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|  |  | **Specialty Solutions Insurance**  **Management Liability Application For-Profit Organization**  **Brokerage Firms – RCCAQ Program** |

If a policy is issued, the coverage will apply only to claims that are first made against the Insured during the policy period.

**Applicant/General Information**

1. Name of Corporation applying for this insurance (if the Corporation has subsidiaries, give name of the Parent Company only):
2. Mailing Address:       Postal code:
3. Do you have any subsidiaries (more than 50% owned)? YES  NO

If yes, please provide a list of all subsidiaries:

1. Do you have any subsidiairies outside Canada? YES  NO

If yes, please provide full details (states, number of employees, roles of each):

1. Have you acquired any companies in the last 3 years? YES  NO

If yes, please list them or attach separate sheet to the application:

1. Major shareholder change in the last 3 years? YES  NO

If yes, please give more details:

**Financial Information**

|  |  |  |
| --- | --- | --- |
| Most Recent Fiscal Year Ended: | |  |
| Revenue |  | |
| Total Assets |  | |

**Employment Practices Liability Coverage**

1. Total number of employees, including subsidiaries:
2. Gross salaries paid (including commissions and bonuses declared in the last financial statements) $
3. Do the proposed Organizations:
   1. has an employee handbook distributed to all employees? YES  NO
   2. have a Human Resources department? YES  NO
   3. have annual written performance evaluations for all employees? YES  NO
   4. have procedures for employees outlining conduct with third parties and clients? YES  NO
   5. use a written policy against discrimination and sexual harassment? YES  NO
   6. use a written policy regarding equal opportunity employment? YES  NO
   7. use outside legal counsel for advice on employment related matters? YES  NO
   8. require the involvement of outside legal counsel when an employee is terminated? YES  NO

If “NO”, to any of the above questions, please provide full details**:**

* 1. Have any of the proposed Organizations been involved in the past twelve (12) months or are considering in the next 2 years any layoff, staff reduction or facilities closing? YES  NO

If “YES”, please provide full details:

**Fiduciary Liability Coverage**

1. Name of the Employer Plan:
2. Constitution date’s:
3. Sponsor of the Employee Plan: Employer plan  Multi-employer plan   Other

**Prior Insurance and Loss History** (do not complete if this is a renewal)

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? YES  NO

If yes, please provide full details:

1. In the past five (5) years, have any of the proposed Organizations or any of the proposed Insured Persons been involved in:
   1. Any claim which has been made, is currently pendling or have received notice of a potential claim under a Directors and Officers, Employment Practices or Fiduciary Liability Insurance policy? YES  NO
   2. Any claim or potential claim been given or delivered by written notice under the provisions of any liability insurance policy? YES  NO
   3. Any representative actions, class actions, stockholder’s suits or any derivative suits? YES  NO
   4. Any civil, criminal, administrative or regulatory investigation or proceeding? YES  NO
   5. Any anti-trust, price fixing, deceptive trade practices, tax, consumer fraud, copyright or patent infringement proceeding? YES  NO
   6. Any receivership, insolvency or bankruptcy proceeding? YES  NO
   7. Any workplace violence incidents at any of their locations? YES  NO
   8. Any employed Lawyers or notaries been subject of or been involved in any of the following:

2.8.1 Any reprimand, sanction, fine, discipline by, or refusal of admission of a bar association, court administrative or Regulatory agency? YES  NO

2.8.2 Any civil or criminal litigation, arbitration, claim or administrative or regulatory proceed in during the last five (5) years? YES  NO

If “YES” to one or more questions above, please provide full details (state the date, circumstances, name of claimant and the amount involved):

**Prior Knowledge/Warranty** (do not complete if this is a renewal)

The warranty statement must be completed for any applicants who are requesting coverage for the first time, adding a new coverage not currently purchased or if larger limits of liability are being requested than currently maintained.

1. Is any person proposed for this insurance aware of any facts, circumstances, or situations likely to give rise to a claim? YES  NO

**If “YES” to the question above, please provide full details** (state the date, circumstances, name of claimant and the amount involved):

It is understood and agreed that if any person(s), director(s), officer(s), Organization(s), subsidiaries or any other entity related therefrom, applying to this insurance, has any knowledge of any such facts, situation, circumstances, or event exists, whether or not disclosed, any claim or action subsequently arising or developing therefrom shall be excluded from coverage under any policy issued by Intact Insurance.

**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 : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date :

Chairperson of the Board or President

Title :