



By completing this APPLICATION you are applying for coverage with Chubb Insurance Company of Canada (the "Company")

Executive Liability and Indemnification Coverage is written on a claims-made basis. Except as otherwise provided, this section of the policy will cover only claims first made against the Insured during the Policy Period. Please read the policy carefully.

Defence Cost Provision:

Please note that the Defence Cost provision of this policy stipulates that the Limits of Liability may be completely exhausted by the cost of legal defence. Any deductible may be similarly reduced or exhausted by Defence Costs.

1. GENERAL INFORMATION

Parent Organization: _____

Address: _____

Province of Incorporation: _____ OR State of Incorporation: _____ Date Established: _____ (MM/DD/YYYY)

Nature of Business: _____

2. MATERIAL CHANGE

Signing of this application does not bind the Parent Organization or the Company. If there is any material change in the answers to the questions prior to the policy Inception Date, the Parent Organization will notify the Company in writing and any outstanding quotation may be modified or withdrawn.

3. UNDERWRITING INFORMATION

Please attach the following documents to become part of this application:

- Latest audited Annual Report and latest interim financial statement.
Latest form 10-K, 10-Q, 8-K and 13d reports filed with the S.E.C.
A copy of the indemnification provisions of the by-laws, charters or articles of incorporation.
Latest proxy statement.

4. COVERAGE REQUESTED

COVERAGE LIMIT REQUESTED
Executive Liability and Indemnification \$

5. POLICY PERIOD REQUESTED

From: (MM/DD/YYYY) to: (MM/DD/YYYY) Both days at 12:01 a.m. at the principal address of the Parent Organization.

6. SUBSIDIARIES

Do you want to include all subsidiaries? Yes No

Attach a list of subsidiaries to be covered including the following information: nature of business, percentage owned, date acquired or created.

7. PARTNERSHIPS

Does the **Parent Organization**, a subsidiary or any director or officer presently act in the capacity of general partner in a limited or general partnership? Yes No

If yes, attach details.

8. INSURED PERSONS

The policy typically covers all duly elected or appointed directors and officers.

Please list any other proposed **Insured Person** for which you are requesting coverage.

9. OWNERSHIP

On what exchange is stock publicly traded, if any? _____

What is the stock symbol? _____

Price range over last 12 months: \$ _____ high \$ _____ low \$ _____ current

Distribution of Ownership

Common shares outstanding: _____ Common stock shareholders: _____

Common stock owned directly or beneficially by officers who are not directors: _____

Name and percentage of holdings of any shareholder who owns 5% or more of the common shares directly or beneficially:

NAME	PERCENTAGE	NAME	PERCENTAGE
_____	%	_____	%
_____	%	_____	%
_____	%	_____	%

Describe fully any other securities convertible to common stock:

10. ANNOUNCED CHANGES

Has the **Parent Organization** publicly disclosed that it now has under consideration any acquisition, tender offer or merger? Yes No

If yes, attach details.

Has the **Parent Organization**, within the last year, publicly announced any new public offering of securities pursuant to the Securities Act of 1933 of the United States of America or exempt from registration under Regulation A, or pursuant to the Ontario Securities Act or any similar legislation in any Canadian province? Yes No

If yes, attach a statement of full details including the prospectus.

Has the **Parent Organization** or a subsidiary changed auditors in the past 3 years? Yes No

If yes, attach details.

11. PAST ACTIVITIES

Has the **Parent Organization**, a subsidiary, any director, officer or other proposed **Insured Person** been involved in any of the following:

Anti-trust, copyright or patent litigation? Yes No

Civil or criminal action or administrative proceeding charging violation of a federal, provincial or state security law or regulation? Yes No

Any other criminal actions? Yes No

Representative actions, class actions or derivative suits? Yes No

If yes to any of these, attach details.

12. PRIOR INSURANCE

Does the **Parent Organization** or a subsidiary currently have directors and officers liability insurance? Yes No

If no, skip to Section 14 and answer the warranty statement.

If yes, provide the following:

INSURER	LIMITS	DEDUCTIBLE	POLICY PERIOD
_____	\$ _____	\$ _____	_____ TO: _____ (MM/DD/YYYY) (MM/DD/YYYY)

Has the **Parent Organization**, a subsidiary or any **Insured Person** given written notice under the provisions of any prior or current directors and officers policy of specific facts or circumstances which might give rise to a claim being made against any **Insured Person**? Yes No

If yes, attach details.

Has any loss payments been made on behalf of any **Insured** under any directors and officers liability policy or similar insurance? Yes No

If yes, attach details.

13. CONTINUITY WITH PRIOR COVERAGE

Note: This section applies only if you currently have coverage and request continuity of coverage.

Continuity date requested (MM/DD/YYYY): _____

If continuity of coverage is requested:

- a. Attach a copy of the prior application with which continuity of coverage is to be maintained.
- b. The Company will be relying upon the declarations and statements contained in such prior application and those declarations and statements shall be considered to be incorporated in and form part of the policy of the Company.

14. PRIOR KNOWLEDGE/WARRANTY

Note: This section applies if you have requested continuity of coverage and your request has not been accepted or granted, or if there is no prior coverage.

It is important that you fill in the blank in this paragraph. No person proposed for coverage is aware of any facts or circumstances which he or she has reason to suppose might give rise to a future claim that would fall within the scope of the proposed coverage, except: **(If no exceptions, please state.)**

It is agreed that if such facts or circumstances exist, whether or not disclosed, any claim arising from them is excluded from this proposed coverage.

15. FALSE INFORMATION

Any person who, knowingly and with the intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

16. DECLARATION AND SIGNATURE

The undersigned declares that to the best of his or her knowledge and belief the statements set forth herein are true. Although the signing of this application does not bind the undersigned on behalf of the **Parent Organization** or its directors, officers or **Insured Persons** to effect insurance, the undersigned agrees that this application and its attachments shall be the basis of the contract should a policy be issued and shall be deemed attached to and shall form part of the policy. The Company is hereby authorized to make any investigation and inquiry in connection with this application that it deems necessary.

This section of the application must be signed by the Chairman of the Board or President.

Date(MM/DD/YYYY)	Signature	Title
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Submitted by: _____

Agency/Brokerage: _____

Phone: () _____ Fax: () _____

E-mail: _____