



Public Directors and Officers Liability Application

170 University Avenue, Suite 500
Toronto, Ontario M5H 3B3

This application is for a claims made policy.

1. General Information

Named Insured/ Legal Entity: _____

Address: _____

Province of Incorporation: _____ Date of Incorporation: _____

Nature of the Insured's Operations: _____

List all subsidiaries to be covered under this policy:

Name of Subsidiary	Percentage Ownership	Jurisdiction of Incorporation	Name of Operations

2. Financial Information

Please provide the following information to become part of this application.

❖ Most recent audited annual financial statements and latest interim statements.

- Has the company or any subsidiary in the past 5 years been in breach of any debt covenant, loan agreement or contractual obligations? Yes No
- Has the company or any subsidiary during any time in the past three years been in arrears in monies payable for source deductions, GST and/or PST to any federal or province agency? Yes No
- Has the company or any subsidiary during any time in the past three years sought protection under the Canadian Creditors Arrangement Act in Canada or Chapter 11 in the U.S.A. or any similar federal, provincial or state law or Chapter 11 in the U.S.A. or any similar federal, provincial or state law or does the company anticipate seeking protection in the next 12 months? Yes No

3. Company Information

1. On what exchange is the stock publicly traded, if any?

Stock Exchange	Symbol

2. What is the number of outstanding common shares? _____

3. What is the total percentage of common shares owned by the Directors & Officers directly or beneficially? _____%

4. Does any shareholder own directly or beneficially more than 5% of the outstanding shares?

Name	% Ownership	Name	% Ownership

5. Has the Parent Organization within the past 12 months, publicly announced any new public offerings or filed a prospectus offering securities pursuant to the securities act of 1933 in the U.S.A. or Ontario Securities Act or any similar legislation in a Canadian province? Yes No

6. Has the Parent Organization changed auditors in the past 3 years? Yes No

7. Has the Parent Organization been involved in Mergers, Acquisitions or Tender offer? Yes No

8. Does the Parent Organization expect to be involved in Mergers, Acquisitions or Tender offers over the next 12 months? Yes No

4. Directors & Officers Information

1. Has the Parent Organization, subsidiary, director, officer, or any other proposed insured person been involved in any of the following activities?

a. Civil, Criminal action or administrative proceeding charging violation of federal provincial, or state securities law or regulation? Yes No

b. Representative Actions, Class actions or derivative suits? Yes No

c. Insolvency or bankruptcy proceedings? Yes No

d. Intellectual Property, Patent Infringement or Copyright allegations? Yes No

2. Has the company ever been de-listed or suspended from any stock exchange? Yes No

3. Has there been any change to Senior Management or Directors and Officers in the past 12 months? Yes No

5. Previous Insurance and Claims Information

1. Has a claim or any circumstance which may give rise to a claim ever been reported under the current or any previous Directors and Officers policy? Yes No

If Yes, please provide full details on a separate page.

2. Has any loss payment been made on behalf of the company or any subsidiary under any Directors and Officers policy or similar insurance? Yes No

If Yes, please provide full details on a separate page.

3. If the insured currently has coverage, is there a requested Continuity Date? _____

4. During the past five years has the insured carried Directors and Officers Insurance? Yes No

If Yes, please provide the following information for all policies.

Insurer	Limit	Deductible	Policy Term

6. Declarations & Warranty

Reasonable efforts have been made to obtain sufficient information from each Director or Officer of the Company and its subsidiaries to facilitate an accurate and proper completion of this application form.

The undersigned is duly authorized to make representations and to sign on behalf of all the Directors and Officer of the Company.

The undersigned declares that the statements set forth herein are complete and accurate. To the best of their knowledge the statements are true. The signing of this document does not bind the applicant to complete any insurance, but it is agreed that this document shall be the basis of the contract should a policy be issued. It will be deemed attached to and becoming part of the policy.

This application must be signed by the Chairman of the Board, President, Chief Executive Officer or Chief Financial Officer of the Company.

Signed: _____

Date: _____

Name: _____
(Please print)

Title/Position: _____

