



Intact Insurance Company

Application for Directors and Officers Liability With Corporate Reimbursement

THE COVERAGE IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS WHICH ARE FIRST REPORTED TO THE INSURER WHILE THE POLICY IS IN FORCE

BROKER: _____

VERY IMPORTANT:

IN ORDER TO OBTAIN A QUOTATION, THE FOLLOWING DOCUMENTS ARE MANDATORY:

- Latest Annual Report **or** latest Audited Financial Statements (consolidated if applicable);
- Latest Interim Report available;
- Corporation Flow Chart if applicable;
- Copy of Indemnification clause contained in the by-laws;
- Copy of the Notice to Shareholders and the Proxy Statement for either the last or the next annual meeting if applicable;
- Copy of latest prospectus filed with any Securities and Exchange Commission and/or copy of the most recent filing with the Securities and Exchange Commission (form 10K or 10Q) and any subsequent filings if applicable.

ALL QUESTIONS MUST BE ANSWERED

1. APPLICANT:

1.1 Name of the Corporation requesting this insurance (in the event of a Corporation with subsidiaries, list **only** the Parent Company since the subsidiaries will be listed under question 2.6) :

1.2 Postal Address: _____ Postal Code: _____

1.3 Web Site: _____

1.4 Nature of Business: _____

1.5 The following Officer of the Corporation is designated as **representative** (for the Corporation and every Subsidiary more than 50% owned) to receive any and all notices from the Insurer concerning this insurance:

Name: _____ Title: _____

1.6 The Corporation has:

- a) continuously been in business since: _____
- b) been incorporated under the laws of: _____
- c) Corporate Type is: Public Private Other Explain: _____

If Public, please supply the following information about the Corporation and/or its subsidiaries:

ENTITY	SHARES BEING TRADED ON	TICKER



Give the fluctuation of share value for the last two years:

YEAR	HIGHEST VALUE	LOWEST VALUE	ACTUAL VALUE PER SHARE	
			ORIGINAL PURCHASE PRICE:	CURRENT VALUE:
20	\$	\$	\$	\$
20	\$	\$	\$	\$

2. CORPORATION:

2.1 Number of employees including subsidiaries: _____ Union: _____ Non-Union: _____

2.2 Number of shareholders: _____

2.3 In the event any shareholder owning 10% or more of the voting shares directly or indirectly, designate name and percentage of holdings (only with respect to the Corporation named in question 1.1):

_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

2.4 What are the estimated results for the current fiscal year ending on _____

Sales/revenue: \$ _____ Earnings: \$ _____ Loss: \$ _____

2.5 Are there any negotiations now pending involving a merger, acquisition, or divestment by the Corporation or the sale of stock in the Corporation in excess of 10% of the total stock outstanding? If so, please explain.

YES NO

2.6 Do you have any subsidiaries? YES NO

a) If so, how many? _____

Provide the following information on **all** controlled subsidiaries (more than 50% owned):

Name:	_____	_____	_____
Created/Acquired on:	_____	_____	_____
Percent of Ownership :	_____ %	_____ %	_____ %
Total Assets:	\$ _____	\$ _____	\$ _____
Nature of Business:	_____	_____	_____
Place of Incorporation:	_____	_____	_____
Public /Private:	_____	_____	_____
Parent Company:	_____	_____	_____

If the latest annual report of the Corporation is not consolidated, please attach the latest annual report of each subsidiary.

b) Please list any other subsidiary seeking such insurance:

2.7 Has the Corporation ever repurchased its own shares at a price in excess of the market value at the time? If so, explain: YES NO

2.8 Has any subsidiary of the Corporation been insolvent or sustained losses during the last fiscal year which resulted in reducing its equity by more than 50%? YES NO

If so, please attach a copy of the latest financial statements of this subsidiary and the latest interim report or internal report.

2.9 a) Has the Corporation filed within the last 18 months or contemplated filing within the next 12 months a prospectus with any Securities Commission or any registration statement with the Securities and Exchange Commission in the U.S.A. for a public offering of securities? YES NO

If so, furnish copy of prospectus or registration statement.

b) Has the Corporation issued within the past 18 months or contemplated issuing within the next 12 months any shares? If so, explain: YES NO

2.10 Describe any important change that has occurred since the last annual report concerning the share capital, the assets, the income or the notes to the latest financial statements. Please explain how this effects the net results and/or the net worth.

3. ACTIVITIES OUTSIDE CANADA:

3.1	COUNTRY:		COUNTRY:		
	TOTAL	CURRENT YEAR	PREVIOUS YEAR	CURRENT YEAR	PREVIOUS YEAR
	Assets	\$	\$	\$	\$
	Sales/Export	\$	\$	\$	\$
	Employees				
	Directors and Officers				

3.2 During the next 12 months, does the Corporation expect any changes to the above information ? If so, explain: YES NO

4. DIRECTORS AND OFFICERS:

IMPORTANT: **Officer** means any person who was, now is or will be duly elected or appointed officer of the **Corporation**.

If not already mentioned in the latest annual report, please provide the following:

- i) List of names and affiliations of all Directors of the Corporation and the subsidiaries of the Corporation.
- ii) List of Directors and Officers of the Corporation:

NAME OF DIRECTORS	NAME OF OFFICERS/TITLE

iii) List of Directors and Officers of subsidiaries:

NAME OF DIRECTORS	NAME OF OFFICERS/TITLE	SUBSIDIARIES

5. INSURANCE:

5.1 IN FORCE:

	DIRECTORS AND OFFICERS	FIDUCIARY	DISHONESTY
INSURER			
LIMIT OF LIABILITY			
DEDUCTIBLE			
PREMIUM			
EXPIRY DATE			

It is understood that the above mentioned limits of insurance will stay in force during the proposed insurance policy period.

5.2 PRIOR INSURANCE AND EXPERIENCE:

a) Within the past five years, has any Insurer declined any submission, cancelled or refused to renew any similar insurance? If so, explain:
 YES NO

b) Within the past five years, has any Director or Officer been the object of a claim or claims or has given notice of a probable claim to any Insurer?
 YES NO

c) Does any Director, Officer have any knowledge of facts, circumstances or situations which have occurred and might eventually give rise to a claim?
 YES NO

d) Has the Corporation, its Directors, Officers been involved or had any knowledge of any pending anti-trust, price-fixing, tax, copyright, patent litigation, merger or governmental regulator for administrative proceedings?
 YES NO



For all positive answers to questions 5.2 b), 5.2 c), 5.2 d), please state the date, circumstances, name of claimant and the amount claimed.

6. SIGNATURE:

- 6.1 It is agreed by all concerned that if any person(s) or entity(ies) applying for this insurance has any knowledge of any fact, circumstance or situation which might eventually give rise to a claim, any claim or suit emanating therefrom is excluded from coverage under the proposed insurance.
- 6.2 The undersigned authorized Officer of the Corporation declares that to the best of his/her knowledge, the statements herein are true. Signing of this application does not bind the undersigned to complete the insurance, but it is agreed that this application form shall be the basis of the contract should a policy be issued, and this application form will be attached to and become a part of such policy.

VERY IMPORTANT:

The Insurer is hereby authorized to make any investigation and inquiry in connection with this application form as it may deem necessary.

It is important to declare to your present Insurer, any facts or circumstances that could eventually give rise to a claim.

Signed: X _____
Chairperson of the Board or President

Date: _____

Title: _____

Corporation: _____

COVERAGE CANNOT BE BOUND UNLESS

THIS APPLICATION IS FULLY COMPLETED, DULY DATED AND SIGNED

THE **APPLICATION** IS RETURNED TO YOUR BROKER WITH AN **ORIGINAL SIGNATURE**

Note: Copies transmitted by fax will be accepted only for quotation purposes.
This application form and any other information will be treated in total confidentiality.