

CANDIDATE INFORMATION - REQUIRED

Name:

Address:

Phone number:

Email address:

Date of Birth:

Company Insurance Policy number in my name or name of company or organization I represent:

Name of Insured: _____ Policy Number: _____

CANDIDATE DECLARATIONS

1. I acknowledge having reviewed the qualifications of directors, as set out in the Company's By-laws and hereby confirm that I know of no fact or circumstance that would render me ineligible to serve as a director.
2. I acknowledge that the Nomination Committee will be confirming my qualification to be elected as a director and will be assessing my personal and professional integrity and commitment to promote the long term interests of the Company any my commitment to devote adequate time to service as a Board member, and that the Nomination Committee may wish to interview me.
3. I hereby authorize the Company to use of any of the "Biographical Information" provided by me with this form, in the Company's Annual Meeting communications.

Signature

Date

CANDIDATE'S BIOGRAPHICAL INFORMATION

Please indicate those areas noted below in which you have some experience/knowledge. For those areas noted, please describe your related experience/knowledge. You may also provide a Resume if you wish.

This information will be considered by the Nomination Committee.

Legal Name:

Known as:

Educational/Professional Designations:

Current employer:

Work Experience:

Board and/or Committee Experience:

Leadership Experience:

Community Involvement/other Interests:

Insurance Experience:

References: I consent to the Nomination Committee contacting the following persons as references:

References (include name and contact information for no less than 3 references):

CANDIDATE'S POSITION STATEMENT