



**Directors & Officers
(Management Liability)
Insurance Application**

ABEX Affiliated Brokers Exchange
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IMPORTANT – Please read these guidance notes before completing the Application Form. Where further information is required please refer to your Broker.

PLEASE NOTE – This Application Form is for a CLAIMS MADE policy. A CLAIMS-MADE policy only responds to “claims” made against the Insured and notified to the Underwriters during the period of insurance.

1. This Application Form must be typed or completed in ink and signed and dated by the Applicant. Please answer every question in full and sign and date the Declaration.
2. It is the duty of the Applicant to disclose all material facts to the Underwriters, as failure to do so may render any Policy voidable, or severely prejudice your rights in the event of a claim. Therefore it is crucial that the Applicant answers each question and completes the Declaration only after a full and reasonable enquiry and investigation into the facts.
3. For the purpose of the Application Form and for all purposes relating to any policy issued pursuant to this Application Form, a ‘Material Fact’ shall be deemed to be one that would be likely to influence an Underwriter’s judgment and acceptance of your Application Form. If you are in any doubt as what constitutes a ‘Material Fact’, you should consult your broker.
4. Should there be any material change in the answers given to the questions contained in the Application Form prior to the inception of the Policy, the Applicant must notify the Underwriters and, at the sole discretion of the Underwriters, any outstanding quotations may be modified or withdrawn.
5. Upon acceptance of the Underwriter’s terms and conditions and payment of the premium, all information provided by the Applicant, including this Application Form, addenda (if applicable) and the guidance notes will be deemed to be incorporated in the contract between the Underwriters and the Insured and shall be deemed the basis of the contract of insurance.

COPIES OF THE APPLICATION FORM SHOULD BE RETAINED FOR YOUR OWN RECORDS

SIGNING OF THIS APPLICATION FORM DOES NOT BIND THE APPLICANT OR THE UNDERWRITERS TO COMPLETE A CONTRACT OF INSURANCE

Broker Code:

Effective Date:

1. Full Name of Company:

2. a) Address of the Registered
Office of the Company:

b) Telephone No.:

3. Company Website Address:

4. a) Where is the Company
incorporated?

b) Date of Incorporation:

c) Is the Company (please tick ONE option from i – vi below):

- | | | |
|-----|--|-----|
| i | Private | Yes |
| ii | Not-for-Profit association (non share capital company) or registered charity | Yes |
| iii | Publicly listed on any stock exchange or securities market | Yes |
| iv | a Strata company | Yes |
| v | a Limited Liability Partnership (LLP) | Yes |
| vi | Unincorporated Association | Yes |
| vii | Other (please give details below): | Yes |

d) Please indicate whether the Company is principally described as, or is it involved in, any of the following activities:

Investment bank

- | | | |
|---|--|---|
| <input type="checkbox"/> Aviation | <input type="checkbox"/> Armoured Vehicle Services | <input type="checkbox"/> Insurance or Reinsurance |
| <input type="checkbox"/> Contract management services | <input type="checkbox"/> Pharmaceuticals | <input type="checkbox"/> Investment Company |
| <input type="checkbox"/> Information technology | <input type="checkbox"/> Tobacco | <input type="checkbox"/> Investment Management |
| <input type="checkbox"/> Oil, gas, mining, mineral extraction | <input type="checkbox"/> Utility (electricity, gas, water) | <input type="checkbox"/> Investment Trust |
| <input type="checkbox"/> Telecommunications | <input type="checkbox"/> Bank | <input type="checkbox"/> Merchant Bank |
| <input type="checkbox"/> Recruitment | <input type="checkbox"/> Credit Union | <input type="checkbox"/> Mortgage Company |
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Financial Institution | <input type="checkbox"/> Mortgage Lender |
| <input type="checkbox"/> Broadcasting | <input type="checkbox"/> Fund Manager | <input type="checkbox"/> Savings, loans |
| <input type="checkbox"/> Media | <input type="checkbox"/> Hedge Fund | <input type="checkbox"/> Stockbroker |
| <input type="checkbox"/> Publishing | <input type="checkbox"/> Hedge Fund Manager | <input type="checkbox"/> Venture Capitalist |
| <input type="checkbox"/> Healthcare | | |

If none of the above, describe the nature of the Company's operations and/or industry:

e) If not-for-profit, can the Organization be described as one of the following:

- | | |
|---|--|
| <input type="checkbox"/> Fraternal Society / Association | <input type="checkbox"/> Nursing / Retirement Home |
| <input type="checkbox"/> Historical Society | <input type="checkbox"/> Healthcare Provider |
| <input type="checkbox"/> Social / Recreation / Sports / Golf / Country Club | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Trade / Business Association | <input type="checkbox"/> Day Care Provider |
| <input type="checkbox"/> Social / Charitable Organization | <input type="checkbox"/> Religious Organization |
| <input type="checkbox"/> Foundation | <input type="checkbox"/> University / School |
| <input type="checkbox"/> Museum | <input type="checkbox"/> Union |
| <input type="checkbox"/> Other | |

If Other, please describe:

f) Does the Company have annual audited reports? Yes No

Has the Organization published reports and accounts, completed by independent auditors or accountants, in the two latest consecutive financial years, which show:

i Concerns, limitations or reservations Yes No

If the answer above is "Yes", please provide further details:

ii litigation or disputes or contingent or extraordinary liabilities Yes No

If the answer above is "Yes", please provide further details:

g) Can the Company pay any and all of its debts as they fall due? Yes No

h) Please state:

Gross Total Revenue \$: Net Profit \$:

Gross Total Assets \$: Gross Total Liabilities \$:

Total Employees (excluding volunteers):

5. After full and reasonable investigation, does the Applicant and Directors and Officers and the Company and the employees and the trustees and the committee members have any knowledge of the following:

a) any intention for the Company to be acquired by, or merged with, any other entity, or for there to be any other material change in the ownership of the Company (including but not limited to, a management buy-out or an offering of its share capital or securities)? Yes No

b) any event of the sort referred to in question 5a) having taken place in the last 24 months? Yes No

c) any claims, or circumstances which may give rise to a claim, or any disciplinary proceedings or any complaints having been threatened or intimated or made (successfully or otherwise) against the Directors or Officers or the Company or the employees or the trustees or committee members or the Applicant in respect of the legal liabilities or loss to which this Application Form relates? Yes No

If, Yes, please provide details:

6. OPTIONAL COVERAGE EXTENSIONS

Is insurance sought for claims in respect of:

- | | | | |
|-----|---|-----|----|
| a) | Coverage for legal liabilities which fall within the legal jurisdiction of the United States of America? If 'Yes', please answer 6 a) i. | Yes | No |
| i | Does the Organization have any Employees or Locations or Assets or Shares or Funds or Subsidiary Companies domiciled or incorporated in the United States; and/or Earn Gross Revenue in the United States of America in excess of 30% of Total Gross Revenue? | Yes | No |
| b) | Employee benefit and pension plans? (If 'Yes' then answer question 6 b) i. | Yes | No |
| i | Can the Organization confirm that all employee benefit and pension plans have no more than 5% of their investments in the shares or other securities of the Organization and that these plans are adequately funded and are neither in deficit or 'run-off' and are approved without qualification by an appropriate independent third party? | Yes | No |
| c) | Employment Practices Liability Entity Cover? (If 'Yes' then answer question 6 c) i - vi | Yes | No |
| i | Does the Organization have written procedures, contracts of employment, personnel files, and employee handbook? | Yes | No |
| ii | Does the Organization minute all grievance and disciplinary hearings? | Yes | No |
| iii | Does the Organization expect there to be any redundancies or other reductions amongst its employees in the next 24 months? | Yes | No |
| iv | Has there been more than 10% of the employees of the Organization resign, or made redundant, or dismissed during the last 24 months? | Yes | No |
| v | Does the Organization plan to make any amendments to the employee benefits package in the next 24 months nor has done so during the last 24 months? | Yes | No |
| vi | Does the Organization pay an average salary of more than \$500,000 to any full-time employee? | Yes | No |

- 7.** Does any person or entity hold (beneficially or otherwise) more than twenty five percent (25%) of the issued share capital of the Company? Yes No

If Yes, please provide details of the shareholder(s) and percent shares owned:

%	%
%	%

- 8.** Does the Company have D&O coverage in place? Yes No
- If 'Yes', please answer 8 a) to e)

- | | | |
|----|--|----|
| a) | On what date did the first D&O policy become effective? | |
| b) | If known, what is the retro-active date as stated on the current policy (if 'none' or 'not known', state 'N/A')? | |
| c) | What is the current policy Limit? | \$ |
| d) | What is the current premium? | \$ |
| e) | What is the name of current insurer? | |

9. Please select which of the following Limits of Liability are sought for quotation:

\$1,000,000 \$2,000,000 \$5,000,000 \$10,000,000 Other (please State): \$

10. What Retro-Active date is required?

DECLARATION

The Applicant declares and warrants that:

- i) after full and reasonable enquiry and investigation and to the best of his/her knowledge and belief all statements and particulars contained in this Application Form (if appliance) any addenda hereto are true and that no information whatsoever has been withheld which might increase the risk of the Underwriters or influence the acceptance of this Application Form, and
- ii) should the above particulars alter in any way that he/she will advise the Underwriters as soon as is practicable, and
- iii) he/she has been duly authorized by the Directors and Officers and the Company to act as their agent in respect of all matters of any nature or kind relating to or affecting this Application Form and the Policy.

The Applicant understands that failure to disclose any material facts which would be likely to influence the acceptance and assessment of the Application Form may result in the Underwriters refusing to provide indemnity or voiding the Policy in every respect. The Applicant hereby agrees and accepts that this Application Form and (if applicable) addenda hereto shall be the basis of the contract of insurance if entered into. The Underwriters are hereby authorized, at their absolute discretion, to make any investigation and enquiry in connection with regard to this Application Form as they deem necessary.

Signature(s) of Insured(s) are for and on behalf of (name of Company):

Signature(s) of All Named Insureds (only required if binding):

Full Name(s) of Signatories:

Position(s):

Date:

Position must be the Chairman or Managing Director or Chief Executive or any equivalent of the Company

Brokerage:

Broker e-mail:

Broker signature:

Date:

NOTICE CONCERNING PERSONAL INFORMATION

By purchasing insurance from ABEX Affiliated Brokers Exchange Inc., a customer provides ABEX Affiliated Brokers Exchange Inc. with his or her consent to the collection, use and disclosure of personal information, including that previously collected, for the following purposes:

- the communication with underwriters;
- the underwriting of policies;
- the evaluation of claims;
- the detection and prevention of fraud;
- the analysis of business results;
- purposes required or authorized by law.

For the purposes identified above, personal information may be disclosed to ABEX Affiliated Brokers Exchange Inc. and any affiliated companies and service providers.

Further information about ABEX Affiliated Brokers Exchange Inc. personal information protection policy may be obtained by contacting their privacy officer at ABEX Affiliated Brokers Exchange Inc.

This Section is For Broker Use Only

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***If clicking on **Submit** button above doesn't bring up a new email with this application attached to it, please try using Internet Explorer or email the application to quotes@abexinsurance.com or fax it to 1-855-821-7060.**