

MANAGEMENT LIABILITY



APPLICATION FORM

SHORE

Application Form

Important information

Your duty to make a fair presentation of the risk

- Please answer all questions giving full and complete answers. It is the duty of the applicant to provide all information that is requested in the application form and any additional material facts.
- A material fact is such known fact and/or circumstance that may influence the evaluation of the risk by the Insurer and may influence the acceptance of this application for insurance.
- If you have any doubts about what a material fact is, please do not hesitate to contact your Broker. If you fail to disclose a material fact, it may affect how claims are settled under the policy or it may render the policy invalid.
- The application form must be completed, signed, and dated by a person who must be of legal capacity and authorised.

BUSINESS DETAILS

01. Company Name:

02. Registered address:

03. Website address:

04. Date the business was incorporated:

MM

YYYY

BUSINESS ACTIVITIES

05. Please describe the nature of your business activities:

SUBSIDIARY INFORMATION

06. Please list all the subsidiaries for which cover is desired:

Name of Subsidiary	Nature of business:	Ownership
		%
		%
		%
		%

SHAREHOLDER INFORMATION

07. Total number of common shareholders?

08. Percentage of shares held by Directors and Officers: %

09. Does any shareholder own 10% or more of the voting shares directly or beneficially? Yes ☐ No ☐

If you answered **yes**, please complete the table below:

Name of shareholder:	Ownership:	Board representation:
	%	Yes ☐ No ☐
	%	Yes ☐ No ☐
	%	Yes ☐ No ☐
	%	Yes ☐ No ☐

EMPLOYEE INFORMATION

10. Please state the number of employees by region:

Canada

United States

Rest of World

Full-time employees:

Part-time employees:

Independent contractors:

11. Number of terminations in the last 12 months categorised as:

Voluntary

Involuntary

Layoffs

12. Are there any anticipated or planned layoffs in the next 12 months?

Yes ☐ No ☐

If you answered **yes**, please provide details:

FINANCIAL INFORMATION

13. Please include all subsidiaries, based on the most recent fiscal year end:

Total Assets: \$ Percentage of assets in USA: %

Total Revenue: \$ Percentage of revenue from USA: %

14. During the last fiscal year, did the company:

Achieve a Profit? Yes ☐ No ☐

Have a positive Net Worth? Yes ☐ No ☐

15. In the last 24 months, has the company been in violation of or amended any debt covenant or loan agreement?

Yes ☐ No ☐

16. Is the company currently in arrears of payments to the Canada Revenue Agency or the provincial ministries of revenue? (including source deductions, GST/HST/PST)

Yes ☐ No ☐

If you answered **yes** to question 17 or 18, please provide details:

ACQUISITIONS, MERGERS & DIVESTITURES

17. Have you in the last 3 years, or during the next 12 months plan for:

- | | | |
|---|------------------------------|-----------------------------|
| a. any mergers, acquisitions, consolidations / 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? | Yes ☐ | No ☐ |

If you answered **yes** to any of the above,
please provide further details.

CLAIMS HISTORY

18. In the last 5 years, have you received or sustained, or is there currently pending, any claims, complaints or incidents which may be covered under the proposed insurance and/or do you have knowledge of any fact, circumstance, situation, event, or transaction which may give rise to a claim or loss under the proposed insurance?

Yes ☐ No ☐

If **yes**, please provide details:

DECLARATION

I hereby declare that the answers contained within this proposal are true and complete and that I have supplied a fair presentation of the risk. I agree that this proposal and declaration and truth and completion of the answers herein shall be the basis of contract between me and the underwriters/insurers.

Signature of applicant:

Printed name and title:

Date:

DD MM YYYY

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