

2020 University Street, Suite 700
Montréal (Québec)
H3A 2A5

INSURANCE PROGRAM FOR INSURANCE BROKERAGE FIRMS

THE COVERAGE WILL APPLY ONLY TO CLAIMS THAT ARE REPORTED TO THE INSURER DURING THE POLICY PERIOD

1. APPLICANT :

1.1 Name of Corporation applying for this insurance (if the Corporation has subsidiaries, give name of the Parent Company **only**)

1.2 Mailing Address : _____ Postal code _____

2. THE CORPORATION :

2.1 Total number of employees, including subsidiaries _____

2.2 Gross salaries paid (including commissions and bonuses declared in the last financial statements) \$ _____

2.3 What are the estimated results for the current fiscal year ending on _____

Revenues \$ _____ Earnings \$ _____ Loss \$ _____

2.4 Do you have any subsidiaries (more than 50% owned) ? YES [] NO []

1) If yes, how many ? _____ Please provide a list of all subsidiaries _____

2) Do you have any subsidiaries outside Canada YES () NO () If Yes, please provide full details

3. PRIOR INSURANCE AND LOSS HISTORY :

3.1 Within the past five (5) years, has any insurer cancelled, refused to provide conditions, issue, or renew any Directors and Officers Liability Insurance or any Employment Liability Insurance to the Applicant ? If Yes, please provide full details : YES [] NO []

3.2 Within the past five (5) years, has any director or officer been involved in any claims under a Directors and Officers Liability Insurance policy or given notice of a potential claim to an insurer? YES [] NO []

3.3 Is any director or officer aware of any facts, circumstances or situations which have occurred and might eventually give rise to a claim ? YES [] NO []

3.4 Within the past five (5) years and in connection to any employment or labour related matter, including workplace discrimination and harassment, has the Corporation, its Directors, Officers or any employee been involved in any lawsuit, administrative proceeding (including any Human Rights Commission), or Labour Board investigation? YES [] NO []

3.5 Has the Corporation, its Directors or Officers been involved or have any knowledge of any anti-trust, price-fixing, tax, copyright, patent, unfair competition, merger, governmental regulator for administrative proceedings or employment practices, pending litigation? YES [] NO []

For any positive answer to questions 3.1, 3.2, 3.3, 3.4, 3.5, please state the date, circumstances, name of claimant and the amount involved :

4. SIGNATURE :

The undersigned authorized Officer of the Corporation declares that to the best of his/her knowledge, the statements herein are true. Signing of this application does not bind the undersigned to complete the insurance, but it is agreed that this application form shall be the basis of the contract should a policy be issued, and this application form will be attached to and become a part of such policy.

Signed by : _____
Chairperson of the Board or President

Date : _____

Title : _____