Application

Fiduciary liability insurance

Applications can be submitted to submitapps.ca@victorinsurance.com. Submitting broker, please complete the following to assist us in processing this submission:

Name of brokerage: _____

Name of broker contact: _____

Brokerage address: _____ City: _____ Postal code: _____

For renewal purposes only: Policy number: _____ ISN (Client's number): _____

Notes: 1. **All questions must be completed in their entirety.**

2. **Capitalized terms used herein are defined in the policy wording.**

Additional information required

Please submit the following information to complete your submission:

(a) latest actuarial report and financial statements for each BENEFIT PLAN;

(b) list of INSURED PERSONS.

Sponsor organization

1. (a) Name: _____

(b) Address: _____

_____

(c) Website: _____

(d) Incorporated under the laws of: _____ Incorporation date (dd/mm/yyyy): _____

(e) Nature of business: _____

Benefit plan(s)

2. (a) Name: _____

(b) Number of participants: Active: _____ Retired: _____

(c) Type of plan: ☐ Defined benefit ☐ Defined contribution ☐ Welfare/Trust fund
☐ ESOP ☐ RRSP ☐ Other

(d) Year plan established: _____

(e) Total plan assets: Current year: _____ Previous year: _____

(f) Plan administrator: _____

(g) Investment manager: _____

(h) Is the plan adequately funded as attested to by any actuary (applies to defined benefit plans only)?
YES ☐ NO ☐

If yes, please provide the actuarial report. If no, please provide details:

_____

(i) Does the SPONSOR ORGANIZATION or any SUBSIDIARY plan on terminating, suspending, merging or dissolving any plan within the next 12 months? YES ☐ NO ☐

If yes, please provide details:

_____

(j) Is this the only plan for which fiduciary liability coverage is being sought? YES ☐ NO ☐

If no, please provide a schedule to this application with answers to questions 2 (a) through (i) for each plan.

Past events

3. (a) Has any INSURED for which this coverage is being sought been involved in a CLAIM which would fall within the scope of coverage of a fiduciary liability policy? YES ☐ NO ☐

(b) Have the INSUREDS previously carried fiduciary liability insurance? YES ☐ NO ☐

If yes to any portion of question 3, please provide details:

_____

Insurance information

4. (a) Current or previous fiduciary insurance:

Insurer(s)	Expiration date (dd/mm/yyyy)	Limit	Deductible
		$	$
		$	$
		$	$

(b) Has any similar insurance on behalf of the SPONSOR ORGANIZATION been cancelled or non-renewed? YES ☐ NO ☐

If yes, please provide details:

_____

Prior knowledge

5. (a) Are there now pending any CLAIM(S) against any INSURED? YES ☐ NO ☐

If yes, please provide details:

_____

(b) Does any INSURED PERSON proposed for coverage have knowledge or information of any fact or circumstance which might give rise to a CLAIM? YES ☐ NO ☐

Without limitation to any other remedy available to the INSURERS, the proposed insurance will not afford coverage to any CLAIMS of which any INSURED has knowledge nor any CLAIMS resulting from any facts or circumstances of which any INSURED has knowledge.

Applicant's consent to the transmission of the information contained in the application form

I hereby acknowledge that the information collected in the application form is acquired by my insurance broker to be transmitted to Victor Insurance Managers Inc. for the sole purpose of obtaining an insurance policy, and will be kept confidential.

Moreover, I authorize Victor Insurance Managers Inc., its INSURERS or service providers to:
- conduct verification, using outside sources, of the information contained in the application form, in attached documentation and in subsequently provided documentation;
- in the event of a CLAIM, transmit the submitted and verified information to loss adjusters, lawyers or other similar offices for the purposes of investigating, defending, negotiating or settling any CLAIMS, as required.

I acknowledge that specific details of Victor's Privacy Notice can be found at www.victorinsurance.ca.

Declarations and signature

The undersigned declares that:

(a) they are duly authorized by the SPONSOR ORGANIZATION to complete this application and that the statements set forth herein are true and complete;

(b) reasonable efforts have been made to obtain sufficient information from each person proposed for coverage to facilitate the proper and accurate completion of this application form;

(c) the financial information submitted with this application are representative of the current financial position of the BENEFIT PLAN(S) (if not, please attach details).

The undersigned agrees that:

(a) if the information supplied in this application changes between the date of this application and the effective date of the policy, they will provide written notice of such changes immediately to the INSURANCE MANAGER and, without limitation to any other remedy, the INSURANCE MANAGER may withdraw or modify any outstanding quotations, and any authorization or agreement to bind coverage;

(b) should a policy be issued, this application and its attachments shall form part of the policy.

_____   _____
Signature of authorized INSURED   Capacity

_____   _____
Date (dd/mm/yyyy)   Company