



# Management Liability Cover

## IMPORTANT:

### In this application:

- **You / Your** refers to all **Companies** to be insured under this arrangement, including any predecessor or previous business for which cover is required.
- You **MUST** complete all sections of this Application Form. The Application Form must be signed and dated once completed.
- This Application Form is for a contract of insurance and **You**, the proposer, must disclose all material facts relevant to this application for Management Liability Indemnity Insurance and other covers.
- All material facts must be disclosed truthfully, to the best of your knowledge and belief at the time of disclosure. **You** must also disclose any changes to the facts disclosed that occur prior to commencement of insurance. The information provided in this Application Form, together with any other information given, will be used by underwriters in their assessment of this application.
- Failure to disclose all relevant material facts whilst making this application may lead to the invalidation of any insurance effected, and ultimately result in avoidance of the insurance or non-payment of any claim made.

Full details for coverage provided can be found in our Policy Wordings and Summaries, which are



Guardian Risk Managers  
103-310 Nicola Street  
Kamloops, BC V2C 2P5  
Phone: 250.377.7662 Fax: 250.377.8610  
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## General Information

1) Name of Company (You / Your):

2) Please provide website address: www.

3) Address of Head Office:

4) Country of registration:

5) Please specify any material changes in the business activities of the Group during the current policy period:

6) Please detail your activities:

**If any of the following statements are answered NO / FALSE, please provide further details on a separate sheet.**

**7) The Company**—please confirm as follows:

The Company's:

i) Total assets

Currency: GBP/CAD/AUD/USD/EUR/Other (delete as appropriate or specify below)

ii) Turnover

You are registered in Canada and not a Financial Institution and been trading for a period in excess of 18 months	YES	NO
Your assets in the USA are less than 10% and you do not have a USA listing.	YES	NO
You have a clean auditor's report (unless entity is exempted from statutory requirement to produce auditor's report)	YES	NO
You have positive net worth / shareholder funds or, if not, financial support can be confirmed for the next 12 months	YES	NO
Debt repayments can be serviced for the next 18 months	YES	NO
You have positive operational cash flow	YES	NO
Your turnover has not reduced by more than 50% in the last year	YES	NO
You have gearing of less than 60%?	YES	NO

**8) Entity Cover:**

You post a privacy policy on all internet sites	YES	NO
You refer all controversial material to solicitors prior to it being posted on a website	YES	NO

**9) Crime Cover:**

An annual independent inventory reconciliation is undertaken?	YES	NO
You segregate duties so that no single person has sole authority to sign cheques, make money transfers, issues payments or refund money or goods for amounts in excess of 5,000	YES	NO

**10) Trustee Cover:**

All Trusts externally administered	YES	NO
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If YES please state Trust Company Name:

If NO please explain why?



**11) Employment Practice Liability:**

In the next 12 months, less than 10% of the workforce will be made redundant	YES	NO
There have not been any redundancies during the last 12 months	YES	NO
You have a written employment handbook or procedures that includes direction on grievance and discrimination.	YES	NO
You always obtain written advice from an HR / Legal specialist prior to beginning any grievance or redundancy procedure.	YES	NO

**12) Claims comments:**

In the last 5 years, there have not been any losses from employee destruction or forgery, robbery, burglary or dishonesty	YES	NO
There have not been any claims against or by the company or losses incurred by the company in the last 5 years in excess of 10,000 such as might have been covered by the insurance now proposed	YES	NO
You are not aware of any events, facts or circumstances that might give rise to an investigation or claim such as might be covered by the insurance now proposed	TRUE	FALSE
You have not experienced any director disqualification in the last 5 years	TRUE	FALSE
You have never had any insurance of the type now proposed cancelled or renewal declined	TRUE	FALSE

**If any of the above statements are answered NO / FALSE, please provide further details on a separate sheet.**

**DECLARATION**

I/we declare that, **after full enquiry**, the contents of this application are true and that I/we have not misstated, omitted or suppressed any material fact or information. I/we agree that this application together with any other information supplied by me/us shall form the basis of any contract of insurance which may be effected.

If there is any material alteration to the facts and information which I/we have provided or any new material matter arises before the completion of the contract of insurance, I/we undertake to inform Underwriters.

I/we hereby consent to any information I/we have provided being processed by you for the purposes of providing insurance and claims handling, which may necessitate sharing such information with third parties. Manchester Underwriting Management Ltd. may use this information for marketing (by post, telephone, e-mail or fax) subject to the conditions of the Data Protection Act.

If you do not wish these details to be used for marketing please inform Manchester Underwriting Management Ltd. in writing. Under the Data Protection Act 1998 you have the right to access or amend the information we hold about you. If you would like to exercise either of these rights please contact Manchester Underwriting Management Ltd.

**Signature of Principal:**

**Date:**

A copy of this application should be retained by you for your own records.



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