



1. GENERAL INFORMATION

Parent Organization _____

Address _____

Province or State of Incorporation _____ Date Established _____

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Date the **Parent Organization** will notify the Company in writing and any outstanding quotation may be modified or withdrawn.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

As part of this application, please attach the following (where applicable):

- Completed Appendix A for any individual requesting coverage on any for-profit **Outside Entity**.
- Latest audited annual financial statement for any privately owned for-profit **Outside Entity**.

4. COVERAGE REQUESTED

Coverage	Limit Requested
Outside Directorship Liability	\$ _____

5. POLICY PERIOD REQUESTED

From _____ to _____ 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, % 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.

