



**APPLICATION FOR INSURANCE  
PRIVATE EQUITY ADVANTAGE**

(Words and expressions, other than in the headings, printed in **bold** are defined in the policy form. A reference to **Insured Organization** means each member of the **Insured Organization**.)

**Notice:** If issued, the **Policy** will be on a claims made basis and will be issued in reliance of the completeness and accuracy of the disclosures and statements in this application. The limits of liability and any deductible will apply to any **Defence Costs** payable under the **Policy**.

**1. Additional Documentation Required**

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

- Private Placement Memorandum, Term Sheet or Investment Agreement for any **Investment Funds**;
- Most recent annual and most recently available interim summary of investment performance provided to limited partners for any **Investment Funds**;
- Latest Annual Audited Financial Statements of all **Insured Organizations** proposed for coverage;
- Any Acts or By-laws in which all **Insured Organizations** are governed;
- Copy of any Partnership Agreements, Limited Partnership Agreements or equivalent signed by an **Insured Organization**;
- Biographies of **Director(s)/Officer(s)**;

**2. General**

**Parent Organization:** \_\_\_\_\_

Address: \_\_\_\_\_

Year Established: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Website Address: \_\_\_\_\_

Contact (Name and Position): \_\_\_\_\_

**3. Insured Organization**

a. **Director/Officer** ownership percentage of the **Parent Organization:** \_\_\_\_\_

b. Does any **Insured Organization** and its **Employees** perform **Professional Services** for any **Portfolio Companies**?  
Yes  No  If Yes, please attach details. \_\_\_\_\_

c. Does any **Insured Organization** and its **Employees** perform **Professional Services** for any other organization or individual beyond the **Investment Fund**?  
Yes  No  If Yes, please attach details. \_\_\_\_\_

d. Under schedule A i. list all **Insured Organizations** including **Subsidiaries** (excluding **Investment Funds**) proposed for coverage under this **Policy**. Please check here if attaching separately



- e. Under schedule A ii. list all **Investment Funds** proposed for coverage under this **Policy**. Please check here if attaching separately
- f. Please advise the frequency of audits (internal or external) for each of these entities: \_\_\_\_\_
- g. Please advise how conflicts of interests among **Insured Organizations** are resolved (please attach additional documentation if necessary): \_\_\_\_\_

#### 4. Portfolio Companies

- a. Under Schedule A iii. list all investments in **Portfolio Companies**. Please check here if attaching separately
- b. Do **Insured Persons** sit as a director or officer of any **Portfolio Company** at the request of the **Insured Organization**? Yes   
No  Some  (if 'yes' or 'some' please list the name of the individual, the **Portfolio Company**, and the title held under Schedule B)
- c. If yes, does the **Insured Organization** require the **Portfolio Company** purchase primary Directors & Officers Liability Insurance for the **Portfolio Company**? Yes  No

#### 5. Announcements

With respect to any **Insured Organization** or **Investment Fund**:

- a. Have any acquisitions, tender offers or mergers been publicly announced in the last 6 months? Yes  No  If Yes, please attach details.
- b. Has a prospectus been filed with any securities commission within the last 6 months? Yes  No  If Yes, please attach details and a copy of the prospectus.
- c. Has there been or is there any anticipated announcement of any new public offering of securities within the next year 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 Province or State? Yes  No  If Yes, please attach details and a copy of the prospectus.

#### 6. Employment Practices Liability Information

- a. Please list the number of **Employees** in the following for the most recent 2 years:

| <u>Country</u> | <u>Current Year</u> | <u>Previous Year</u> |
|----------------|---------------------|----------------------|
| 1. Canadian    |                     |                      |
| 2. U.S.A.      |                     |                      |
| 3. Other:      |                     |                      |

- b. Please list the following for the most recent 2 years:
- |                          | <u>Current Year</u> | <u>Previous Year</u> |
|--------------------------|---------------------|----------------------|
| Involuntary Terminations | _____               | _____                |
| Resignations             | _____               | _____                |
| Layoffs                  | _____               | _____                |

- c. When an employee is terminated:
- a. Is approval required by an officer? Yes  No
- b. Are Human Resources staff or general counsel always involved? Yes  No
- c. If no to a. or b. please provide details \_\_\_\_\_



- d. Does the **Insured Organization** have Personnel/ Human Resource Department? Yes  No   
 If **No**, please indicate the person who is responsible for this function and how it is handled \_\_\_\_\_
- e. Does the **Insured Organization** have an employee handbook or manual? Yes  No   
 a. If **Yes**, Is the handbook/manual distributed for every **Employee**? Yes  No   
 Has it been reviewed by outside legal counsel? Yes  No   
 Was outside assistance received in its development? Yes  No   
 Who provided this assistance? \_\_\_\_\_  
 b. If **No**, Is there a written policy against discrimination and harassment? Yes  No   
 If **Yes**, has it been distributed to all **Employees**? Yes  No

**7. Previous Insurance (Please complete if Coverage has been in force previously)**

- a. Under any private equity policy or similar insurance, have there ever been any **Loss** payments? Yes  No   
 If Yes, please attach full details.
- b. Has there ever been written notice under the provisions of any prior or current private equity insurance of any **Claim** or specific facts or circumstances which might give rise to a **Claim** being made against any **Insured Person**? Yes  No   
 If Yes, please attach full details.
- c. Has any insurance carrier refused, denied, cancelled or non-renewed any private equity or similar insurance coverage?  
 Yes  No  If Yes, please attach full details.

It is acknowledged and agreed that any **Loss** arising from a matter disclosed or which should have been disclosed under section 7 of this application is excluded from coverage under the **Policy**, all without limiting any other remedy available to Liberty for non-disclosure.

**Details of Previous Insurance**

|          | INSURER | LIMITS | PERIOD | DEDUCTIBLE | PREMIUM |
|----------|---------|--------|--------|------------|---------|
| Expiring |         |        |        |            |         |

**8. Past Litigation, Proceedings, Actions, or Suits**

- a. Has any **Insured Person** or **Insured Organization** been involved in any antitrust, fair trade law, copyright or patent litigation or administrative proceedings? Yes  No  If Yes, please attach a statement of full details.
- b. Has any **Insured Person** or **Insured Organization** been involved in any employment or labour related litigation proceedings?  
 Yes  No  If Yes, please attach full details.
- c. Has any **Insured Person** or **Insured Organization** been involved in any civil or criminal action or administrative proceeding charging or alleging a violation of any federal, provincial or state security law or regulation? Yes  No  If Yes, please attach full details.
- d. Has any **Insured Person** or **Insured Organization** been involved in any representative actions, class actions or derivative suits?  
 Yes  No  If Yes, please attach full details.

If **Yes** to any of the above, please provide full details:

No **Insured** has knowledge or information of any act, error or omission which might give rise to a **Claim** against any proposed **Insured Person(s)** or **Insured Organization(s)** under the **Policy**. If statement is true please check this box  None. Otherwise, please provide complete details.



It is acknowledged and agreed that any **Loss** arising from a matter disclosed or which should have been disclosed under this section 8 of this application is excluded from coverage under the Policy, all without limiting any other remedy available to the Company for non-disclosure.

**9. Insurance Coverage Requested**

Policy Period From: \_\_\_\_\_ (both 12:01 a.m. local time at the address shown in section 1 of this application)  
To: \_\_\_\_\_

Limits Each loss \$ \_\_\_\_\_  
Each policy year \$ \_\_\_\_\_  
Deductible for **Insured Person** Liability \$ \_\_\_\_\_  
Deductible for **Insured Organization** Liability \$ \_\_\_\_\_

**10. Parent Organization as Authorized Representative**

The **Parent Organization** is authorized to act on behalf of the **Insured Organization** and each **Insured Person** in connection with matters respecting the Policy including the giving and receiving of notices, the payment and return of premiums and the delivery and acceptance of endorsements.

**11. Acknowledgment**

The undersigned authorized representative on behalf of the **Insured Organization**, each **Insured Person**:

- declares that the statements and disclosures in this application are complete and accurate; and
- declares that there are no known facts material to the risk to be insured that have not been disclosed in this application; and
- undertakes to provide to the Company immediate notice of any material changes discovered between the date of this application and the effective date of the Policy; and
- acknowledges that the Company, if it issues the Policy, will be doing so in reliance of the completeness and accuracy of the statements and disclosures in this application; and
- acknowledges that if issued, this application will form part of the Policy; and
- authorizes the Company to make any investigation and inquiry in connection with this application that it deems necessary; and
- acknowledges that any personal information provided in connection with the coverage 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 assessing the application for insurance, and if applicable, investigating and settling claims, detecting and preventing fraud, and acting as required or authorized by law.

**For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Liberty Mutual Insurance Company's insurance business in Canada.**

Signed \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Chief Executive Officer



**SCHEDULE A**

**i. Insured Organization**

Please list all **Insured Organizations** including **Subsidiaries** (excluding **Investment Funds**) proposed for coverage under this **Policy**:

| <u>Insured Organization</u> | <u>Business Objective</u> | <u>Ownership %</u> | <u>Revenues</u> | <u>Total Assets</u> |
|-----------------------------|---------------------------|--------------------|-----------------|---------------------|
| 1.                          |                           |                    |                 |                     |
| 2.                          |                           |                    |                 |                     |
| 3.                          |                           |                    |                 |                     |

**ii. Investment Funds**

Please list all **Investment Funds** proposed for coverage under this **Policy**:

| <u>Fund</u> | <u>Formation Date</u> | <u>Limited Partner<br/>Minimum<br/>Investment</u> | <u>Committed<br/>Capital</u> | <u>Deployed Capital</u> | <u>Returned<br/>Capital</u> | <u>Annual<br/>Rate of<br/>Return</u> |
|-------------|-----------------------|---|------------------------------|-------------------------|-----------------------------|--------------------------------------|
| 1.          |                       |   |                              |                         |                             |                                      |
| 2.          |                       |   |                              |                         |                             |                                      |
| 3.          |                       |   |                              |                         |                             |                                      |

**iii. Portfolio Companies**

Please list all investments in **Portfolio Companies**:

| <u>Portfolio Company</u> | <u>Formation Date</u> | <u>Investment Amount</u> | <u>Type of Investment</u> | <u>Public Listing</u> |
|--------------------------|-----------------------|--------------------------|---------------------------|-----------------------|
| 1.                       |                       |                          |                           |                       |
| 2.                       |                       |                          |                           |                       |
| 3.                       |                       |                          |                           |                       |
| 4.                       |                       |                          |                           |                       |
| 5.                       |                       |                          |                           |                       |
| 6.                       |                       |                          |                           |                       |
| 7.                       |                       |                          |                           |                       |
| 8.                       |                       |                          |                           |                       |
| 9.                       |                       |                          |                           |                       |
| 10.                      |                       |                          |                           |                       |
| 11.                      |                       |                          |                           |                       |
| 12.                      |                       |                          |                           |                       |
| 13.                      |                       |                          |                           |                       |
| 14.                      |                       |                          |                           |                       |
| 15.                      |                       |                          |                           |                       |



**SCHEDULE B**

**i. Portfolio Companies Positions Held by at the Request of the Insured Organization**

| <u>Portfolio Company</u> | <u>Name of Individual</u> | <u>Position Held at Portfolio Company</u> |
|--------------------------|---------------------------|---|
| 1.                       |                           |   |
| 2.                       |                           |   |
| 3.                       |                           |   |
| 4.                       |                           |   |
| 5.                       |                           |   |
| 6.                       |                           |   |
| 7.                       |                           |   |
| 8.                       |                           |   |
| 9.                       |                           |   |
| 10.                      |                           |   |