

APPLICATION FOR DIRECTORS AND OFFICERS LIABILITY INSURANCE INCLUDING SECURITIES CLAIMS COVERAGE

1. GENERAL INFORMATION

- a. Name of the Company: _____
- b. Address: _____
- c. Nature of Business: _____
- d. Date established: _____
- e. Place of domicile: _____

2. SHARE OWNERSHIP

- a. Total number of common shares outstanding: _____
- b. Total number of common shareholders: _____
- c. Are shares publicly traded Yes No

If yes, specify the exchange on which they are listed: _____

- d. Give names and percent owned of each class of securities for each security holder who holds, directly or beneficially, 15% or more of the Company's outstanding securities:

Name	Percentage holding
_____	_____
_____	_____
_____	_____
_____	_____

3. ADDITIONAL INFORMATION

- a. Has the Company been involved in any merger, consolidation or acquisition with any other entity within the past 12 months? Yes No

If yes, please provide details

- b. Is the Company currently involved in or considering any merger with any other entity within the next 12 months? Yes No

If yes, please provide details

- c. Is the Company currently involved in or considering any acquisition of any other entity within the next 12 months? Yes No

If yes, please provide details

- d. Is the Company currently involved in or considering any restructuring, writedowns, charges, restatements or sale, distribution or divestiture of any assets? Yes No

If yes, please provide details

- e. Has the Company's auditors informed the company of any disagreements or weaknesses with its accounting practices? Yes No

If yes, please provide details

4. NORTH AMERICA COVER

The following questions are only to be answered if coverage is required for claims made in the United States of America, Canada or claims made elsewhere arising out of the Company's operations in the United States of America or Canada

- a. Please provide the total gross assets held in North America: _____

- b. Please provide the total gross revenue arising from North America operations _____

- c. Has the company or any of its subsidiaries any stock, shares or debentures in North America Yes No

If Yes, Was the offer subject to The United States Securities Act of 1933 and/or The Securities Act of 1934 and/or any amendments thereto ? Yes No

- d. If any shares are traded in form of ADR's please answer the following questions:

- i. Are they Sponsored or Un-sponsored ? _____

ii: Which is the total percentage traded as total of issued share capital ?

iii. Which is the number of ADR shareholders ?

5. PREVIOUS INSURANCE

a. Has the Company or any Subsidiary previously held or does it now have any Directors and Officers Liability Insurance or similar insurance?

Yes No

If Yes, provide the following details:

Insurer

Limit

b. Have claims ever been made against past or present Director or Officers of the Company or its subsidiaries

Yes No

If Yes, please specify

6. PRIOR KNOWLEDGE

Does anyone for whom insurance is intended have any knowledge or information of any act, error, omission, fact or circumstance which may give rise to a claim which may fall within the scope of the proposed insurance?

Yes No

If Yes, provide complete details separately

7. MATERIALS REQUESTED

As an attachment to this Application, please include the following (where applicable):

- Most recent Annual Report.
- If applicable, most recent filing with the S.E.C. (Form 10-K) and any subsequent filings (Form 10-Q, Form 8-K, etc.)
- Latest available interim financial statements.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND IT WILL BE ATTACHED TO AND BECOME A PART OF THE POLICY.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION FORM ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

Place and Date _____

Signature _____ Title _____

To be signed by Chairman / Chief Executive or equivalent