



DIRECTORS AND OFFICERS LIABILITY INSURANCE RENEWAL APPLICATION

**PLEASE ANSWER ALL QUESTIONS
IF SPACE IS INSUFFICIENT, PLEASE ATTACH DETAILS BY ADDENDUM**

GENERAL INFORMATION

1. **Applicant:** _____

Policy Number: _____ **Expiry Date:** _____

2. Changes during the past year or anticipated in the next 12 months to the following:

- | | | | | |
|---|--------------------------|-----|--------------------------|----|
| a) Address? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| b) Website? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| c) Locations? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| d) Subsidiaries? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| e) Directors and Officers? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| f) Joint Ventures/Partnerships? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| g) Auditors or Legal Counsel? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| h) Operations/Services of the organization? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

If 'Yes' to any of the above, attach details.

3. Please complete the following information for the current year:

Total Assets: _____ Annual Revenue: _____ Total employees: _____

	Canada	U.S.A.	Other (Please Specify)
Number of Locations:			
Percentage of Employees:	%	%	
Percentage of Sales:	%	%	
Percentage of Assets:	%	%	

4. Does the applicant plan to expand its U.S.A. exposure in the next 12 months? Yes No
If 'Yes', attach details.

OWNERSHIP/STRUCTURE

5. Are there any classes of shares publicly traded or the subject of a shelf registration? Yes No
Exchange(s): _____ Stock Symbol: _____
6. As of: _____
- a) Total number of common shares outstanding: _____
Total number of common shareholders: _____
Percentage of common shares held in:
Canada: _____ % U.S.A.: _____ % Other: _____ %
- b) Percentage of voting shares owned by Directors and Officers (direct and beneficial): _____ %
- c) Does any shareholder own five percent (5%) or more of the voting shares directly or beneficially? Yes No
If 'Yes', attach details.
- d) Are there any other securities convertible to voting stock? Yes No
If 'Yes', attach details.

HISTORY/OPERATIONS

7. Has the Applicant at any time during the past 12 months been, or anticipates during the next 12 months being, in breach of any debt covenants or loan agreements? Yes No
If 'Yes', attach details.
8. Has the Applicant during the past 12 months been in arrears in its payments to Revenue Canada or the provincial ministries of revenue (including source deductions, G.S.T. and P.S.T.)? Yes No
9. Has the Applicant during the past 12 months completed or agreed to, or does it contemplate within the next 12 months, any of the following, whether or not such transactions were or will be completed:
- a) A merger, acquisition, consolidation or tender offer? Yes No
- b) Sale, distribution or divestiture of any assets or stock other than in the ordinary course of business in an amount exceeding 25% of the Applicant's consolidated assets? Yes No
- c) Any registration for a public offering or private placement of securities? Yes No
- d) Protection under the Companies' Creditors Arrangement Act (CCAA) in Canada or Chapter 11 in the U.S.A., or reorganization or arrangement with creditors under federal, provincial or state law or similar provisions in any other jurisdiction? Yes No

e) Any branch, location, facility, office or subsidiary closings or layoffs?

Yes

No

If 'Yes' to any of the questions 9 a) to e), attach details.

COVERAGE REQUESTED

10. Limits of Liability: _____ Retention: _____

Policy Period: From _____ to: _____

ADDITIONAL INFORMATION REQUIRED

11. Please attach the following as applicable:

- Latest Annual Report to Stockholders, audited financial statements and quarterly financial statements
- Notice to Stockholders, Annual Information Circular, Proxy Statement for the most current annual meeting
- Copy of the indemnification provisions of the charter, by-laws or articles of incorporation
- Complete list of all proposed Directors and Officers of the Applicant(s)

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

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

MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN OF THE BOARD OR THE CHIEF EXECUTIVE OFFICER
(no other signature is acceptable).

Signature of Applicant (authorized representative)

Title

Date

SUBMITTED BY: _____

EMAIL: _____

For contact information visit:
www.markelinternational.ca