

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 fully completed, signed and dated by the Applicant.
2. It is the obligation of the Applicant to disclose all material facts to the Underwriter, as failure to do so may render the Policy void or severely prejudice your rights in the event of a claim. A material fact shall be deemed to be one that would likely to influence the underwriter's judgment and acceptance of the risk.
3. Should there be any material change in the answers given to the questions contained in this 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notify the Underwriters and, at the sole discretion of the Underwriters, any outstanding quotations may be modified or withdrawn.
4. This Application Form and any other information provided by the applicant shall 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.

REGISTERED OWNER:

1. Full Name of Company or Organization: _____
2. Description of Operations or Purpose of Organization: _____
3. Type of Organization: Non-Profit For Profit
4. Is Organization Incorporated? YES NO
 If Yes, Incorporated under the laws of which Province: _____ Date Incorporated: _____
5. Address of the Registered Office of the Company or Organization: Street: _____
 City: _____ Province: _____ Postal Code: _____

OPERATIONS UNDERWRITING:

6. Gross Annual Revenues / Assets: \$ _____

Please check box if the organization engages in any of the following classes:

- | | |
|--|--|
| <input type="checkbox"/> Any risk with A U.S. location, any risk with U.S. domiciled employees, U.S. subsidiaries will be excluded | <input type="checkbox"/> Mortgage Company and Lenders |
| <input type="checkbox"/> Armoured Vehicle Services | <input type="checkbox"/> Pawn Shops |
| <input type="checkbox"/> Broadcasting | <input type="checkbox"/> Pharmaceuticals |
| <input type="checkbox"/> Cannabis | <input type="checkbox"/> Political Risks including Political Activist groups |
| <input type="checkbox"/> Commercial Aviation | <input type="checkbox"/> Professional Sports Team |
| <input type="checkbox"/> Company shares traded on a public exchange | <input type="checkbox"/> Publicly Trades Companies |
| <input type="checkbox"/> Construction Industry | <input type="checkbox"/> Real Estate Sales and Investments |
| <input type="checkbox"/> Daycare facilities | <input type="checkbox"/> Senior Care homes |
| <input type="checkbox"/> Exploration, Mining, O&G | <input type="checkbox"/> Stamp Merchants |
| <input type="checkbox"/> Financial Institutions, Banks, Credit Unions, Investment Management, Hedge Funds | <input type="checkbox"/> Stockbrokers |
| <input type="checkbox"/> Gambling | <input type="checkbox"/> Telecommunications |
| <input type="checkbox"/> Insurance Company | <input type="checkbox"/> Tobacco |
| <input type="checkbox"/> Jewellery Merchants | <input type="checkbox"/> Unincorporated companies/organizations |
| <input type="checkbox"/> Labour Unions | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Law Firms | <input type="checkbox"/> Venture Capital Company |
| <input type="checkbox"/> Lending Institutions | |

7. Do you have any knowledge of any claims, pending claim or disciplinary proceeding of any complaint? YES NO
8. Has insurance been refused, voided, or cancelled in the past 5 years? YES NO
9. Number of shareholders holding more than 25% of shares: _____
10. Activities outside of Canada YES NO

EMPLOYMENT PRACTICES INSURANCE UNDERWRITING:

11. Number of Employees: _____ Unionized: _____ Non-Unionized: _____

- 12. Employment Practices Liability YES NO
- 13. Does the organization have a zero tolerance sexual harassment policy in force? YES NO
- 14. Does the organization have a formal termination procedure in force? YES NO
- 15. Does the organization keep Personnel files in a secure location for each employee? YES NO
- 16. Every employee is provided an employee handbook YES NO
- 17. Legal counsel involved in the termination process YES NO
- 18. Formal agreements in place for employees earning in excess of \$125,000 per Year YES NO
- 19. Website: _____
- 20. No. of Directors / Officers: _____ No. of Employees: _____
 No. of Shareholders: _____ No. of Members: _____
 No. of Volunteers: _____
- 21. Do you conduct operations away from own premises? YES NO
- 22. The Company or Organization has published reports and accounts in the two latest consecutive financial years showing unqualified reports by independent auditors or accountants, net profit and positive net worth, no litigation, disputes or contingent or extraordinary liabilities and can pay any and all of its debts as they fall due. YES NO
- 23. During the next 24 months, are there any plans or intentions for the Organization or any of its subsidiaries to file or register or to make a listing offering or issuance of stock, shares, debentures, bonds, commercial paper or other debt or equity instruments or any other securities? Or merge with, or be taken over by any other entity or make any acquisitions or disposal or to terminate or wind-up or reorganize or for there to be any material change in the ownership of the Company (including, but not limited to a management buy-out)? YES NO
- 24. 2Smart – Property Casualty Companion Policy – available for Non-Profit organizations only (excluding Strata/Condo) \$2M Commercial General Liability Limit and \$50,000 Blanket Property coverage for an additional premium as low as \$750 required: YES NO

DECLARATION & WARRANTY:

- 25. Does any Director or Officer or the organization have any knowledge of any claims or circumstances which may give rise to a claim, or of any disciplinary proceedings or any complaints having been threatened, intimated or made (successfully or otherwise) against the Directors or Officers or the organization or the employees or the organization in respect of the legal liabilities or loss? (If Yes, please provide details) YES NO
- 26. Has similar insurance been refused, voided or cancelled in the past for which this application relates: (If Yes, please provide details) YES NO

PLEASE READ BEFORE SIGNING: A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim.

The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.

Date Coverage Required: _____

Limit Requested: _____ **Deductible Requested:** _____

Name of Signatory (Print): _____ Date: _____

Signature of Signatory: _____ Position: _____

Brokerage & AGT#: _____ Broker Email: _____

Broker Name: _____ Date: _____

Broker Signature: _____

Premier Canada Assurance Managers Ltd. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).

** Email application and attachments to - newbizprofessional@premiergroup.ca **

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