

Application



PrivatePlus – Private entity management 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. "ENTITY" includes the parent company and all SUBSIDIARIES owned greater than 50% applying for coverage.
 2. All questions must be completed in their entirety.
 3. Capitalized terms used herein are defined in the policy wording.

Additional information required

Please submit the following information to complete your submission:

- (a) latest consolidated annual financial statements;
- (b) business plan and pro forma financial statements for start-up companies;
- (c) latest actuarial report for any defined benefit plans;
- (d) an organizational chart showing the corporate structure and details of all SUBSIDIARIES [if details are not provided in question 2 (d)];
- (e) schedule of directors and officers for all ENTITIES applying for coverage.

Entity information

1. (a) Name: _____
(b) Address: _____

(c) Description of business: _____
(d) Website: _____
(e) Incorporated under the laws of: _____ Incorporation date (dd/mm/yyyy): _____
(f) Total number of directors and officers (or attach a list of directors and officers):
Canada: _____ United States: _____ Other: _____
List other countries: _____

Ownership information

2. (a) Number of voting stock shareholders: _____
(b) Percentage of voting shares owned by directors and officers (directly or beneficially): _____ %
(c) Name and percentage of holdings of any shareholder who owns 5% or more of the voting shares (directly and beneficially):

If there have been changes to this list over the past 24 months, please provide details:

(d) Does the ENTITY own any SUBSIDIARIES? YES ☐ NO ☐

If yes, please provide details (or attach an organizational chart).

Name	Jurisdiction	% Owned	Number of employees	Description
		%		
		%		
		%		
		%		

Note: Coverage will automatically apply to companies that meet the definition of SUBSIDIARY, as defined in the policy wording. If the ENTITY does not require coverage for SUBSIDIARIES, please provide details.

3. Is the ENTITY currently considering or has it during the past 12 months been involved in:

(a) any acquisitions, mergers or major divestitures? YES ☐ NO ☐

(b) any registration for a public offering or a private placement of securities? YES ☐ NO ☐

(c) any change in senior management, directors or outside auditors? YES ☐ NO ☐

If yes to any of the above, please provide details:

Geographic information (consolidated)

4. (a) As of the date of this application, please provide the following:

	Canada	United States	Other
Percentage of assets	%	%	%
Percentage of shares	%	%	%
Percentage of sales/revenue	%	%	%

(b) Does the ENTITY plan to expand its U.S. exposure in the next 12 months? YES ☐ NO ☐

If yes, please provide details:

(c) If the ENTITY has any operations outside of Canada and the United States, please identify countries and provide details:

Financial information (consolidated)

5. (a) Please complete the following table:

	Most recent year end (___/20___)	Previous year end (___/20___)
Current assets	\$	\$
Inventory	\$	\$
Total assets	\$	\$
Current liabilities	\$	\$
Long-term debt	\$	\$
Equity	\$	\$
Revenues	\$	\$
Net income (net loss)	\$	\$

(b) Is the ENTITY currently or has it during the past three years been in arrears in its payments of monies payable to Canada Revenue Agency or the provincial ministries of revenue (including source deductions, GST, HST and PST)? YES ☐ NO ☐

- (c) Is the ENTITY currently or has it at any time during the past three years sought protection under the "Companies' Creditors Arrangement Act" (Canada) or "Chapter 11" (United States) or does it anticipate seeking such protection within the next 12 months? YES ☐ NO ☐
- (d) Is the ENTITY currently or has it at any time during the past three years been in a material breach of any of its debt covenants, loan agreements, contractual obligations, or does it anticipate any such breach occurring within the next 12 months? YES ☐ NO ☐
- (e) Does the ENTITY derive more than 25% of its annual revenue from one customer? YES ☐ NO ☐

If yes to any of the above, please provide details:

Employment practices information

If you do not require employment practices liability insurance, please check the box and proceed to question 10. ☐

6. Number of EMPLOYEES located in: Canada: _____ United States: _____ Other: _____
List U.S. states: _____
List other countries: _____

7. (a) What is the annual turnover rate of EMPLOYEES? _____
(b) How many EMPLOYEES and officers have been terminated in the past two years?

	Voluntary terminations	Involuntary terminations	Layoffs
Current year			
Previous year			

- (c) How many EMPLOYEES earn more than \$100,000? _____
(d) Are any layoffs, staff reductions, or plant, branch or office closings anticipated within the next two years? YES ☐ NO ☐

If yes, please provide details:

8. Does the ENTITY have:
(a) written hiring/interviewing guidelines? YES ☐ NO ☐
(b) a Human Resources department? YES ☐ NO ☐
(c) outside legal counsel for employment advice? YES ☐ NO ☐

If no to (b) or (c), please provide details as to how this function is handled:

9. When an EMPLOYEE is discharged:
(a) is officer approval required? YES ☐ NO ☐
(b) are Human Resources personnel directly involved? YES ☐ NO ☐
(c) are in-house legal personnel directly involved? YES ☐ NO ☐

Fiduciary information

If you do not require fiduciary liability insurance, please check the box and proceed to question 11. ☐

10. (a) Please indicate the type of plans for which insurance is requested:

Type	Name of plan(s)	Assets	Trustee	Plan administrator

Types: DB – Defined benefit
E – ESOP

DC – Defined contribution
R – RRSP

W – Welfare/trust fund
O – Other

(b) Total number of participants (including retirees) enrolled in all plans: Active: _____ Retired: _____

(c) For defined benefit plans, are the plans adequately funded as attested by any actuary? YES ☐ NO ☐

Please provide a copy of the latest actuarial report with this application for any defined benefit plan.

(d) Are any of the plans underfunded or is the sponsor organization or any SUBSIDIARY delinquent in contributing to any plan? YES ☐ NO ☐

If yes, please provide details:

(e) 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:

Past activities

11. During the last three years, have any of the directors, officers, EMPLOYEES, pension plans, pension plan fiduciaries or the ENTITY been involved in any:

(a) actions, proceedings or investigations based upon or arising out of an alleged violation of any securities law or regulation, anti-trust law or restrictive trading law or regulation? YES ☐ NO ☐

(b) insolvency and/or bankruptcy proceedings? YES ☐ NO ☐

(c) criminal proceedings? YES ☐ NO ☐

(d) representative actions, class actions or derivative suits? YES ☐ NO ☐

(e) employment or labour-related litigation or proceedings? YES ☐ NO ☐

(f) employee benefit plan or pension plan related litigation or proceedings? YES ☐ NO ☐

(g) claim made under any directors and officers, employment practices or fiduciary liability policies or notice of potential claim given to the insurer? YES ☐ NO ☐

If yes to any of the above, please provide details.

Insurance information

12. (a) Current or previous insurance:

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

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

If yes, please provide details:

Prior knowledge

13. (a) Are there now pending any CLAIMS against any person or entity proposed for coverage? YES ☐ NO ☐

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

If yes to either of the above, please provide details:

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 ENTITY 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 ENTITY including its SUBSIDIARIES (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 Victor and, without limitation to any other remedy, Victor 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

Capacity (chairman of the board or president)

Date (dd/mm/yyyy)

ENTITY