

MANAGEMENT LIABILITY INSURANCE APPLICATION

THIS IS AN APPLICATION FOR A CLAIMS-MADE POLICY WITH DEFENCE COSTS INCLUDED IN THE LIMIT OF LIABILITY. ALL QUESTIONS MUST BE ANSWERED.

CORPORATE INFORMATION

1. (a) Name of Parent Corporation: _____
 (b) Address: _____

 (c) Date of Incorporation: _____ Jurisdiction: _____ Fiscal Year End: _____
 (d) Check one of the following categories that best describes your operations:
 (i) Registered Not-for-Profit Golf and/or Curling Club
 (ii) For-Profit Golf and/or Curling Club
 (iii) For-Profit acting like a Not-for-Profit Golf and/or Curling Club
 • Maximum 10% of shares held by any one shareholder
 • All Directorships are volunteer / non-paid positions
 • Club has passed a by-law prohibiting the distribution of assets
 (iv) Other: _____

OPERATIONAL ACTIVITIES

2. Does the Corporation have any subsidiaries or affiliated companies for which coverage is required? Yes No
 If **Yes** to the above, attach the following details:

Name	Nature of Operations	Jurisdiction of Incorporation	Not-for-Profit Entity?

3. Percentage of the services provided or activities performed in:
 Canada: _____ % United States: _____ % Other Country: _____ %

Stock Ownership (if a registered Not-for-Profit organization, please proceed to question 5.)

4. (a) Total number of voting securities outstanding: _____
 (b) Total number of voting security shareholders: _____
 (c) Total number of voting securities owned directly or beneficially by directors or officers: _____
 (d) Name and % of holdings of shareholders who own 5% or more of the voting securities, either directly or beneficially:
 _____ %

FINANCIAL INFORMATION

5. (a) If the Corporation holds a charitable status, has this status ever been revoked or been subject to review? Yes No
 (b) Is the Corporation currently, or has it at any time during the past three years been, in arrears in its payments to the Canada Revenue Agency or the provincial ministries of revenue (including source deductions, G.S.T and P.S.T)? Yes No

- (c) Is the Corporation currently, or has it at any time during the past three years been, in breach of any of its debt covenants or loan agreements, or does it anticipate any such breach occurring within the next twelve months? Yes No

If yes to any of the above, attach details.

6. For the most recent consolidated fiscal year-end provide the following financial information for the Corporation:

- (a) **Fiscal Year-end Date:** _____
 (b) **Total Assets:** \$ _____ (d) **Total Revenues:** \$ _____
 (c) **Total Liabilities:** \$ _____ (e) **Net Income:** \$ _____

EMPLOYMENT PRACTICES INFORMATION

7. (a) Number of employees located in:
 Canada: _____ % United States: _____ % Other Country: _____ %
 (b) Number of volunteers located in:
 Canada: _____ % United States: _____ % Other Country: _____ %
 (c) Are any layoffs or staff reductions anticipated within the next two years? Yes No
 (d) Does the Corporation have the following in current use and practice:
 (i) written guidelines, policies and procedures that have been vetted by a lawyer having expertise in employment law? Yes No
 (ii) provide formal training for its supervisors in administering these guidelines policies and procedures? Yes No
 (iii) obtain authorization from an officer prior to terminating an employee? Yes No

If yes to any of the above, attach details.

PRIOR INSURANCE

8. Provide details of Directors' and Officers' liability insurance policies held during the past two years:

NAME OF INSURER	LIMIT OF POLICY	DEDUCTIBLE/RETENTION	EXPIRY DATE	PREMIUM	CLAIMS (Y/N)

PAST ACTIVITIES

9. During the past three years, has the Corporation or any person(s) applying for this insurance:

- (a) been the recipient(s) of any declination, cancellation or non-renewal of any insurance similar to that now applied for? Yes No
 (b) given or delivered written notice under the provisions of any Directors' and Officers' or Employment Practices liability insurance policy of any claim, or notice of potential claim? Yes No

If yes to any of the above, attach details.

10. During the past three years, has the Corporation or any person(s) applying for this insurance been the subject of, or named as a defendant in any:

- (a) made or is now pending, which would fall within the scope of an insurance policy similar to that now proposed, if such insurance had been in force? Yes No
 (b) claim where loss payments have been made under any insurance policy similar to that now proposed? Yes No

- (c) anti-trust, combines, price fixing, restraint of trade, tax, copyright, patent infringement investigation, civil litigation, or government regulatory or administrative proceedings? Yes No
- (d) receivership or insolvency or bankruptcy proceedings? Yes No
- (e) criminal proceedings? Yes No

If yes to any of the above, attach details.

THE APPLICANT DOES HEREBY PROVIDE THE FOLLOWING WARRANTY TO THE INSURER

11. Does the Corporation or any director, officer or any other person proposed for this insurance have knowledge or information of any fact, circumstance or situation which could reasonably give rise to a claim which would fall within the scope of the proposed insurance? Yes No

If Yes, provide details: _____

It is understood and agreed that if knowledge of any such facts, circumstances or situations exists, whether or not disclosed, any claim or action subsequently arising or developing therefrom shall be excluded from coverage under any policy issued by Simmlands Insurance Services Ltd. on behalf of Trisura Guarantee Insurance Company.

PRIVACY DISCLOSURE AND CONSENT

The undersigned authorized representative acknowledges that any personal information provided in connection with the insurance applied for, including but not limited to the information contained in this Application, has been collected in accordance with all applicable privacy legislation. The undersigned confirms that all necessary consents have been obtained for the collection, use, and disclosure of such information for the purposes of any investigation and inquiry in connection with this Application for insurance and, if applicable, investigating and settling claims, detecting and preventing fraud, and acting as required or authorized by law.

FALSE INFORMATION

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

DECLARATIONS AND SIGNATURE

The undersigned authorized officer of the Parent Corporation:

- (i) declares, after inquiry, that the statements and representations set forth in this Application, and all materials submitted to or requested by the Insurer in conjunction with this Application, are true;
- (ii) acknowledges that these statements, representations, and materials are relied on by the Insurer and that they shall be deemed material to the acceptance of the risk assumed by the Insurer under the insurance applied for, should the insurance be effected; and
- (iii) agrees that if the information supplied in connection with this Application changes between the date of this Application and the effective date of any insurance effected pursuant to this Application, the undersigned will immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding indications, quotations and/or authorization or agreement to effect the insurance.

Signing of this Application does not obligate the Parent Corporation or the Insurer to effect the insurance, but it is agreed that all materials submitted to or requested by the Insurer in conjunction with this Application are hereby incorporated by reference into this Application and made a part hereof. It is further agreed that this Application and all materials submitted to or requested by the Insurer in conjunction with this Application are the basis of and are deemed attached to and incorporated into any policy effected pursuant to this Application.

2011 TRISURA CLUBPAC D&O APPLICATION

PLEASE NOTE: COVERAGE CANNOT BE BOUND UNLESS THIS APPLICATION HAS BEEN FULLY COMPLETED AND DULY SIGNED AND DATED.

Parent Corporation:

Date:

Signature of duly authorized signing Officer:

Title:
