

3.7 If "yes" to 3.6, please explain:

3.8 Are there any reserve funding deficits or known under reserving for future major repairs and replacements? YES NO

3.9 If "yes" to 3.8", please explain:

* please attach a complete financial statement if the Organization's revenues exceed \$1,000,000

4. INSURANCE

4.1. In the past three years, has any director, officer or the Organization been involved in any:

a) civil, criminal, administrative or regulatory investigation or proceeding: YES NO

b) claim, which has been made or now pending, under a Directors and Officers, Employment Practices or Fiduciary Liability Insurance policy to the insurer: YES NO

c) claim or potential claim where a written notice was made under the provisions of any other liability insurance: YES NO

If "YES" to one or more questions above, please provide full details on a separate sheet

4.2. Has the Organization ever been declined, cancelled or refused to be renewed for D&O/Management Liability insurance: YES NO

4.3. Limit of liability requested:

5. PRIOR KNOWLEDGE/WARRANTY

5.1. Is any person proposed for this insurance aware of any facts, circumstances or situations likely to give rise to a claim? YES NO

6. DECLARATION

The undersigned designated as an officer of the Organization declares that:

- a) They have been duly authorized by the Organization to complete this Application and that the statements and representations contained herein are true and complete;
- b) Reasonable efforts have been made to obtain sufficient information from each person proposed for this insurance in order to complete this Application properly and accurately;
- c) The financial information submitted with this Application reflects the current financial situation of the Organization and its subsidiaries (if this is not the case, please provide details on a separate sheet);
- d) Acknowledges that these statements, representations and information submitted are relied on by Intact Insurance and shall be deemed material to the acceptance of the risk assumed by the Insurer under the insurance applied for, should insurance be issued;
- e) Agrees that if between the date of this Application and the effective date of the Policy, the statements and information contained in this Application change in any way, they will immediately advise Intact Insurance in writing and, without prejudice to any other legal remedy available to it, Intact Insurance may modify or withdraw any outstanding quotation or any authorization or agreement to bind;
- f) Acknowledges this Application and all documentation attached hereto shall form part of the Policy and shall be the basis of the contract, should one be issued.

It is agreed that the statements, representations and attached supplemental information submitted contained within this Application are true and are the basis of the Policy contract. Terms and conditions, including limits of coverage, offered by Intact Insurance, may differ from those applied for from the Applicant. It is further agreed that this policy shall not be voided, rescinded or coverage excluded as a result of any untrue statement in this Application, except as to the Organization, its Subsidiaries and those Insured Persons making such statement or having knowledge of its untruth.

Signature _____

Date _____

Position _____

Company _____