



**FIDUCIARY LIABILITY INSURANCE POLICY**

**APPLICATION**

THIS IS AN APPLICATION FOR A CLAIMS MADE POLICY WITH DEFENCE COSTS INCLUDED IN THE LIMIT OF LIABILITY. ALL QUESTIONS MUST BE ANSWERED.

**Corporate Information**

1. (a) Name of Applicant: \_\_\_\_\_
- (b) Address: \_\_\_\_\_  
\_\_\_\_\_
- (c) Date of Incorporation: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_ Fiscal Year End: \_\_\_\_\_
- (d) Nature of Business: \_\_\_\_\_
- (e) Web-Site Address: \_\_\_\_\_

**Fiduciary Information**

2. Provide details for each Plan for which coverage is being sought:

Name of Plan	Plan Type*	Year Established	Plan Assets Current Year	Plan Assets Prior Year	Annual Contributions	Number of Participants
1.						
2.						
3.						
4.						

\* DC - Defined Contribution, DB – Defined Benefit

3. Provide the following administration details for each Plan identified above:

Plan No. From Question 2	Plan Administrator	Investment Manager	Legal Counsel	Actuary	Chartered Accountant
1.					
2.					
3.					
4.					

4. (a) Are all Defined Benefit Plans fully funded in accordance with applicable statutes and regulations as attested to by an actuary? Yes  No   
If No, provide details: \_\_\_\_\_  
\_\_\_\_\_
- (b) Do all Plans conform to the regulatory requirements for eligibility, participation, vesting, funding and all other provisions of the Ontario Pension Benefits Standards Act, 1985 or any similar provincial or territorial statute, and all rules and regulations adopted thereunder? Yes  No   
If No, provide details: \_\_\_\_\_  
\_\_\_\_\_
- (c) Have the Plans been reviewed to ensure that there are no violations of any plan agreement, prohibited transactions or party-in interest rules? Yes  No   
If any were found, provide details: \_\_\_\_\_  
\_\_\_\_\_

- (d) Are all Plan assets managed by the Investment Manager identified in Question 3 above? Yes  No

If No, provide details: \_\_\_\_\_  
 \_\_\_\_\_

- (e) In the past three years has there been any:

(i) Plan mergers or termination? Yes  No

(ii) amendment to any Plan that has resulted in, or is expected to result in, any change of benefits, including but not limited to an increase in participants cost? Yes  No

If Yes to (i) or (ii) above, provide details: \_\_\_\_\_  
 \_\_\_\_\_

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**Prior Insurance & Past Activities**

5. Provide details of the expiring Fiduciary Liability insurance policies:

Name of Insurer	Limit of Policy	Deductible/ Retention	Expiry Date	Premium	Claims (Y/N)

6. During the past 3 years, has the Applicant, Plan or any other person proposed for this insurance:

(a) been the recipient(s) of any declination, cancellation or non-renewal of any liability insurance similar to that now applied for? Yes  No

(b) given or delivered written notice under the provisions of any liability insurance policy of any claim, or notice of potential claim? Yes  No

(c) been involved in any claim, which has been made or is now pending, which would fall within the scope of an insurance policy similar to that now proposed if such insurance had been in force? Yes  No

(d) been involved in any claim where loss payments have been made under any insurance policy similar to that now proposed? Yes  No

(e) been involved in any civil, criminal, administrative or regulatory investigation or proceeding? Yes  No

***If yes to any of the above, attach details.***

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**THE APPLICANT DOES HEREBY PROVIDE THE FOLLOWING WARRANTY TO THE INSURER**

7. Are there any facts, circumstances or situations which could give rise to a claim which would fall within the scope of the proposed insurance? Yes  No

If Yes, provide details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

It is understood and agreed that if any such facts, circumstances or situations exists, whether or not disclosed, any claim or action subsequently arising or developing therefrom shall be excluded from coverage under any policy issued by Trisura Guarantee Insurance Company.

**Additional Information Required**

8. As a part of this Application, please submit one copy of each of the following documents:

(i) Latest cost certificate and most recent actuarial report for each Plan.

**FALSE INFORMATION**

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

**DECLARATIONS AND SIGNATURE**

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The undersigned authorized officer of the Applicant:

- (i) declares, after inquiry, that the statements and representations set forth in this Application, and all materials submitted to or requested by the Insurer in conjunction with this Application, are true;
- (ii) acknowledges that these statements, representations, and materials are relied on by the Insurer and that they shall be deemed material to the acceptance of the risk assumed by the Insurer under the insurance applied for, should the insurance be effected;
- (iii) agrees that if the information supplied in connection with this Application changes between the date of this Application and the effective date of any insurance effected pursuant to this Application, the undersigned will immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding indications, quotations and/or authorization or agreement to effect the insurance; and
- (iv) acknowledges that any personal information provided in connection with the insurance applied for, including but not limited to the information contained in this Application, has been collected in accordance with all applicable privacy legislation. The undersigned confirms that all necessary consents have been obtained for the collection, use, and disclosure of such information for the purposes of any investigation and inquiry in connection with this Application for insurance and, if applicable, investigating and settling claims, detecting and preventing fraud, and acting as required or authorized by law.

Signing of this Application does not obligate the Applicant or the Insurer to effect the insurance, but it is agreed that all materials submitted to or requested by the Insurer in conjunction with this Application are hereby incorporated by reference into this Application and made a part hereof. Terms and conditions, including limits of coverage, offered by the Insurer may differ from those applied for by the Applicant. It is further agreed that this Application and all materials submitted to or requested by the Insurer in conjunction with this Application are the basis of and are deemed attached to and incorporated into any policy effected pursuant to this Application.

PLEASE NOTE: COVERAGE CANNOT BE BOUND UNLESS THIS APPLICATION HAS BEEN FULLY COMPLETED AND DULY SIGNED AND DATED.

Applicant	Date
Signature	Title