

If a policy is issued, the coverage will apply only to claims that are first made against the Insured during the policy period.

In order to obtain a quotation, the following documents are mandatory:

- Latest Audited Consolidated Financial Statements, Review Engagement or Notice to Reader (if required – see Financial Information section)
- Organizational chart with percentage of ownership of subsidiaries (only if Organization has subsidiaries) if structure has changed
- The latest actuarial report if an Employee Benefit Plan is subject to such evaluation
- Additional details on separate sheet when required below

Applicant/General Information

1. Name of the Organization applying for this insurance (if the Organization has subsidiaries, give the name of the Parent Organization only):

2. Since the last application completed, has the Organization's business operations changed? YES ☐ NO ☐
Please describe:

3. Since the last application completed, does the Organization have any newly acquired subsidiaries or affiliated companies: YES ☐ NO ☐

If "YES", please provide a revised organizational chart listing all subsidiaries and affiliated companies including percentage of ownership, nature of operations and country of incorporation for each.

4. Please provide the below information per jurisdiction for the proposed Organizations:

Jurisdiction	Type of Operations	Revenue	Number of Locations	Total # of Employees	# of Unionized Employees	# of Independent Contractors
Canada						
USA						
Other (specify)						

5. If any employees, unionized employees or independent contractors are located in the USA, please advise which states:

6. Have any of the proposed Organizations been presently involved or are considering being involved in the next twelve (12) months in any of the following:

- a) merger or consolidation with another entity? YES ☐ NO ☐
- b) acquisition of another entity or tender offer? YES ☐ NO ☐
- c) sale, dissolution or divestiture? YES ☐ NO ☐

If "YES" to one or more questions above, please provide full details:

Directors and Officers Liability Coverage (only complete section if coverage is required for the renewal policy)

1. Please provide the total number of shareholders:
2. Give the name and percentage of the holdings of any shareholder of the Organizations who owns 10% or more of the voting shares directly or beneficially:

Name	% of Voting Shares	Director or Officer?	Name	% of Voting Shares	Director or Officer?
	%	YES <input type="checkbox"/> NO <input type="checkbox"/>		%	YES <input type="checkbox"/> NO <input type="checkbox"/>
	%	YES <input type="checkbox"/> NO <input type="checkbox"/>		%	YES <input type="checkbox"/> NO <input type="checkbox"/>

3. Have any of the proposed Organizations in the past twelve (12) months been involved, presently involved, or are considering being involved within the next twelve (12) months, in any of the following:
- (a) changes in nature of operations or sources of revenue? YES ☐ NO ☐
- (b) change in directors or senior management? YES ☐ NO ☐
- (c) private or public offering of securities? YES ☐ NO ☐
4. Are there any changes from the last application to any of the proposed Insured Persons presently on sitting on another organization's board in the position of director, officer, trustee, trustee emeritus or governor at the request of the proposed Organization applying for this insurance? YES ☐ NO ☐
- If "YES" to the question above, please provide full details on a separate sheet.**

5. Financial information:

Consolidated revenues under \$25M? YES ☐ NO ☐

Positive net income for the last 2 fiscal years? YES ☐ NO ☐

Limits of liability of \$5M requested or less? YES ☐ NO ☐

If "YES" to all three questions above, then please complete the below financial table and no financial statements are required to be provided to the Insurer

If any of these items are not met, do not complete the table and please attach the latest consolidated financial statements.

	Most Recent Fiscal Year End (Month: / Year:)	Prior Fiscal Year End (Month: / Year:)
Current Assets		
Total Assets		
Current Liabilities		
Total Liabilities		
Revenues		
Net Income (Net Loss)		

- (a) Have any of the proposed Organizations in the past three (3) years, presently, or in the next twelve (12) months anticipate to:
- (i) seek protection under the "Companies Creditors Arrangement Act" or similar foreign legislation? YES ☐ NO ☐
- (ii) be in breach of any debt covenants, loan agreements or contractual obligations? YES ☐ NO ☐
- (iii) be in arrears of its payments to Revenue Canada or the provincial ministries of revenue, including source deductions, GST and PST? YES ☐ NO ☐
- (iv) be involved in a bankruptcy proceeding, reorganization or other arrangement with creditors under law? YES ☐ NO ☐
- (b) Have all (if any) recommendations from the Internal Control Report from outside Auditors been implemented? YES ☐ NO ☐
- (c) Do any of the proposed Organizations currently file or anticipate filing in the next six (6) months, any documents with any Securities Commission regarding any equity or debt securities? YES ☐ NO ☐

If "YES" to questions (a) or (c) or "NO" to question (b), please provide full details:

Employment Practices Liability Coverage (only complete section if coverage is required for the renewal policy)

1. Historical annual employee turnover rate:
2. Total number of employees with total annual compensation greater than \$100,000:
3. Since the last application was completed, have any significant changes been made to the following:
 - (a) employee handbooks being distributed to all employees? YES ☐ NO ☐
 - (b) presence of a Human Resources department? YES ☐ NO ☐
 - (c) annual written performance evaluations being completed for all employees? YES ☐ NO ☐
 - (d) existence of policies and procedures for employees outlining conduct with third parties and clients? YES ☐ NO ☐
 - (e) use of a written policy against discrimination and sexual harassment? YES ☐ NO ☐
 - (f) use of a written policy regarding equal opportunity employment? YES ☐ NO ☐
 - (g) use of outside legal counsel for advice on employment related matters? YES ☐ NO ☐
 - (h) requiring the involvement of outside legal counsel when an employee is terminated? YES ☐ NO ☐

If "YES", to one or more questions above, please provide full details:

4. Have any of the proposed Organizations been involved in the past twelve (12) months or are considering in the next two (2) years any layoff, staff reduction or facilities closing? YES ☐ NO ☐

If "YES", please provide full details:

Fiduciary Liability Coverage (only complete section if coverage is required for the renewal policy)

1. Since the application completed, are there any new Employee Benefit Plans being provided by any of the proposed Organizations? YES ☐ NO ☐

If "YES" please complete the following questions.

2. Provide details for each Employee Benefit Plan sponsored by the proposed Organizations

Name of Plan	Type of Plan*	Number of Participants	Plan Assets Current Year**	Plan Assets Prior Year**	Annual Contributions**
1.					
2.					
3.					
4.					

*DC –Defined Contribution, DB – Defined Benefit, ESOP - Employee Stock Ownership, OT – Other, please provide full details on a separate sheet.

**This information can be provided by the latest financial statements instead of completing the columns indicated above.

Please attach a copy of the latest actuarial report if the proposed Organization has a DB Plan.

3. Provide the following administration details for each Plan identified above.

Plan No. From Question 1	Plan Administrator	Investment Manager	Outside Legal Counsel Firm
1.			YES <input type="checkbox"/> NO <input type="checkbox"/>
2.			YES <input type="checkbox"/> NO <input type="checkbox"/>
3.			YES <input type="checkbox"/> NO <input type="checkbox"/>
4.			YES <input type="checkbox"/> NO <input type="checkbox"/>

4. Is any Plan a multi-employer plan? YES ☐ NO ☐
5. In the past three (3) years, presently, or in the next twelve (12) months, have any Plans:
 - a) ever been in non-compliance of any applicable legislation or governing law? YES ☐ NO ☐
 - b) been converted or terminated? YES ☐ NO ☐
6. Are there any overdue employer contributions for any Plan? YES ☐ NO ☐

If "YES", to questions 5. or 6., please provide full details:

7. Since the last application completed, were there any changes made to the frequency of reviewing the Plan's investment strategy and the performance of the investment manager?

If "YES", please indicate the frequency change below.

☐ Semi-annually ☐ Annually ☐ Other

Employed Lawyers Professional Liability Coverage (only complete section if coverage is required for the renewal policy)

1. Please provide the total for all the proposed Organizations:
 - (a) Employed lawyers:
 - (b) Employed notaries under the supervision of an employed lawyer:
 - (c) Employed lawyers or notaries under the supervision of an employed lawyer with more than ten (10) years of legal experience:
 - (d) Employees supporting (a) and (b) above:
 - (e) Lawyer or notary loaned by a temporary placement agency under the supervision of an employed lawyer:
 - (f) Lawyer or notary employed by a legal firm who provides legal services to any of the proposed Organizations and where such Organization has agreed to provide indemnification under an independent contractor agreement:
2. Since the last application completed, any changes in the area of practice, moonlight, legal services and pro bono work performed by the professionals list in question 1 above? YES ☐ NO ☐
If "YES", please describe the scope of services provided and the total number of hours annually:
3. Since the last application completed, have any of the professionals mentioned in question 1 been subject of or been involved in any of the following:
 - (a) Any reprimand, sanction, fine, discipline by, or refusal of admission of a bar association, court, administrative or regulatory agency? YES ☐ NO ☐
 - (b) Any civil or criminal litigation, arbitration, claim or administrative or regulatory proceeding during the last 5 years? YES ☐ NO ☐
4. Please describe any changes or new risk management procedures in place for the services provided by the professionals mentioned in question 1 above:
5. Since the last application completed, has the proposed Organization made any changes or started to use any external legal resources presently or in the past twelve (12) months? YES ☐ NO ☐
If "YES", please describe:

Workplace Violence Insurance Coverage (only complete section if coverage is required for the renewal policy)

1. Since the last application completed, have any significant changes been made to the following:
 - (a) an Employee Assistance Program (EAP)? YES ☐ NO ☐
 - (b) an employee and customer complaint/grievance resolution procedure? YES ☐ NO ☐
 - (c) a written policy given to employees on workplace violence? YES ☐ NO ☐
 - (d) procedures and training in place for all employees on what to do in hostile situations in the workplace? YES ☐ NO ☐
 - (e) background checks done for all potential employees? YES ☐ NO ☐
- If "YES" to one or more questions above, please provide full details:

Privacy Breach Coverage Endorsement (only complete section if coverage is required for the renewal policy)

1. Have all the proposed Organizations implemented a formal information security policy which applies to every business unit? YES ☐ NO ☐
If "YES", does the security policy require an audit to test, identify and assess new security threats as well as monitor effectiveness? YES ☐ NO ☐
2. Do all the proposed Organizations have a security plan that sets out an incident response plan in the event of a privacy breach? YES ☐ NO ☐

Declaration for the Application

The undersigned designated as an officer of the Organization:

- (a) declares that they have been duly authorized by the Organization to complete this Application and that all statements and representations contained herein are true and complete;
- (b) reasonable efforts have been made to obtain sufficient information from each person proposed for this insurance in order to complete this Application properly and accurately;
- (c) the financial statements submitted with this Application reflect the current financial situation of the Organization and its subsidiaries (if this is not the case, please provide details on a separate sheet).
- (d) acknowledges that these statements, representations and information submitted are relied on by Intact Insurance and shall be deemed material to the acceptance of the risk assumed by the Insurer under the insurance applied for, should the insurance be issued.
- (e) agrees that if between the date of this Application and the effective date of the Policy, the statements and information contained in this Application change in any way, they will immediately advise Intact Insurance in writing and, without prejudice to any other legal remedy available to it, Intact Insurance may modify or withdraw any outstanding quotation or any authorization or agreement to bind;
- (f) acknowledges this application and all documents attached hereto shall be form part of the Policy and shall be the basis of the contract, should one be issued.

It is agreed that the statements, representations and attached supplemental information submitted contained within this Application are true and are the basis of the Policy contract. Terms and conditions, including limits of coverage, offered by Intact Insurance, may differ from those applied for from the Applicant. It is further agreed that this Policy shall not be voided, rescinded or coverage excluded as a result of any untrue statement in this Application, except as to the Organization, its Subsidiaries and those Insured Persons making such statement or having knowledge of it's untruth.

Signature

Position (Chief Executive Officer, Chairman or General Counsel)

Date

Organization