

Application for Profit Organization and Employment Practices Liability

Section 1: Broker Details

1.1 Please complete the following information pertaining to your brokerage:

Brokerage Name: _____	
Address: _____ _____	
City: _____	Postal Code: _____
Telephone: _____	Website: _____
General email: _____	Contact E-mail: _____
Contact Name: _____	

Section 2: Risk Details

2.1 Effective Dates

Policy period required from _____ to _____ (effective date) (expiry date)
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2.2 Mailing information

Name of Applicant as it is to appear on policy: _____
Name of Company (if different): _____
Mailing Address: _____ _____

2.3

Jurisdiction of Incorporation / Formation: _____
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2.4

Has the Business been operating for more than three years?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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2.5

Type of company:	_____
Please specify if other selected:	_____
Description of operations:	_____

2.6

Are there any additional entities which would not be considered to be >50% owned by the company listed above which you would wish to be covered by this policy?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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2.7

Please provide the names of the additional entity(ies) you wish to include in the proposed coverage:

2.8

What are the total assets of the company?	_____
What percentage (%) of the company's assets are in the US?	_____
What amount of total shareholder capital has been raised from external investors who are not involved in the business in any way except as an investor?	_____
Are there any plans to sell more than 50% of the company's ownership privately in the next 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What were the consolidated gross sales / revenues for the company's most recent fiscal year?	_____
What were the consolidated US sales / revenues for the company's most recent fiscal year?	_____
For any customer who accounts for more than 50% of the company's annual gross revenues, are there any exceptions for the contract and / or relationship to cease within the next 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>

<p>Did the company have a going concern note in its most recent audited annual financial statements and/or is the company in breach of any debt/loan agreements or covenants, and/or is the company currently, or has it at any time during the past three years been financially insolvent, or within the last year has it contemplated seeking creditor protection, or does it contemplate seeking creditor protection within the next six months?</p>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<p>Did the company generate net profits or positive cash flow from operations in its most recent fiscal year or does it expect to generate net profits or positive cash flow from operations in its fiscal year?</p>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Section 3: Employee / Employment Practice Liability Information

3.1

<p>Is Employment Practices Liability Coverage required for the company?</p>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<p>If No, it is understood and agreed that coverage for wrongful employment practices will be limited to the insured persons only and not the insured company(ies). If Yes, please complete the following questions, if No, please proceed to Section 4.</p>				

3.2

<p>Number of Employees</p>

3.3

Employee Type	Canada	USA	Other*	Total	
Total number of Full Time Employees					
Number of Full Time Unionized Employees listed above **					
<p>If "USA" Please provide the number of all employees in each of the following states:</p>					
	California	Michigan	New Jersey	New York	Texas
<p>* If "Other" Please List Countries _____</p>					
<p>** Please note the rating for unionized employees is typically lower than for non-unionized due to the collective bargaining agreements. You may wish to confirm this # prior to submitting this application for rating.</p>					

For employees with a salary over \$100,000 are all terminations subject to prior review by, and support from, external legal counsel?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
			N/A	<input type="checkbox"/>
In the event the company downsizes more than 25% of the company's workforce, is the downsizing subject to prior review by, and support from, external legal counsel?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Section 4: Fiduciary Liability / Employee Benefits / Pension

4.1

Is Fiduciary / Pension Trust Liability Coverage required for the company?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If No, it is understood and agreed that coverage will be limited to fiduciary wrongdoing in connection with health and welfare benefit plans only. If Yes, please complete the following questions, if No, please proceed to Section 5.				
Please provide the total assets of the plans (excluding multi-employer plans):				
Plan Type	Total Assets (\$)			
Defined Contribution Pension Plan	_____			
Defined Benefit Pension Plan	_____			
Check here if none apply				<input type="checkbox"/>
<u>For any/all Defined Benefit Plans only:</u>				
Based on historical cash flow from operations can the company make all special payment requirements where applicable?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
			N/A	<input type="checkbox"/>
Have there been any amendments to any plans that have resulted in, or are expected to result in, a reduction of benefits?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Section 5: Past Litigation, Proceeding, Actions or Suits

5.1

Has any insured individual (whether acting on behalf of any company, any other organization or personally), in the past 3 years been involved in:

Any litigation, civil or criminal action, class action, derivative action, investigation or proceeding with respect to, including but not limited to the following: anticompetitive/antitrust, fair trade, copyright or patent, shareholder/securities, pollution or occupational health & safety (excluding employment or pension, retirement or health & welfare benefit plans)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Any employment or labour related litigation or proceeding which resulted in settlements or findings of more than \$25,000 cumulatively?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Any litigation or proceeding involving any sponsored pension, retirement or health and welfare benefit plans?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please provide summary:				

It is understood and agreed that any loss arising from a matter disclosed or which should have been disclosed under this section is excluded from coverage under the policy, all without limiting any other remedy available to the company for non-disclosure.				

Section 6: Current / Prior Insurance

6.1

Has the company previously held or does it now have any of the following coverages? Please provide the expiring Pending and Prior Litigation Dates and Limits				
a) Directors & Officers Liability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Date:	_____			
Limit:	\$ _____			
b) Entity Employment Practices Liability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Date:	_____			
Limit:	\$ _____			
c) Fiduciary / Employment Benefits / Pension Trust Liability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Date:	_____			
Limit:	\$ _____			

Section 7: Prior Knowledge / Warranty

7.1

Other than any items already reported under section 5 of this application and with respect to any coverage in section 6 which is not currently in force:

Are there any claims made or now pending against any individual or company proposed for coverage? Yes No

Does any insured individual or company have any knowledge or information of any facts or circumstances which could reasonably be expected to give rise to a claim under the proposed policy, including but not limited to the types of matters as noted in section 5 above? Yes No

If yes, please provide summary:

It is understood and agreed that any loss arising from a matter disclosed or which should have been disclosed under this section is excluded from coverage under the policy, all without limiting any other remedy available to the company for non-disclosure.

Section 8: Declarations

This application does not bind the applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the bases of the contract should a policy be issued.

It is mutually agreed between the Company and the applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the applicant in any respect.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning various risk characteristics. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

I understand that this Application Form will be relied upon by the insurance company in determining whether to provide a quotation for insurance coverage. I hereby warrant, represent and confirm that I have read all of the questions and answers on the Application Form and that, to the best of my knowledge, all information provided in this form is complete, true and correct.

Signature of duly authorized signing Officer

Signed: _____ Full Name: _____

Position Held: _____ Date: _____