

Risk Profile:

This coverage is intended for risks that are within Ecclesiastical's target classes (retirement homes, schools, day cares) and operate for a profit. Companies that are publicly traded are not eligible for this coverage.

-Liability and Indemnification coverage is written on a Claims-Made Basis-

- A. Please answer the following questions on behalf of your Corporation
- B. The application must be signed and dated by an authorized officer of your Corporation
- C. PLEASE READ THE STATEMENT AT THE END OF THE APPLICATION CAREFULLY

1. DETAILS OF APPLICANT

Name of Broker/Producer			
Full Legal Name of Applicant			
Address of Applicant		Postal Code:	
Town/City		Province:	
Applicant's Website Address			
Contact Name & Title			
Contact Telephone Number			
Contact E-mail Address			
What does the Applicant do?			
Has the Applicant made any acquisitions or disposals during the past five (5) years?			

2. COVERAGE/LIMITS REQUIRED

Policy Year:	Effective Date	<input type="text"/>	Expiry Date	<input type="text"/>
Limit of Liability	\$1,000,000 <input type="checkbox"/>	\$2,000,000 <input type="checkbox"/>	\$5,000,000 <input type="checkbox"/>	Other <input type="checkbox"/> Please indicate: \$ <input type="text"/>

3. ORGANIZATIONAL DETAILS

Conducted Business Continually Since:	<input type="text"/>	Date of Incorporation:	<input type="text"/>
Has the Corporation changed name or ownership? If 'Yes', please attach details. Yes <input type="checkbox"/> No <input type="checkbox"/>			
Type of Corporation:	Private: <input type="checkbox"/>	Public: <input type="checkbox"/>	Other (please Indicate): <input type="checkbox"/> <input type="text"/>
Are there any subsidiaries? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', please list all entities including a description of nature of the business and percentage of ownership (please attach a sheet if there is not sufficient room).			

Distribution of Ownership:

Number of Common Shares	
Number of Common Stock Shareholders	
Number of Common Shares owned directly or beneficially by Directors or Officers	

Are the common shares the voting shares? Yes No

Are there restrictions on voting or a separate class of shares for voting? Yes No

Name and percentage of holdings of any shareholder who owns five percent (5%) or more of the common shares directly or beneficially:

Name of Shareholder	Percentage	Name of Shareholder	Percentage
	%		%
	%		%

Does the Applicant have an advisory board? Yes No If 'Yes', number of advisory board members:

Have there been any changes in the Board of Directors or Senior Management of the Corporation in the last three (3) years? Yes No

If 'Yes', please provide further information:

4. FINANCIAL INFORMATION

Projected total revenue from all sources for the next 12 months: \$

As of the date of this application, please provide the following information:

	Shares (%)	Assets (%)	Revenue (%)
In Canada	%	%	%
In USA	%	%	%
Other (Specify): <input style="width: 150px;" type="text"/>	%	%	%

5. FINANCIAL PRACTICES

Do you use a qualified independent accountant to perform audits?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you use the services of a qualified independent financial advisor?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you retain a lawyer? If 'Yes', please attach an explanatory note outlining the basis and purpose for which the lawyer is retained.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you, within the past three (3) years, been in arrears in your payments of monies owing Revenue Canada or the provincial ministries of revenue (including source deductions, G.S.T. and P.S.T.)? If 'Yes', please attach an explanatory note.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you, at any time during the past three (3) years, sought protection under the "Companies Creditors Agreement Act", or do you anticipate seeing such protection within the next three months? If 'Yes', please attach an explanatory note.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you, at any time during the past three (3) years, been in a material breach of any of your debt covenants, loan agreements, contractual obligations, or do you anticipate any such breach occurring within the next 12 months? If 'Yes', please attach an explanatory note.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you derive more than 25% of your annual revenue from one customer? If 'Yes', please attach an explanatory note.	Yes <input type="checkbox"/> No <input type="checkbox"/>

6. FIDUCIARY INFORMATION

Do you sponsor a pension plan? Yes No If 'Yes', please provide the following information:

a. Name of the pension plan: <input style="width: 150px;" type="text"/>	d. In what year was your plan established? <input style="width: 100px;" type="text"/>
b. Total plan assets (all plans combined) Current year: \$ <input style="width: 150px;" type="text"/>	e. What are the total number of participants? <input style="width: 100px;" type="text"/>
c. Total plan assets (all plans combined) Previous year: \$ <input style="width: 150px;" type="text"/>	

Do you handle any investment decisions in-house? If 'Yes', please attach details. Yes No

What is the name of your investment manager?

Is your plan adequately funded as evidenced by an actuary's report? If 'Yes', please attach a copy of the report. If 'No', please attach explanatory note.

Yes No

7. EMPLOYMENT PRACTICES

Number of employees		Number of volunteers		Are Employees unionized?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
How many employees or officers have been terminated in the past two (2) years?						
Are any layoffs or staff reductions anticipated within the next two (2) years?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	
What percentage of your workforce occupy supervisory roles?						
Are hiring and interviewing guidelines written?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is an employee handbook distributed to all employees?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you have a written policy dealing with discrimination and harassment?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you have a written policy dealing with the use of company electronic mail, voicemail and internet access?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is there a formal grievance or complaint procedure in place with follow up action monitored or provided by an independent authority such as a Company ombuds- person?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you offer an outplacement program to assist employees post-termination?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are employees given written warnings prior to termination?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	
When an employee is terminated, is officer approval required?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	
When an employee is terminated, are Human Resource personnel directly involved?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is there a Human Resources department?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are annual performance appraisals completed?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is there a formal training program for employees?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is training documented?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	

8. PREVIOUS INSURANCE INFORMATION

Current Insurance	Limit of Policy	Name of Insurer	Expiry Date	Retroactive Date
Directors' and Officers' Liability	\$			
Professional Errors & Omissions	\$			
Commercial General Liability (CGL)	\$			
Who is your current broker?				

9. DECLARATIONS AND SIGNATURE

(a) There are no pending or past claims against the Corporation, or any Person(s) proposed for insurance in the capacity of director, officer, employee or committee member of the Corporation which, if insurance had been in force similar to that now proposed, would have fallen within the scope of such insurance, except as follows:

If no such claims, check here:

(b) No person proposed for this insurance is cognizant of any wrongful act or circumstance which he/she has reason to suppose might afford grounds for any future claim which would fall within the scope of the proposed insurance, except as follows:

If no such knowledge, check here:

(c) In the past five (5) years, no Insurer has declined, cancelled or non-renewed similar insurance except as follows:

If no such circumstances, check here:

(d) No fact, circumstance or situation indicating the probability of a claim or action against which indemnification is or would be afforded by the proposed insurance is now known to any officer of this organization, except as follows:

If no such knowledge/circumstances, check here:

It is agreed by all concerned that if there is knowledge of any such fact, circumstance or situation, any claim or action subsequently emanating there from shall be excluded from coverage under the policy.

(e) The corporation has not at any time during the past five (5) years been in breach of its debts, covenants or loan agreements, except as follows:

If no such circumstances, check here:

(f) The undersigned authorized officer of the organization declares that, to the best of his/her knowledge, the statements set forth herein are true. The undersigned is duly authorized to make representations and to sign on behalf of all person(s) or entity(ies) applying for this insurance.

Signing of the proposal does not bind the undersigned to complete the insurance but it is agreed that this form shall be the basis of the contract should a policy be issued, and this form will be attached to and become part of the policy.

Material Change

In the event that there is any material change in the answers given to the questions contained in this application prior to the inception of the policy, the Applicant must notify the Underwriters in writing and the Underwriters may revoke, or effect changes to, the quotation provided.

False Information

Any person who, knowingly and with the intent to defraud any Insurance company or other person, files an application for insurance containing any false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this form) has been collected in accordance with applicable privacy legislation and this information shall only be used or shared by the Company to assess, underwrite and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with regulatory or legal requirements.

COVERAGE CANNOT BE BOUND UNLESS THIS APPLICATION HAS BEEN FULLY COMPLETED AND DULY SIGNED AND DATED AND ACCEPTED BY THE INSURER

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Ecclesiastical Insurance Office plc's insurance business in Canada.

Name & Title of Signing Officer

Signature of Authorized Signing Officer

Date

Copies of the following information must be enclosed with this application:

- (1) The Latest Audited Financial Statement(s)
- (2) The By-Laws Of The Organization
- (3) Company Organizational Chart

APPENDIX A: LIST OF ALL DIRECTORS AND OFFICERS

Please complete for all directors, trustees and officers (including any affiliates) intended to be covered by the proposed insurance. Please provide explanations for any changes within the past three (3) years.

Name	Age	Title	Length of time in position	Company	Experience