

4. After full and reasonable investigation, does the Applicant and Directors and Officers and the Company and the employees and the trustees and the committee members have any knowledge of the following:

- a) any claims, or circumstances which may give rise to a claim, or any disciplinary proceedings or any complaints having been threatened or intimated or made (successfully or otherwise) against the Directors or Officers or the Company or the employees or the trustees or committee members or the Applicant in respect of the legal liabilities or loss to which this Application Form relates? Yes No

If, Yes, please provide details: _____

5. Does any person or entity hold (beneficially or otherwise) more than twenty five percent (25%) of the issued share capital of the Company? Yes No

If Yes, please provide details of the shareholder(s) and percent shares owned:

_____ % _____ %
 _____ % _____ %

QUESTIONS 6 & 7: PREVIOUS INSURANCE & QUOTE LIMITS

6. Does the Company have D& O coverage in place? Yes No

If 'Yes', please answer 6 a) to e) _____

a) On what date did the first D&O policy become effective? _____

b) If known, what is the retro-active date as stated on the current policy (if 'none' or 'not known', state 'N/A')? _____

c) What is the current policy Limit? CAD\$ _____

d) What is the current premium? CAD _____

e) What is the name of current insurer? _____

7 Please select which of the following Limits of Liability are sought for quotation: _____

CAD\$1,000,000 CAD\$2,000,000 Other (please state): CAD\$: _____

DECLARATION

The Applicant declares and warrants that after full and reasonable enquiry and investigation and to the best of his/her knowledge and belief all statements and particulars contained in this Application Form and (if applicable) any addenda hereto are true and that no information whatsoever has been withheld which might increase the risk of the Underwriters or influence the acceptance of this Application Form and that should the above particulars alter in any way confirms that he/she will advise the Underwriters as soon as is practicable.

The Applicant further declares and warrants that he/she has been duly authorized by the Directors and Officers and the Company to act as their agent in respect of all matters of any nature or kind relating to or affecting this Application Form and the Policy.

The Applicant understands that failure to disclose any material facts which would be likely to influence the acceptance and assessment of the Application Form may result in the Underwriters refusing to provide indemnity or voiding the Policy in every respect.

The Applicant hereby agrees and accepts that this Application Form and (if applicable) addenda hereto shall be the basis of the contract of insurance if entered into.

The Underwriters are hereby authorized, at their absolute discretion, to make any investigation and enquiry in connection with regard to this Application Form as they deem necessary.

For and on behalf of (name of Company):

Signature: _____ Date: _____

Name of Signatory: _____ Position: _____

Position must be the Chairman or Managing Director or Chief Executive or any equivalent of the Company.

Brokerage: _____ Broker e-mail: _____

Broker signature: _____ Date: _____

NOTICE CONCERNING PERSONAL INFORMATION

By purchasing insurance from Simmlands Insurance Services Ltd., a customer provides Simmlands with his or her consent to the collection, use and disclosure of personal information, including that previously collected, for the following purposes:

- the communication with underwriters;
- the underwriting of policies;
- the evaluation of claims;
- the detection and prevention of fraud;
- the analysis of business results;
- purposes required or authorized by law.

For the purposes identified above, personal information may be disclosed to Simmlands and any affiliated companies and service providers.

Further information about Simmlands personal information protection policy may be obtained by contacting their privacy officer at 416-408-1920.