

MARKEL DIRECTORS AND OFFICERS LIABILITY INSURANCE APPLICATION

THIS IS AN APPLICATION FOR A CLAIMS MADE POLICY WITH DEFENCE COSTS INCLUDED IN THE LIMIT OF LIABILITY PLEASE ANSWER ALL QUESTIONS. IF SPACE IS INSUFFICIENT, ATTACH DETAILS BY ADDENDUM

GENERAL INFORMATION

Principal Addre	ess:	
Province/State or	f Incorporation	Website:
The Applicant ha	s continuously been in busin	ess since:
Nature of busine	ss:	
Products and Sei	vices:	
Type of Business Corporation Other (please	co specify):	
The following pe		signated to receive any and all notices from Underwriters of

То	tal Assets:	Annual Revenue:		Total emp	Total employees:		
		Canada	U.S.A.	Other (Please Specify)			
Nu	ımber of Locations:						
Pe	rcentage of Employees:	%	%				
Pe	rcentage of Sales:	%	%				
Pe	rcentage of Assets:	%	%				
an en	pes the Applicant act as a gray joint ventures? If 'Yes' tities and indicate for each the Applicant.	, and coverage is r	equired, plea	se attach a list of these	Yes		N
NERS	SHIP/STRUCTURE						
Are	e there any classes of sha	res publicly traded	or the subject	t of a shelf registration?	Yes		No
	e there more than one cla 'Yes', attach details.	ss of shares outsta	anding?		Yes		No
If		ss of shares outsta	anding?Exchange((s):	Yes		No
If Sto	'Yes', attach details.	ss of shares outsta		s):	Yes		No
If Sto	'Yes', attach details. ock Symbol: of:		Exchange(s):	Yes		No
If Sto	'Yes', attach details. ock Symbol: of: Total number of common Total number of common commo	on shares outstand	Exchange((s):	Yes		No
If Sto	Yes', attach details. ock Symbol: of: Total number of common and common are common.	on shares outstand on shareholders: shares held in:	Exchange(Yes		No
If Sto	'Yes', attach details. ock Symbol: of: Total number of common Total number of common commo	on shares outstand	Exchange(Other:	Yes	%	
If Sto	Yes', attach details. ock Symbol: of: Total number of common and percentage of common Canada:	on shares outstand on shareholders: shares held in: % U.S.A.:	Exchange(%	
Sto As a)	Yes', attach details. ock Symbol: of: Total number of common and percentage of common Canada:	on shares outstand on shareholders: shares held in: % U.S.A.: hares owned by Dir	Exchange(ding: weectors and O	Other:		%	
Sto As a)	Yes', attach details. ock Symbol: of: Total number of common Total number of common Canada: Percentage of voting shareholder of directly or beneficially?	on shares outstand on shareholders: shares held in: % U.S.A.: hares owned by Dir own five percent (5 If 'Yes', attach ocurities convertible	Exchange(ding: weetors and O fectors and O details.	Other: fficers (direct and benefice of the voting shares	cial):	%	No.
Storage As a) b)	'Yes', attach details. ock Symbol: of: Total number of common Total number of common Canada: Percentage of common Shareholder of directly or beneficially? Are there any other sectif 'Yes', attach details.	on shares outstand on shareholders: shares held in: % U.S.A.: hares owned by Dir own five percent (5 If 'Yes', attach of curities convertible is.	Exchange(ding: weectors and O fectors and O fectors and O to voting sto	Other: fficers (direct and benefice of the voting shares ck?	cial):	%	

Please complete the following information for the current year:

7.

OPERATIONS/HISTORY 11. Yes No Has the Applicant at any time over the last three years been in breach of any debt covenants or loan agreements? If 'Yes', attach details. 12. Has the Applicant in the past 12 months completed or agreed to, or does it contemplate within the next 12 months, any of the following, whether or not such transactions were or will be completed: Yes No A merger, acquisition, consolidation or tender offer? Yes No b) Sale, distribution or divestiture of any assets or stock other than in the ordinary course of business in an amount exceeding 25% of the Applicant's consolidated assets? Any registration for a public offering or private placement of securities? Yes No c) Protection under the Companies' Creditors Arrangement Act (CCAA) in Canada d) Yes No or Chapter 11 in the U.S.A., or reorganization or arrangement with creditors under provincial or state law or similar provisions in any other jurisdiction? No Yes Any branch, location, facility, office or subsidiary closings, or layoffs? If 'Yes' to any of the questions 12 a) to e), attach details. 13. No Does the Applicant perform any professional services for a fee? Yes If 'Yes', attach details. 14. Does the applicant have: Yes No an insider trading policy. a) a corporate communications policy? Yes No b) Does the Applicant have written procedures in place regarding: 15. Yes No Equal opportunity employment? a) Yes No b) Anti-discrimination? Anti-sexual harassment? Yes No c) No Yes Progressive discipline? d) 16. Yes No Has the Applicant changed independent auditors in the past 2 years? a) If 'Yes', attach details. Yes No Has the Applicant had any changes in the board of directors or senior b)

management within the past 2 years? If 'Yes', attach details.

17.		the Applicant or any director, of lived in any of the following:	fficer or other p	roposed entity or per	Son been			
	a)	Anti-trust, copyright or patent	litigation?				Yes	No No
	b)	Civil or criminal action or administrative proceeding alleging violation of a federal, provincial, state or foreign securities law?					Yes	No
	c)	Representative actions, class actions or derivative suits?					Yes	No
	d)	Investigation by the Securities provincial, state or foreign age		Commission (SEC) or	similar		Yes	No
	e)	Any other criminal actions?					Yes	No No
	f)	Any action for suspension or redisciplinary sanction?	evocation of a li	cense or for any prof	essional		Yes	No
	If "Y	Yes' to any of the questions	17 a) to f), at	tach details.				
18.	peno year a dii	er than those identified in your r ding, or has any other claim bee rs, against any Applicant or any rector, officer or other manageri Yes', attach details.	en brought at ar proposed entity	ny time during the last or person in his or h	st three (3)		Yes	No No
PRI(OR II	NSURANCE Does the Applicant currently harmonic in the company of the current of	nd complete t				Yes	No
		Does the Applicant currently har If 'No', go to question 20 and If 'Yes', provide the following	nd complete t	he warranty state	ment.			
		Does the Applicant currently har If 'No', go to question 20 a	nd complete t			iod		No No remium
		Does the Applicant currently har If 'No', go to question 20 and If 'Yes', provide the following	ing: Limits rrent directors a	Deductible and officers liability in	Policy Peri	iod		
	a)	Does the Applicant currently had If 'No', go to question 20 and If 'Yes', provide the following Insurer Have any of the Applicant's currently had a possible to the second secon	ing: Limits rrent directors after renewal term tor, officer or other provisions of an ear policy, of spec	Deductible Ind officers liability in the proposed entity of the pro	Policy Perinsurers details. or person rectors and rances which	iod	Pr	remium

PRIOR KNOWLEDGE/WARRANTY

20.	No director, officer or other person proposed for coverage has knowledge or information of any facts, circumstances, or situations involving the Applicant, its subsidiaries, or affiliates or any person proposed for coverage which could reasonably be expected to result in any future claim being made against them which would fall within the scope of the proposed coverage?					
	If no such knowledge	e or informatio	on, check here:	\\\\ None'	Otherwise, attach d	letails
					ations exist, whether hall be excluded fron	
COV	ERAGE REQUESTED					
21.	Limits of Liability:			Retent	ion:	
	Policy Period:	From:		to:		
400	ATTONIAL INCORMATI	ON REQUIRER				

ADDITIONAL INFORMATION REQUIRED

- 22. Please attach the following as applicable:
 - Latest Annual Report to Stockholders, audited financial statements and quarterly financial statements
 - Copy of the Notice to Stockholders, Annual Information Circular, Proxy Statement for the most current annual meeting
 - Copy of the indemnification provisions of the charter, by-laws or articles of incorporation
 - Complete list of all proposed Directors and Officers of the Applicant(s)

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

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

MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN OF THE BOARD OR THE CHIEF EXECUTIVE OFFICER (no other signature is acceptable).

Signature of Applicant (a	authorized representative)	Date	
Title		-	
Tide			
SUBMIT	TED BY:		
EMAIL:	-		-
LITAIL.			_
	For contact i	information visit:	

www.markelinternational.ca

PROFIT D&O 103112