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SMALL PRIVATE BUSINESS LIABILITY D & O APPLICATION

Broker Name: _____

1. COMPANY DETAILS

Name of Organization: _____

Address of Registered Office: _____

Jurisdiction of Incorporation / Formation: _____

Has the Business been operating for more than three years? Yes No

Type of Organization: _____

Please specify if other selected: _____

Select Description of Operations: _____

Are there any additional organizations which would not be considered to be >50% owned by the organization listed above which you would wish to be covered by this policy? Yes No

Additional Organization(s): _____

2. BUSINESS DETAILS

What % of the organization's assets are in the US?: _____

How many owners does the organization have?: _____

Are there any plans to sell >50% of the organization's ownership privately or list on a public exchange and/or do an initial public offering in the next 12 months? Yes No

What were the consolidated gross sales/revenues for the organization's most recent fiscal year?: _____

And what are the estimated sales/revenues for the current fiscal year?: _____

Has any acquisition occurred in the past 12 months that is expected to increase the organization's estimated sales as noted above by more than 50%? Yes No

Is there any customer who accounts for more than 50% of the organization's annual gross revenues? Yes No

Did the organization have a going concern note in its most recent audited annual financial statements and/or is the organization in breach of any debt/loan covenants, and/or is the organization currently, or has it at any time during the past three years been financially insolvent, or does it anticipate seeking creditor protection within the next six months? Yes No

Did the organization generate net profits in its most recent fiscal year? Yes No

Does the organization expect to be profitable in its current fiscal year? Yes No

3. EMPLOYEE / EMPLOYMENT PRACTICE LIABILITY INFORMATION

Is Employment Practices Liability Coverage required for the organization? Yes No

If No, it is understood and agreed that coverage for wrongful employment practices will be limited to the insured persons only and not the insured organizations. If Yes, please complete the following questions, if No, please proceed to Question 4.

Number of Employees

Employee Type	Canada	USA	Other *	Total
Total number of Full Time Employees	_____	_____	_____	_____
Number of Full Time Unionized Employees listed above **	_____	_____	_____	_____
* If "Other" Please List Countries	_____			

** Please note the rating for unionized employees is typically lower than for non unionized due to the collective bargaining agreements. You may wish to confirm this # prior to submitting this application for rating.

Does the organization have an HR department or a person responsible for HR duties on a full time basis? Yes No

Does the organization have a written employment handbook or manual? Yes No
Is it distributed to all employees? Yes No

Does the organization have a policy on accommodating the disabled? Yes No

Are all disciplinary actions or employees terminations subject to prior review and approval by HR and/or senior management? Yes No

Has the organization had any downsizing in the last year representing more than 25% of the organization's workforce or is any downsizing >25% of the workforce anticipated in the next 12 months? Yes No

4. FIDUCIARY LIABILITY / EMPLOYEE BENEFITS / PENSION

Is Fiduciary/Pension Trust Liability Coverage required for the organization? Yes No

If No, It is understood and agreed that coverage will be limited to fiduciary wrongdoing in connection with health and welfare benefit plans only. If Yes, please complete the following questions, if No, please proceed to Question 5.

What type of plan(s) does the organization sponsor?

Defined benefit Pension Plan 401K Defined Contribution Pension Plan RRSP Profit Sharing Benefit Plan Other

Please provide the total assets of the plans: Defined Benefit Pension Plan _____ 401K _____

What is the Actuarial Surplus or Deficit as a percentage of plan assets, as per the most recent actuarial report?: _____

Date of Report: _____

5. PAST LITIGATION, PROCEEDING, ACTIONS OR SUITS

Has any individual or organization, in the past 3 years been involved in:

Any litigation, civil or criminal action, class action, derivative action, investigation or proceeding with respect to, including but not limited to the following: anticompetitive/antitrust, fair trade, copyright or patent, shareholder/securities, pollution or occupational health & safety (excluding employment or pension, retirement or health & welfare benefit plans)? Yes No

Any employment or labour related litigation or proceeding which resulted in settlements or findings of more than \$25,000 cumulatively? Yes No

Any litigation or proceeding involving any sponsored pension, retirement or health and welfare benefit plans? Yes No

It is understood and agreed that any loss arising from a matter disclosed or which should have been disclosed under this section is excluded from coverage under the policy, all without limiting any other remedy available to LIU for non-disclosure.

6. CURRENT / PRIOR INSURANCE

Has the organization previously held or does it now have any of the following coverages?
Please provide the expiring Pending and Prior Litigation Dates and Limits

	Date	Limit \$
Directors & Officers Liability	_____	_____
Entity Employment Practices Liability	_____	_____
Fiduciary / Employee Benefits / Pension Trust Liability	_____	_____

7. PRIOR KNOWLEDGE / WARRANTY

Other than any items already reported under section 5 of this application and with respect to any coverage in section 6 which is not currently in force:

Are there any claims made or now pending against any individual or organization proposed for coverage? Yes No

Does any insured individual or organization have any knowledge or information of any facts or circumstances which could reasonably be expected to give rise to a claim under the proposed policy? Yes No

Please provide a summary: _____

It is understood and agreed that any loss arising from a matter disclosed or which should have been disclosed under this section is excluded from coverage under the policy, all without limiting any other remedy available to LIU for non-disclosure.

ACKNOWLEDGEMENTS / DECLARATION

The undersigned(s) declare that to the best of their knowledge and belief the statements and disclosures in this application are true. The completion and signing of this application does not obligate the organization or LIU to affect the insurance but it is agreed that if a policy is issued this application will form part of such policy and LIU will be relying on the completeness and accuracy of the statements and disclosures in this application.

If the undersigned(s) becomes aware of any material changes to the statements and disclosures in this application between the date of this application and the effective date of any policy bound with LIU, they will notify LIU immediately of such changes in writing. It is understood that, without limitation to any other remedy, LIU may upon review of such changes, withdraw or modify any outstanding quotation(s) and any agreement or authorization to bind coverage.

The undersigned(s) authorize LIU to make any investigation and inquiry in connection with this application that it deems necessary and acknowledge that any personal information provided in connection with the coverage applied for, including but not limited to the information contained in this application, has been collected in accordance with all applicable privacy legislation. The undersigned confirms that all necessary consents have been obtained for the collection, use and disclosure of such information for the purposes of assessing the application for insurance, and if applicable, investigating and settling claims, detecting and preventing fraud, acting as authorized by law.

False Information – Any person who, knowingly and with the intent to defraud any insurance or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Liberty Mutual Insurance Company's insurance business in Canada.

Name: _____

Title: _____

(Chief Executive Officer, President or Chairman of the Board)

Signature: _____

Date: _____