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MANAGEMENT LIABILITY INSURANCE RENEWAL APPLICATION FORM

INSTRUCTIONS:

- Please complete all questions. If a question is not applicable, please answer "N/A".
- If additional space is required for any response, please continue your response in the Additional Information section at the back of this Application form.
- Please make certain the application is currently dated and signed by either: the Chief Executive Officer, the Chairman of the Board, the President or the Chief Financial Officer of the Company.
- The term "Insured" includes all subsidiaries which are more than 50% owned proposed for this insurance

SECTION 1: RENEWAL INFORMATION

Please provide the following details:

- 1.1 Insured Name: _____
- 1.2 During the past 12 months has there been an increase / decrease by 10% or more in the number of employees? Please state number of employees CDN US Yes No
- 1.3 During the past 12 months has there been an increase / decrease by 10% or more in Total Assets and/or Revenues? Yes No
 Total Revenue \$ Total Assets \$
- 1.4 For the most recent Fiscal Year end, did the company record: Net Income Net Loss Amount \$ _____
- 1.5 Does the Applicant in the next 12 months plan for:
 a) any mergers, acquisitions, consolidations or divestiture involving the company? Yes No
 b) any private placement or other offering securities? Yes No
 c) any bankruptcy proceeding, reorganization or any other arrangement with creditors under federal, provincial, or state law? Yes No
- 1.6 Has there been any material change in ownership in the past 12 months? Yes No
- 1.7 Has the Applicant changed auditors in the past year? Yes No
- 1.8 Is the Applicant currently, or has it been in the past 12 months, been in violation of or has it amended any debt covenant or loan agreement? Yes No
- 1.9 Is the Applicant currently in arrears in its payments to the Canada Revenue Agency or the provincial ministries of revenue? (including source deductions, GST and PST) Yes No
- Is the Applicant aware of any circumstances which may give rise to a claim against any of the companies to be insured or any partners or directors thereof?** Yes No

If you have answered "Yes" to any question above, please provide complete details in the ADDITIONAL INFORMATION section details

Signed: _____	Full Name: _____
Position held at Insured: _____	Date: _____

