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Application

Employment Practices Liability Insurance

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): _____

ENTITY INFORMATION

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

- (c) Website: _____
- (d) Years in Business: _____
- (e) Incorporated under the laws of: _____
- (f) Corporation Sole Proprietor Partnership Joint Venture Franchise Other (specify)
- (g) Description of Business: _____

- (h) Number of locations where business is conducted: _____
- (i) What percentage of employees work at customer locations or perform a majority of their functions off-site? _____ %
- (j) Is training provided to employees regarding discrimination and harassment of third parties? YES NO
2. Is the ENTITY currently considering or has it in the past three years been involved in any acquisitions, mergers or major divestitures? YES NO

If yes, please provide details:

3. Please provide financial details of the ENTITY in the table below.

	Most Recent Year End	Previous Year End
Revenues		
Net Income (Net Loss)		
Total Assets		

EMPLOYEE INFORMATION

4. (a) Number of full-time employees located in: Canada _____ United States _____ Other _____
(b) Number of part-time employees located in: Canada _____ United States _____ Other _____
(c) Does the ENTITY use seasonal employees? YES NO

If yes, please provide details:

5. Number of employees with total annual compensation greater than \$100,000: _____

6. (a) Please provide the number of employee terminations for the past two years.
Current Year: Voluntary Terminations _____ Involuntary Terminations _____ Layoffs _____
Previous Year: Voluntary Terminations _____ Involuntary Terminations _____ Layoffs _____
(b) Has the turnover rate exceeded historical levels during the past two years? YES NO
(c) Are any layoffs, staff reductions, or plant, branch or office closings anticipated within the next two years?
YES NO

If yes to (b) or (c), please provide details:

7. Does the ENTITY have:
- (a) Written hiring/interviewing guidelines? YES NO
(b) Written employment agreements with all officers and managers? YES NO
(c) An employee handbook, distributed to all employees? YES NO
(d) Written job descriptions for all positions? YES NO
(e) Annual written performance appraisals? YES NO
(f) A written policy against discrimination and sexual harassment? YES NO
(g) A written policy dealing with the use of company electronic mail, voice mail and Internet access? YES NO
(h) An out-placement program to assist discharged employees? YES NO
8. Does the ENTITY have a Human Resources department? YES NO

If no, please provide details as to how this function is handled:

9. Does the ENTITY use outside legal counsel for employment advice? YES NO
If yes, is outside legal counsel consulted prior to discharging an employee? YES NO

INSURANCE INFORMATION

10. (a) Current or previous insurance:
- | Insurer(s) | Expiration Date | Limit | Deductible |
|------------|-----------------|----------|------------|
| _____ | _____ | \$ _____ | \$ _____ |
| _____ | _____ | \$ _____ | \$ _____ |
| _____ | _____ | \$ _____ | \$ _____ |
- (b) Has any similar insurance on behalf of the ENTITY been cancelled or non-renewed? YES NO

If yes, please provide details:

PAST ACTIVITIES AND PRIOR KNOWLEDGE

11. During the past two years, has any person or entity proposed for coverage been involved in any employment or labour-related litigation or proceedings? YES NO

If yes, please provide details:

12. (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 any 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 SUCH 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.

For more information on Victor's privacy policy, please contact privacypolicyinquiries@victorinsurance.com.

DECLARATIONS AND SIGNATURE

The undersigned declares that he/she is duly authorized by the ENTITY, including its SUBSIDIARIES, to complete this Application and that the statements set forth herein are true and complete.

The undersigned agrees that, if the information supplied on this Application changes between the date of this Application and the effective date of the policy, he/she 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.

Signature

Capacity (Chairman or President or Human Resources Manager)

Date (dd/mm/yyyy)

ENTITY