



INSURANCE MANAGERS INC.

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Underwritten by:

IRONSHORE CANADA LTD.

120 Adelaide St. W., Suite 2410

Toronto, Ontario M5H 1T1

Depth in Leadership. Trusted Partnership.



OPERATORS' PROFESSIONAL LIABILITY

SUPPLEMENTAL APPLICATION FOR DIRECTORS' AND OFFICERS' LIABILITY INSURANCE WITH SECURITIES CLAIMS COVERAGE

A. APPLICANT INFORMATION

1. Applicant's Name: _____

2. Do you have projects that are Joint Ventures with other companies? No Yes (If yes, please list below)

3. **PROJECT NAME AND LOCATION:** _____

ARE YOU THE PROJECT OPERATOR/MANAGER? Yes No

JOINT VENTURE PARTNER _____ JV PARTNER COUNTRY OF DOMICILE _____

PLEASE DESCRIBE JV STRUCTURE AND OPTION RIGHTS: _____

PROJECT NAME AND LOCATION: _____

ARE YOU THE PROJECT OPERATOR/MANAGER? Yes No

JOINT VENTURE PARTNER _____ JV PARTNER COUNTRY OF DOMICILE _____

PLEASE DESCRIBE JV STRUCTURE AND OPTION RIGHTS: _____

PROJECT NAME AND LOCATION: _____

ARE YOU THE PROJECT OPERATOR/MANAGER? Yes No

JOINT VENTURE PARTNER _____ JV PARTNER COUNTRY OF DOMICILE _____

PLEASE DESCRIBE JV STRUCTURE AND OPTION RIGHTS: _____

4. Have you formed a Joint Venture Corporation for the any of the projects listed above? Yes No
If yes please specify: _____

5. Is a Joint Venture Agreement signed for each project? Yes No
Does each Agreement contain indemnity provisions in your favour? Yes No

6. Have all JV Agreements/Contracts been reviewed by Outside Legal Counsel? Yes No

7. Is a Management Committee in place for each Joint Venture? Yes No

8. Is a Management Committee in place for each Joint Venture? Yes No

B. PROJECT DETAILS

Project	Development Stage (see key on right)	Annual Expenditure on the project by all Partners (\$)	<i>Development Stage Key</i>
			<i>1. Grass Roots 2. Drilling 3. Pre-feasibility 4. Environmental Assessment 5. Feasibility, Permitting 6. Mine Development 7. Operating Mine</i>

C. TECHNICAL WORK

Are technical studies sub-contracted to third parties? Yes No (If yes, please provide details below)

Do they carry Professional Liability (E&O) Insurance? Yes No What is the limit? _____

Do you request certificates of insurance? Yes No

D. PREVIOUS EXPERIENCE

1. Are there any pending claims against anyone for whom this insurance is intended which may fall within the scope of coverage afforded by any similar insurance presently or previously in effect? Yes No (If yes, please provide complete details below):

2. Has anyone for whom this insurance is intended given notice under the provisions of any other previous or current similar insurance policy of any facts or circumstances which may give rise to a claim being made against the Company and/or any Director and/or Officer? Yes No (If yes, please provide complete details below):

IT IS UNDERSTOOD AND AGREED THAT IF ANY SUCH CLAIMS EXIST, WHETHER REPORTED OR NOT REPORTED, OR ANY SUCH FACTS OR CIRCUMSTANCES EXIST WHICH COULD GIVE RISE TO A CLAIM HAVE BEEN REPORTED, THEN THOSE CLAIMS AND ANY CLAIM ARISING THEREFROM IS EXCLUDED FROM THIS PROPOSED INSURANCE.

E. PRIOR KNOWLEDGE

1. 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, please provide complete details below):

IT IS UNDERSTOOD AND AGREED THAT IF SUCH KNOWLEDGE OR INFORMATION EXISTS WHETHER DISCLOSED ABOVE OR NOT, ANY CLAIM ARISING THEREFROM IS EXCLUDED FROM THIS PROPOSED INSURANCE.

NOTICE TO THE APPLICANT – PLEASE READ CAREFULLY

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES THAT the statements set forth herein are true. The undersigned Authorized Officer agrees that if the information supplied on this application changes between the date of this application and the effective date of the insurance, immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding quotations and/or authorizing or agreements to bind the insurance.

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 of hereof.

Notice to Applicants: Any person who knowingly and with intent to defraud any insurance company or another person, files an Application for Insurance or Statement of Claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal penalties.

A policy cannot be issued unless the application is properly signed by the Chairman of the Board, President, Chief Executive Officer or Chief Financial Officer; and dated.

SIGNED: _____
(Applicant)

Print Applicant Name: _____

DATE: _____

SIGNED: _____
(Must be signed by: Chairman of the Board, President, CEO or CFO)