



DIRECTORS' & OFFICERS' LIABILITY INSURANCE APPLICATION FORM

Directors' & Officers' and Employment Practices Liability Insurance tailored to Microboards.

1. General Information:

Name of Applicant/Organization:

Address:

Contact Name:

Telephone:

Email:

Website Address:

Date of Incorporation:

Fiscal Year End:

Briefly describe the function, purpose and general nature of operations:

2. Applicant's Revenue & Activities

(a) Is the applicant a financial institution? Yes No

(b) Is the Applicant involved in handling or training using firearms, explosives, dangerous chemicals or weapons? Yes No

(c) Applicant's fees/revenue (i.e. contract value) for the last complete financial year?

\$

3. Applicant's Operations

(a) Has the Applicant been in operation for at least 12 months? Yes No

(b) Does the Applicant operate in accordance with all legal and regulatory requirements relevant to their activities? Yes No

(c) Does the Applicant have any of the following in the USA:
• Premises/Operations?
• Subsidiaries?
• Employees? Yes No

(d) Does the Applicant provide a pension plan for their employees? Yes No

(e) Is the Applicant a Condominium Corporation? Yes No

(f) Is the Applicant insolvent or unable to meet their financial obligations as they fall due (including debt covenants or statutory obligations for taxes, pensions, benefits and wages)? Yes No

4. Declaration

(a) Has the Applicant had any claims which would fall within the proposed insurance coverage within the last 5 years? Yes No

(b) Has any director, manager, partner or trustee of the Applicant or any person insured or proposed for insurance
i. been convicted, or charged but not yet tried, of any criminal offence other than a motoring offence?
ii. been declared bankrupt, gone into insolvent liquidation, or been the subject of receivership or an administration order? Yes No

(c) Is the Applicant aware of any fact or circumstance which could give rise to a claim against the Applicant or any of their present or former directors, managers, partner or trustees? Yes No

(d) To the knowledge of any director, manager, partner or trustee of the Applicant, has any company declined or terminated the insurance for the Applicant, any present director, manager, partner, trustee or for any predecessor in the business, past directors, managers, partners or trustees? Yes No

By submitting this application you declare that the above statements and particulars are true and that you have not suppressed or misstated any material facts, and that you agree that this declaration shall be the basis of any binder or contract of insurance with the Insurer, and that the limits and deductibles as stated in the said binder or contract of insurance shall govern.

It is understood and agreed that the completion of this application does not bind the Insurer to the issue of the insurance nor the Applicant to the purchase of the insurance.

It is further understood and agreed that if, following submission of this application to the insurer and prior to the date requested for coverage to be effective, the Applicant becomes aware of any information which has a bearing with regards to this application, the Insurer shall be immediately notified in writing of such information.

Note: The policy does not cover any claim or circumstance stated above or any act, error, omission or circumstance which could give rise to a claim, of which the Applicant has knowledge prior to the inception of the policy.

Signed by:

Date:

Please sign and date, scan and submit your completed application form to the following email address:

Ryan.Petrie@bmsgroup.com