

Supplementary Questionnaire for Private / Public Corporations

Please note: This supplement is not a to be used standalone,
it must be accompanied by a fully completed application.

SECTION 1: RISK DETAILS

- 1.1 Number of employees in Canada: _____
 Total: _____ Unionized: _____ Non -unionized: _____
 Number of employees outside of Canada (specify location): _____
 Total: _____ Unionized: _____ Non -unionized: _____
- 1.2 Total of employees with total annual compensation:
 Greater than \$100,000: _____
 Between \$50,000 and \$100,000: _____
 Less than \$50,000: _____
- 1.3 Have any employees or officers have been terminated in the past 3 years? ☐ Yes ☐ No
 If "yes", how many: _____
 If "yes", please attach full details.
 Are any layoffs or staff reductions anticipated in the next three (3) years? ☐ Yes ☐ No
 If "yes", please attach full details.
- 1.4 Does the Corporation have a Human Resources or Personnel Department? ☐ Yes ☐ No
 If no, how is this function handled? _____

- 1.5 Does the Corporation have:
- a) A formal orientation program for new employees that addresses workplace conduct and grievance procedures? ☐ Yes ☐ No
 - b) An employment handbook that is distributed to all employees? ☐ Yes ☐ No
 - c) A policy on accommodating the disabled? ☐ Yes ☐ No
 - d) A written program on sexual harassment and discrimination? ☐ Yes ☐ No
 - e) A written program on the handling of employee complaints of discrimination or sexual harassment? ☐ Yes ☐ No
 - f) A standardized severance program for terminations and layoffs? ☐ Yes ☐ No
 If yes, has it been vetted by a lawyer? ☐ Yes ☐ No
 - g) For all positions:
 - i. Written job descriptions? ☐ Yes ☐ No
 - ii. Regular written Performance evaluations? ☐ Yes ☐ No
 - iii. An application form for employment? ☐ Yes ☐ No
 - iv. A personnel file? ☐ Yes ☐ No

- 1.6 In the past three (3) years, has the Corporation or any person(s) applying for this insurance been involved in any litigation or proceedings related to employment (including but not limited to wrongful dismissal)? ☐ Yes ☐ No
If yes, please attach full details.
- 1.7 Is the Corporation or any person(s) applying for this insurance aware of any fact, circumstance or situation which could reasonably be expected to give rise to a claim related to employment (including but not limited to wrongful dismissal)? ☐ Yes ☐ No
If yes, please attach full details.

SECTION 2: DECLARATIONS

This application does not bind the applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the bases of the contract should a policy be issued.

It is mutually agreed between the Company and the applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the applicant in any respect.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning various risk characteristics. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

I understand that this Application Form will be relied upon by the insurance company in determining whether to provide a quotation for insurance coverage. I hereby warrant, represent and confirm that I have read all of the questions and answers on the Application Form and that, to the best of my knowledge, all information provided in this form is complete, true and correct.

The undersigned is duly authorized to make representations and sign on behalf of all person(s) or entity(ies) applying for this insurance, and declares that the statements herein are true.

1. Signature of duly authorized signing Officer

Signed: _____ Full Name: _____

Position Held: _____ Date: _____

2. Signature of individual responsible for Human Resources

Signed: _____ Full Name: _____

Position Held: _____ Date: _____

SECTION 3: ADDITIONAL INFORMATION

3.1 Additional Information: