



ADDITIONAL QUESTIONNAIRE
OUTSIDE DIRECTORSHIP LIABILITY COVERAGE for
DIRECTORS' & OFFICERS' LIABILITY INSURANCE

Name of Individual:
Title:
Location:

THE APPLICANT DOES HEREBY PROVIDE THE FOLLOWING WARRANTY TO THE INSURER

With respect to the outside entity positions listed below and/or attached, is the applicant aware of any fact, circumstance or situation which could reasonably be expected to 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 exist, whether or not disclosed, any claim or action therefrom is excluded under any policy issued by Travelers Insurance Company of Canada.

Date Signature

Outside Entity:

Address:

Position Requested: Nature of Business:

Ownership: Public Private

Does the Outside Entity provide indemnification? Yes No

Does the Outside Entity maintain D&O insurance? Yes No

If Yes, provide details:

Has the Outside Entity or its D&Os been involved in any D&O litigation? Yes No

If Yes, provide details including loss payment:

Outside Entity:

Address:

Position Requested: Nature of Business:

Ownership: Public Private

Does the Outside Entity provide indemnification? Yes No

Does the Outside Entity maintain D&O insurance? Yes No

If Yes, provide details:

Has the Outside Entity or its D&Os been involved in any D&O litigation? Yes No

If Yes, provide details including loss payment: