audited annual financial statements:

	Current Year	Prior Year
Current Assets	\$	\$
Inventory	\$	\$
Current Liabilities	\$	\$
Long-Term Debt	\$	\$
Equity	\$	\$
Revenues	\$	\$
Net Income (Net Loss)	\$	\$

2. Are you currently, or have you at any time during the past 3 years been in arrears in your payments to the Canadian Revenue Agency, or the provincial, or territorial ministries of revenue (including source deductions, G.S.T., H.S.T., and P.S.T.)? Yes No
3. Are you currently, or have you at any time during the past 3 years been in breach of any of your debt covenants or loan agreements, or do you anticipate any such breach occurring within the next 12 months? Yes No
4. Have you changed your outside auditors in the last 3 years? Yes No
5. Have your outside auditors stated there are material weaknesses in your systems of internal controls? Yes No
6. If you received material recommendations from an audit, have you implemented all changes? Yes No
7. Has an auditor issued a 'going concern' opinion for you or your subsidiaries' financial reports over the past 3 years? Yes No
8. FOR PRIVATE AND PUBLIC ENTITIES ONLY: Are you currently, or have you at any time during the past 3 years, sought protection under the Companies Creditors Arrangement Act (or similar Canadian or U.S. legislation), or do you anticipate seeking such protection within the next 12 months? Yes No
9. FOR PRIVATE AND PUBLIC ENTITIES ONLY: Do you derive more than 25% of your annual review from one customer? Yes No
10. NON-PROFIT ENTITIES ONLY: Have you within the last 3 years been the subject of any inquiries, complaints, notices, hearings by any federal, provincial, or territorial regulatory authority? Yes No

Section 5: Employment Practices Liability (Optional)

1. Do you require Employment Practices Liability insurance? If Yes, please complete this section. Yes No
2. Please provide the number of employees with a total annual compensation less than \$50,000: _____
3. Please provide the number of employees with a total annual compensation between \$50,000 - \$100,000: _____
4. Please provide the number of employees with a total annual compensation greater than \$100,000: _____
5. What percentage of your employees are subject to a collective bargaining agreement? _____
6. Please provide the number of employees, including officers, who have been terminated in the past 2 years: _____
7. What is your historical annual employee turnover rate (%)? _____

*Please provide further details in the space provided under the Additional Information Section.

- 8. Has your annual turnover rate exceeded historical levels during the past 2 years? If Yes, please provide details.* Yes No
- 9. Are any layoffs or staff reductions anticipated within the next 2 years? If Yes, please provide details.* Yes No
- 10. Do you have a full-time human resources manager and/or department? Yes No
- 11. If Yes to 10., please indicate the number of employees in the human resources department: _____
- 12. If Yes to 10., have any of these employees received certification in human resources management? Yes No
- 13. Prior to terminating an employee, do you consult with legal counsel or human resources personnel? Yes No
- 14. Are the following currently in use and practice?
 - a. An employment application for job applicants? Yes No
 - b. Written interviewing and hiring guidelines? Yes No
 - c. An employee handbook that is provided to all employees? Yes No
 - d. Written job descriptions for all positions? Yes No
 - e. A personnel file for each employee? Yes No
 - f. Annual written performance evaluations for all employees? Yes No
 - g. A written policy against discrimination or sexual harassment? Yes No
 - h. A written policy for the handling of employee complaints of discrimination or sexual harassment? Yes No
 - i. A written policy for dealing with the use of corporate electronic mail, voice mail, internet access and social media? Yes No

Section 6: Fiduciary Liability (Optional)

- 1. Do you require Fiduciary Liability insurance? If Yes, please complete this section. Yes No
- 2. Please provide details for each plan that Fiduciary Liability insurance is being sought:

Name of Plan	Plan Type	Assets	Trustee	Plan Administrator	Annual Contributions	Number of Participants

Plan Types: DC – Defined Contribution, DB – Defined Benefit, W – Welfare/Trust Fund, E – ESOP, R – RRSP, O – Other.

- 3. Are all Defined Benefit Plans fully funded in accordance with applicable statutes and regulations as attested by an actuary? Yes No
- 4. Do all plans confirm to the regulatory requirements for eligibility, participation, vesting, funding, and all other provisions of the Pension Benefits Standards Act or any similar provincial or territorial statute, and all rules and regulations adopted thereunder? Yes No
- 5. Have all the plans been reviewed to ensure that there are no violations of any plan agreement, prohibited transactions or party-in interest rules? Yes No
- 6. Are all plan assets managed by the Trustee indicated above? If No, please provide details.* Yes No
- 7. In the past 3 years have there been any plan mergers or terminations? Yes No
- 8. In the past 3 years have there been any amendments to any plan that has resulted in, or is expected to result in any change of benefits, including but not limited to an increase in participants costs? Yes No

Section 7: Claims History and Past Activities

- 1. Have you ever had a claim or notice of claim against your organisation’s insurance policies? If Yes, please provide details including date of loss, amount paid or held in reserve, and description of allegation.* Yes No
- 2. During the past 3 years have you, your directors and officers, or any other person proposed for this insurance been involved in any:
 - a. Actions, proceedings, or investigations based upon or arising out of an alleged violation of any securities law or regulation, anti-trust law, or restrictive trading law, or regulation? Yes No

*Please provide further details in the space provided under the Additional Information Section.

- b. Insolvency and/or bankruptcy proceedings? Yes No
- c. Criminal proceedings? Yes No
- d. Representative actions, class actions, or derivative suits? Yes No
- e. Employment or labour related litigation or proceeding? Yes No
- f. Employment benefit plan or pension plan related litigation or proceeding? Yes No

Section 8: Prior Knowledge

1. Are you aware of any incidents or circumstances that could potentially give rise to a claim? If Yes, please provide details.* Yes No

Without limitation or any other remedy available to the insurers, the applied for insurance will not afford coverage to any claims which any insured has knowledge nor any claims resulting from any facts or circumstances of which any insured has knowledge.

Section 8: Prior Insurance

1. Have you ever been declined coverage, cancelled or non-renewed for insurance requested in this application? Yes No

2. Please provide details of your expiring insurance policy:

Coverage	Insurer	Limit	Aggregate	Deductible	Retroactive Date	Premium
Directors' & Officers'						
Employment Practices						
Fiduciary Liability						

Section 9: Requested Insurance Coverage

1. Please indicate the coverage limit, aggregate, retroactive date, and deductible are requested:

Coverage	Limit	Aggregate	Deductible	Retroactive Date
Directors' & Officers'				
Employment Practices				
Fiduciary Liability				

Privacy Policy

By signing this form, you are consenting to the collection, use, disclosure, and retention of your personal information for the purposes of underwriting and rating, policy issuance, processing and remitting premium, reporting claims, complying with applicable laws and governing bodies, reporting and monitoring results and fraud and criminal prevention. Please see www.signalunderwriting.com/privacy-statement for our External Privacy Policy.

Declarations

I/We, the undersigned, do declare and warrant that all statements and responses provided in this application and the attached addenda are to the best of my/our knowledge are true. Further, I/we warrant that no information has been withheld, suppressed or misstated any material facts that the underwriters may come to rely upon. I/We will notify the underwriters as soon as practicable if anything material is to change. I/We hereby agree and accept that this Declaration shall be the basis of such contract and will form part of the policy. Signing this application does not bind the underwriters or insurers to complete the insurance, nor does it bind the me/us to purchase the quoted coverage.

For British Columbia residents: Signal Underwriting Inc. operates as Signal Underwriting Services in British Columbia.

For Quebec and New Brunswick residents: Signing this Declaration confirms your request that all documentation and correspondence pertaining to the insurance coverage be in the English language.

Name (please print)	Title	Date
Signature		

*Please provide further details in the space provided under the Additional Information Section.



Additional Information Section

Please use this space to provide any additional information from the questions above, from the addenda or anything you feel is material to your operations:

A series of horizontal lines providing space for the user to write their additional information.

*Please provide further details in the space provided under the Additional Information Section.