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MANAGEMENT LIABILITY INSURANCE RENEWAL APPLICATION FORM

INSTRUCTIONS:

- Please complete all questions. If a question is not applicable, please answer "N/A".
- If additional space is required for any response, please continue your response in the Additional Information section at the back of this Application form.
- Please make certain the application is currently dated and signed by either: the Chief Executive Officer, the Chairman of the Board, the President or the Chief Financial Officer of the Company.
- The term "Insured" includes all subsidiaries which are more than 50% owned proposed for this insurance

SECTION 1: RENEWAL INFORMATION

Please provide the following details:

- 1.1 Insured Name: _____
- 1.2 During the past 12 months has there been an increase / decrease by 10% or more in the number of employees? Please state number of employees CDN US ☐ Yes ☐ No
- 1.3 During the past 12 months has there been an increase / decrease by 10% or more in Total Assets and/or Revenues? ☐ Yes ☐ No
Total Revenue \$ _____ Total Assets \$ _____
- 1.4 For the most recent Fiscal Year end, did the company record: ☐ Net Income ☐ Net Loss Amount \$ _____
- 1.5 Does the Applicant in the next 12 months plan for:
- a) any mergers, acquisitions, consolidations or divestiture involving the company? ☐ Yes ☐ No
- b) any private placement or other offering securities? ☐ Yes ☐ No
- c) any bankruptcy proceeding, reorganization or any other arrangement with creditors under federal, provincial, or state law? ☐ Yes ☐ No
- 1.6 Has there been any material change in ownership in the past 12 months? ☐ Yes ☐ No
- 1.7 Has the Applicant changed auditors in the past year? ☐ Yes ☐ No
- 1.8 Is the Applicant currently, or has it been in the past 12 months, been in violation of or has it amended any debt covenant or loan agreement? ☐ Yes ☐ No
- 1.9 Is the Applicant currently in arrears in its payments to the Canada Revenue Agency or the provincial ministries of revenue? (including source deductions, GST and PST) ☐ Yes ☐ No
- Is the Applicant aware of any circumstances which may give rise to a claim against any of the companies to be insured or any partners or directors thereof?** ☐ Yes ☐ No

If you have answered "Yes" to any question above, please provide complete details in the ADDITIONAL INFORMATION section details

Signed: _____ Full Name: _____

Position held at Insured: _____ Date: _____

