

DIRECTORS & OFFICERS (D&O) – SMART COMPLETE SOLUTION APPLICATION

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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notify the Underwriters and, at the sole discretion of the Underwriters, any outstanding quotations may be modified or withdrawn.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.
5. Full Name of Company or Organization:
6. Address of the Registered Office of the Company or Organization:
7. Incorporated under the laws of: _____ Date: _____
8. Corporate Structure: Non Profit Organization: Strata/Condo: Private Company: Sole Proprietorship:
Limited Partnership:
(note: we cannot write unincorporated entities or Publicly Trades Companies under our D&O Program)
9. Description of Operations or purpose of Organization:
10. Website:
11. No. of Directors: _____ No. of Officers: _____ No. of Key Persons: _____
No. of Employees: _____ No. of Volunteers: _____ No. of Members: _____
No. of Shareholders: _____ No. of shareholders holding more that 25% of shares: _____
12. Activities outside of Canada: Yes No (If Yes, Describe: _____)
13. Gross Revenue: _____ Gross Total Assets: _____ Retained Earnings: _____
14. If Strata or Condominium, please confirm # Residential Units: _____ # of Commercial Units: _____
Year built: _____
Is there a maintenance fund? Yes No Balance: _____
Is there a contingency fund? Yes No Balance: _____
Is there a Replacement fund? Yes No Balance: _____
Is the Strata/Condominium managed by an outside Professional Management Company? Yes No
Name of Management Company: _____
Does the Management Company have Professional Liability Insurance? Yes No
15. 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 (If No, please provide details: _____)
16. 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 (if yes, please provide full details: _____)
17. Employment Practices Liability (Please confirm the following): Yes No

Every employee is provided an employee handbook: Yes No
 Personnel files are kept for each employee: Yes No
 A formal termination procedure is in place: Yes No
 Legal counsel involved in the termination process: Yes No
 Zero tolerance sexual harassment policy in the workplace: Yes No
 Formal agreements in place for employees earning in excess of \$125,000 per year:
 # employees n/a Yes No

18. Limits Requested: \$1million \$2million \$3million \$5million

19. Deductible Amount: \$1,000. (Non Profit Only) \$5,000 \$10,000 \$20,000 \$25,000

20. 2Smart – Property Casualty Companion Policy – available for Non-Profit organizations only (excluding Strata/Condo Program)
 \$2m Commercial General Liability Limit and \$50,000 Blanket Property coverage for an additional premium as low as \$500
 Required: Yes No

21. Declaration & Warranty

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? Yes No (If Yes, please provide details: _____)

Has similar insurance been refused, voided or cancelled in the past for which this application relates: Yes No
 (If Yes, please provide details: _____)

Where (a) an applicant for this contract gives false information 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 in therein; or (b) the Insured contravenes a term of the contract or commits a fraud, or (c) the Insured willfully makes a false statement in respect of a claim, a claim will become invalid and the Insured’s right of recovery is forfeited. 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.

I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and my broker’s or insurance company’s policy regarding personal information, for the purpose of communicating with me, assessing my application for insurance and underwriting my 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: A risk is not bound until such time as Premier has issued a written confirmation, or policy confirming coverage.

Name of Signatory (Print):	Date:
Signature of Signatory:	Position:
Brokerage:	Broker Email:
Broker Name: (Print):	Date:
Broker Signature:	