



## DIRECTORS AND OFFICERS LIABILITY INSURANCE WRONGFUL DISMISSAL SUPPLEMENTAL QUESTIONNAIRE

PLEASE ANSWER ALL QUESTIONS  
IF SPACE IS INSUFFICIENT, PLEASE ATTACH DETAILS BY ADDENDUM

**Applicant:** \_\_\_\_\_

1. Canadian employees: Total: \_\_\_\_\_ Union: \_\_\_\_\_ Non-Union: \_\_\_\_\_
- U.S.A. employees: Total: \_\_\_\_\_ Union: \_\_\_\_\_ Non-Union: \_\_\_\_\_
- Other international employees: Total: \_\_\_\_\_ Union: \_\_\_\_\_ Non-Union: \_\_\_\_\_
2. Number of employees with total annual compensation greater than \$100,000: \_\_\_\_\_
3. How many employees or officers have been terminated in the past 2 years?  
**Attach details of terminations.** \_\_\_\_\_
4. Are any layoffs or staff reductions anticipated in the next 12 months?  
**If 'Yes', attach details**  Yes  No
5. Does the Applicant have a human resources or personnel department?  Yes  No
6. Does the Applicant have:
- a) A formal orientation program for new employees that addresses workplace conduct and grievance procedures?  Yes  No
- b) An employment handbook that is distributed to all employees?  Yes  No
- c) For all positions:
- i) Written job descriptions?  Yes  No
- ii) Regular written performance evaluations?  Yes  No
- iii) An application form for employment?  Yes  No
- iv) A personnel file?  Yes  No

- d) A policy on accommodating the disabled?  Yes  No
  - e) A written program on sexual harassment and discrimination?  Yes  No
  - f) A standardized severance program for terminations and layoffs?  Yes  No
7. In the past three years, has the Applicant or any person(s) applying for this insurance been involved in any litigation or proceedings related to employment including, but not limited to, wrongful dismissal?  Yes  No  
**If 'Yes', attach details.**

**Prior knowledge/Warranty**

8. No Applicant or any person(s) applying for this insurance is aware of any facts, circumstances or situations which could reasonably be expected to give rise to a claim under the proposed insurance coverage related to employment including, but not limited to, wrongful dismissal?  Yes  No  
**If 'Yes', attach details.**

**It is agreed that if any such claims, facts, circumstances or situations exist, whether or not disclosed, any claim or action based upon or arising from them shall be excluded from this proposed coverage.**

**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,  
 CHIEF EXECUTIVE OFFICER OR HUMAN RESOURCES MANAGER**  
 (no other signature is acceptable).

\_\_\_\_\_  
 Signature of Applicant (authorized representative)                      Title                      Date

SUBMITTED BY: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

**For contact information visit:  
[www.markelinternational.ca](http://www.markelinternational.ca)**