

HOLMAN

INSURANCE BROKERS LTD.

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Management Liability Insurance (ODL) Proposal Form (CANADA)

IMPORTANT – Please read these guidance notes before completing the Proposal Form. Where further information is required please refer to your Broker.

Please Note – This Proposal Form is for a CLAIMS MADE policy. A CLAIMS MADE policy only responds to “claims” made against the Insured and notified to the Underwriters during the period of insurance.

1. This Proposal Form must be typed or completed in ink and signed and dated by the Proposer. Please answer every question in full and sign and date the Declaration.
2. It is the duty of the Proposer to disclose all material facts to the Underwriters, as failure to do so may render any Policy voidable, or severely prejudice your rights in the event of a claim.
3. For the purpose of the Proposal Form and for all purposes relating to any policy issued pursuant to this Proposal Form, a 'Material Fact' shall be deemed to be one that would be likely to influence an Underwriter's judgement and acceptance of your Proposal Form. If you are in any doubt as what constitutes a 'Material Fact', you should consult your broker.
4. For the purpose of the Proposal Form and for all purposes relating to any policy issued pursuant to this Proposal Form, an "Outside Directorship" shall be a position undertaken in the capacity as a director or officer of an entity incorporated with Limited Liability which is a) undertaken at the request or order or direction of the LLP and b) recorded in answer to Question 4 of the Proposal Form.
5. Should there be any material change in the answers given to the questions contained in the Proposal Form prior to the inception of the Policy, the Proposer must notify the Underwriters and, at the sole discretion of the Underwriters, any outstanding quotations may be modified or withdrawn.
6. Upon acceptance of the Underwriter's terms and conditions and payment of the premium, all information provided by the Proposer, including this Proposal Form, addenda (if applicable) and the guidance notes will be deemed to be incorporated in the contract between the Underwriters and the Insured and shall be deemed the basis of the contract of insurance.

Copies of the Proposal Form should be retained for your own records

SIGNING OF THIS PROPOSAL FORM DOES NOT BIND THE PROPOSER OR THE UNDERWRITERS TO COMPLETE A CONTRACT OF INSURANCE

1.	Full Name of the LLP (herein after the 'Proposer'):		
2.	Address of the Registered Office of the Proposer:		
3.	<p>a) Please provide a full description of business activities of the Proposer:</p> <p>b) Please advise the Proposer's:</p> <p style="padding-left: 40px;">i) Gross Total Turnover or Income or Fees for the latest completed financial year:</p> <p style="padding-left: 40px;">ii) Number of Members or Partners (herein after the 'Members'):</p> <p>c) Please state the date of the original establishment of the Proposer:</p> <p>d) Please list all locations where the Proposer has an office:</p>		
<p>OUTSIDE DIRECTORSHIPS: (Question 4 a) is to be answered only in respect of publicly listed companies. Questions 4 b) and 4 c) are to be answered in respect of all other companies).</p>			
4. a)	<u>Company Name</u>	<u>Country of Incorporation</u>	<u>Limit of D&O programme purchased by Company</u>
4. b)	<p>i) <u>For Profit Private Companies Not incorporated in Canada</u></p> <p>ii) <u>Not For Profit Companies Not incorporated in Canada</u></p> <p>iii) <u>Trusts and other Companies Not incorporated or registered in Canada</u></p>	<u>Country of Incorporation or Registration</u>	<u>Number</u>
4. c)	<p>i) <u>For Profit Private Companies Incorporated in Canada</u></p> <p>ii) <u>Not For Profit Companies Incorporated in Canada</u></p> <p>iii)</p>	<u>Number</u>	

	<u>Trusts and other Companies Not incorporated or registered in Canada</u>			
5.	No entity referred in answer to question 4, nor any entity with limited liability referred to in answer to question 5 has, in the latest financial year, incurred a qualified auditor's report or a net loss (i.e. after tax, interest, etc) or a negative net worth (i.e. liabilities exceed assets) or litigation or disputes or contingent or extraordinary liabilities, and each entity can pay any and all of it's debts as they fall due; except as follows (If the answer is 'NONE' please so state):			
6.	No claim which, if insurance had been in force similar to that now proposed would have fallen within the scope of such insurance, has been made or is now pending against any Member or any employee or the Proposer, except as follows (if the answer is 'NONE', please so state):			
7.	No Member or the Proposer is aware, after enquiry, of any circumstance, act, incident or information which might give rise to a claim such as would fall within the scope of the proposed insurance, except as follows (if the answer is 'NONE', please so state):			
8.	No insurance similar to that now proposed has been declined or cancelled or the renewal thereof refused, except as follows (if the answer is 'NONE', please so state):			
9.	Provide details of any current or previous equivalent Liability Insurance:			
	Name of Insurer:	Limit:	Inception Date:	Expiry Date:
10.	Please advise the Limit of Indemnity required:			

DECLARATION

The Signatory named below (herein after the 'signatory') declares and warrants that after full and reasonable enquiry and to the best of his/her knowledge and belief all statements and particulars contained in this Proposal Form and (if applicable) addenda are true and that no information whatsoever has been withheld which might increase the risk of the Underwriters or influence the acceptance of this Proposal Form and that should the above particulars alter in any way confirms that he/she will advise the Underwriters as soon as is practicable. The Signatory further declares and warrants that he/she has been duly authorised by the Proposer, partners, members and employees to act as their agent in respect of all matters of any nature or kind relating to or affecting this Proposal Form and the Policy. The Signatory understands that failure to disclose any material facts which would be likely to influence the acceptance and assessment of the Proposal Form may result in the Underwriters refusing to provide indemnity or voiding the Policy in every respect. The Signatory hereby agrees and accepts that this Proposal Form and (if applicable) addenda hereto shall be the basis of the contract of insurance if entered into.

The Underwriters are hereby authorised, at their absolute discretion, to make any investigation and enquiry with regard to this request for an insurance quotation as they deem necessary. The Underwriters may require further data prior to their quoting, confirming or binding insurance cover.

FOR AND ON BEHALF OF (Name of the Proposer)

SIGNATURE

Dated

NAME OF SIGNATORY

Position*

* Should be the Managing Partner or the equivalent of the Proposer.