



Application
for
Canadian Miscellaneous Professional Liability
Insurance Policy

THIS IS A CLAIMS MADE AND REPORTED POLICY. THIS POLICY APPLIES TO THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED AND REPORTED IN WRITING TO THE COMPANY DURING THE POLICY PERIOD. CLAIM EXPENSES ARE WITHIN AND REDUCE THE LIMIT OF LIABILITY.

APPLICATION

Name of Applicant's Firm: _____

Address: _____

1. Date Established: _____ Website Address: _____

2. Company Type:

_____ Individual _____ Partnership _____ Corporation _____ Other

3. Is the Applicant owned, controlled, associated or affiliated with any other firm or business enterprise? ☐ Yes ☐ No
If yes, please explain:

4. Please describe in detail the professional services performed by the Applicant (attach additional sheet if necessary):

5. a) Does the Applicant belong to any related professional associations? ☐ Yes ☐ No
If yes, please indicate such memberships: _____

b) Are there any specific prerequisites for association eligibility? ☐ Yes ☐ No
If yes, please provide details: _____

6. Is any legislation currently in force governing the practice of the Applicant? ☐ Yes ☐ No
If yes, please attach full copy of all relevant extracts.

7. In the past 12 months has the Applicant or any of its principals engaged in any business or profession other than as described in the above question? ☐ Yes ☐ No

If yes, please explain:

8. Are there any material changes in the nature or size of the Applicant's business anticipated over the next 12 months? Have there been any such changes in the past 12 months? ☐ Yes ☐ No

If yes, please explain:

9. What percentage of the Applicant's business involves subcontracting work to others: _____%

Does the Applicant require evidence of errors and omissions insurance from subcontractors? ☐ Yes ☐ No

If no, please explain how the Applicant protects itself from acts or omissions arising out of services performed by its subcontractors?

10. Please provide the following:

a. The number of principals, partners, directors, officers and professional employees directly engaged in providing professional services to clients: _____

b. Please provide the number of all other non-professional and/or clerical employees: _____

11. Has the Applicant or any director, officer, employee or partner providing professional services on behalf of the Applicant been subject to disciplinary action as a result of professional activities? ☐ Yes ☐ No

If yes, please explain:

12. Financial Information (CAD):

Fiscal Year-End Date: _____ / _____ / _____

Projected Gross Revenues for Next Year: _____

Gross Revenues for Current Year: _____

Gross Revenues for Last Year: _____

13. What proportion of your revenues is derived from clients outside of Canada? %

Provide percentage for each country.

Country	%	Country	%	Country	%
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14. If services are provided within Canada with proportion of the services are provided in Quebec? %

15. Please indicate the Applicant's five (5) largest jobs/projects during the past fiscal year:

Client	Services Provided	Revenues from Service	% of Applicants Total Revenue

16. Does the Applicant:

- a. Use a written contract with clients? ☐ Yes ☐ No
If no, please explain how the Applicant limits its liability with clients:

- b. Does the standard contract contain hold harmless clauses for the benefit of the Applicant? ☐ Yes ☐ No
c. Does the standard contract contain any guarantees and warranties? ☐ Yes ☐ No

17. Limits of Liability requested: \$ _____
Per Claim: \$ _____
Aggregate: \$ _____
Deductible requested: \$ _____

18. Please provide Applicant's prior Errors and Omissions Insurance for the past five (5) years:

Policy Period	Insurance Company	Limit of Liability	Deductible	Premium	Claims Made or Occurrence Form	Retroactive Date

Is there an Extended Reporting Period (ERP) currently in place? ☐ Yes ☐ No
If yes, please attach a copy of the endorsement, including effective and expiration dates.

19. Has any errors and omissions or professional liability insurance ever been declined, refused or cancelled? ☐ Yes ☐ No
If yes, please explain:

20. Has the Applicant or any director, officer, employee or partner been a party to any lawsuit, bankruptcy, or other legal proceeding within the past five years? ☐ Yes ☐ No
If yes, please attach a supplemental claims questionnaire or provide a detailed description which includes the parties involved, the amount at dispute, the nature of the claim(s), the status of the action(s) and how the action(s) was resolved as to the applicant, including all costs incurred; including defense expenses.

21. After inquiry, have any errors or omissions claims been made during the past five years against the Applicant or any past or present principals, partners, directors, officers or professional employees? ☐ Yes ☐ No
If yes, please complete a supplemental claims questionnaire.

22. After inquiry, does the Applicant or any principal, partner, director, officer or professional employee have any knowledge or information of any act, error, omission, fact or circumstance which may give rise to a claim being made against them? ☐ Yes ☐ No
If yes, please complete a supplemental claims questionnaire.

Please provide the following additional information:

1. Latest financial statements and company literature (if there is no company website).

2. A copy of standard contracts utilized with clients.
3. Resumes of key Principals.

Applicant hereby represents after inquiry, that information contained herein and in any supplemental applications or forms required hereby, is true, accurate and complete, and that no material facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to the Company, as soon as practicable, any material changes in all such information, after signing the application and prior to issuance of the policy, and acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes.

Further, Applicant understands and acknowledges that:

1. If a policy is issued, the Company will have relied upon, as representations, this application, any supplemental applications, and any other statements furnished to the Company in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part thereof;
2. This application will be the basis of the contract and will be incorporated by references into and made part of such policy; and
3. Applicant's failure to report to its current insurance company any claim made against it during the current policy term, or act, omission or circumstances which Applicant is aware of which may give rise to a claim before the expiration of the current policy may create a lack of coverage for each Applicant who had a basis to believe that any such act, error, omission or circumstance might reasonably be expected to be the basis of a claim.
4. The policy applied for provides coverage on a claims made and reported basis and will apply only to claims that are first made against the insured and reported in writing to the Company during the policy period. Claims expenses are within and reduce the limit of liability.

FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or other 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.

This Application must be signed by the Applicant.

Applicant Name: _____ Title: _____

Applicant Signature: _____ Date: _____

Agent/Broker Name: _____

NOTE: This Application including any material submitted herewith shall be treated in strictest confidence.