**Directors and Officers Liability**

**Small Business – Application**

**If a policy is issued, the coverage will apply only to claims that are first made against the insured and reported to the insurer during the policy period**

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| **BROKER** | | | | |
| **1. APPLICANT** | | | | |
| 1.1 Name of the Company requesting this insurance (in the event of a Company with subsidiaries, list **only** the Parent company): | | | | |
| 1.2 Postal Address: | | | Postal code: | |
| 1.3 Nature of business: | | | | |
| 1.4 The Company has: a) continuously been in business since: | | | b) been incorporated under the laws of: | |
| **2.** **COMPANY** | | | | |
| 2.1 Consolidated gross revenues of $2 millions and less | YES  NO | 2.2 More than 2 years in business | | YES  NO |
| 2.3 10 employees and less | YES  NO | 2.4 4 shareholders and less | | YES  NO |
| 2.5 No subsidiary outside Canada | | | | YES  NO |
| 2.6 The Company’s activity is other than: real estate dealers, finance, bank, insurance, asset management, health research, joint venture, R&D, pharmaceutic, mines, association or non profit organization | | | | YES  NO |
| 2.7 Positive financial results in past 2 years (operating profit, net earnings and net worth) | | | | YES  NO |
| 2.8 No procedure involving the Company’s insolvency | | | | YES  NO |
| 2.9 No claim against directors or officers in the past 3 years | | | | YES  NO |
| 2.10 No claim against the Company or its employees in the past 3 years relative to employment practices, including for such things as discrimination or workplace harassment | | | | YES  NO |
| 2.11 I confirm that I am not aware of any facts, circumstances or situations which could give rise to a claim against a Director or Officer | | | | YES  NO |
| **If you have replied “no” to any one question above, contact your insurance broker for a personalized approach.** | | | | |
| **If you have replied “yes” to all questions, make your choice of coverage (below) for a $1,000,000. limit of insurance.** | | | | |

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| **COVERAGE** | **PREMIUM  (with PC coverage)** | **PREMIUM (without any PC coverage)** |
| D&O only coverage | $650 | $750 |
| D&O / EPL coverage | $1,150 | $1,350 |
| **Contact your insurance broker if you wish to have a quote for a higher limit of insurance.** | Quotation No. (Property/Casualty) |  |

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| **DECLARATION**  I accept the quotation, please issue the insurance policy. YES  NO  The effective date will be communicated to you by your broker.  The undersigned authorized Officer of the Company declares that to the best of his/her knowledge, the statements herein are true. Signing of this application does not bind the undersigned to complete the insurance, but it is agreed that this application form shall be the basis of the contract should a policy be issued, and this application form will be attached to and become a part of such policy. | | | | | |
| Signed: | |  | Date |  | |
|  | | Owner or Associate |  |  | |
| Title: |  | | Corporation | |  |