

MISCELLANEOUS PROFESSIONAL LIABILITY AND COMMERCIAL GENERAL LIABILITY INSURANCE RENEWAL APPLICATION

THIS IS A RENEWAL APPLICATION FOR A CLAIMS MADE PROFESSIONAL LIABILITY POLICY WITH CLAIM EXPENSES INCLUDED IN THE LIMIT OF LIABILITY AND A COMMERCIAL GENERAL LIABILITY INSURANCE POLICY. All questions must be answered completely. If there is no answer, write "none" or "n/a" in the space provided. Where space provided is insufficient to fully answer, please use and attach separate sheet(s).

General Information

1. (a) Name of Applicant: _____
 (b) Address: _____

 (c) Location of Branch Offices: _____

Business Details

2. Has there been any change in the description of professional services provided since your last Application? Yes No

If Yes, explain: _____

3. (a) Last completed Fiscal Year is from: _____ to _____
(Month/Year) (Month/Year)
 (b) Gross Revenue for the last completed Fiscal Year: _____
 (c) Estimated Gross Revenue for the current Fiscal Year: _____
 (d) Estimated Gross Revenue for the next Fiscal Year: _____
 (e) Does the Applicant provide services or perform activities outside Canada or for clients who are domiciled outside Canada? Yes No

If Yes, provide full details: _____

- (f) For the Gross Revenue indicated in (c) above, indicate the approximate percentage derived from each of the services provided:

Service	% (total must be 100%)
	%
	%
	%

- (g) For the Gross Revenue indicated in (c) above, indicate the approximate percentage derived from services performed outside Canada or for clients who are domiciled outside of Canada:

Country	% of Revenue
	%
	%
	%

4. (a) Has there been any change with regard to the Applicant being controlled or owned by, or associated or affiliated with, any other firm or business enterprise since your last application? Yes No

- (b) Has there been any change with regard to the Applicant controlling or owning any other firm or business enterprise since your last application? Yes No

If Yes to (a) or (b) above, provide full details: _____

5. Indicate the Applicant's three largest projects during the last twelve months including: the client's name; nature of services provided and the gross revenues generated from those services:

Client	Services	Gross Revenue

6. Has there been any changes to the Applicants standard written contract describing the services being provided? Yes No

If Yes, attach a copy of the standard written contract and explain the changes.

Commercial General Liability Insurance

7. Does the Applicant require Commercial General Liability Insurance? Yes No

If Yes, complete Questions #8 to #11. If No, move to Question #12.

Operations

8. (a) Has there been any change to your operations since your last Application? Yes No

If Yes, explain: _____

(b) Does the Applicant: Own a Building Lease Premises Rent a Location Sq. ft.: _____

(c) Total payroll: \$ _____

(d) Total number of employees: Full-time: _____ Part-time: _____

9. (a) Has the Applicant added any new locations in the past year? Yes No

If Yes, number of new locations either owned, leased or rented: _____

(b) Has the Applicant added any new subsidiaries over the past year? Yes No

(c) Has there been any change in the Applicants importation, distribution, manufacturing, retailing, reselling, repackaging or wholesaling of any products during the past year? Yes No

(d) Does the Applicant plan on any new products or services in the next 12 months? Yes No

(e) Are all employees covered by applicable Worker's Compensation Insurance? Yes No

If No, indicate the number of employees not covered under a Workers' Compensation Insurance Program (provincial, federal or other): _____

Independent Contractors

10. (a) Does the Applicant use the services of any independent or sub-contractors? Yes No

If Yes, describe (number/how many of each & percentage of revenue): _____

(b) Describe any contracts or agreements where liability is assumed by the Applicant for any independent or sub-contractors: _____

Watercraft and Aircraft Liability / Non-owned Automobile Liability

11. (a) Does the Applicant own or lease any watercraft or aircraft? Yes No

(b) Number of volunteers, members or employees using their own vehicles for company business (occasional or full-time use): _____

(c) How many vehicles are hired, borrowed or leased each year on a short-term basis for business purposes?

Canada: _____

United States: _____

Past Activities

12. Since the date of the last Application, has the Applicant, or any of the Applicant's employees, been investigated by, or suspended from practice by, any governing body of his/her profession? Yes No

If Yes, explain: _____

13. (a) Has any claim been made against the Applicant which has not already been reported to Trisura Guarantee Insurance Company? Yes No

(b) Does the Applicant, any of the Applicant's employees or any other person have knowledge or information of any fact, circumstance or situation which could reasonably give rise to a claim and which has not already been reported to Trisura Guarantee Insurance Company? Yes No

If Yes to (a) or (b) above, please provide the Date of Claim, Claimant's Name, Nature of Claim, Amount of Damages sought and current status of Claim.

FALSE INFORMATION

Any person who, knowingly and with intent to defraud any insurance company or other person, files an Application for insurance containing any false information, or conceals information concerning any fact material thereto for the purpose of misleading any insurance company or other person, commits a fraudulent insurance act which is a crime.

DECLARATIONS AND SIGNATURE

The undersigned authorized representative of the Applicant:

- (i) declares, after inquiry, that the statements and representations set forth in this Application, and all materials submitted to or requested by the Insurer in conjunction with this Application, are true;
- (ii) acknowledges that these statements, representations, and materials are relied on by the Insurer and that they shall be deemed material to the acceptance of the risk assumed by the Insurer under the insurance applied for, should the insurance be effected;
- (iii) agrees that if the information supplied in connection with this Application changes between the date of this Application and the effective date of any insurance effected pursuant to this Application, the undersigned will immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding indications, quotations and/or authorization or agreement to effect the insurance; and
- (iv) acknowledges that any personal information provided in connection with the insurance applied for, including but not limited to the information contained in this Application, has been collected in accordance with all applicable privacy legislation. The undersigned confirms that all necessary consents have been obtained for the collection, use, and disclosure of such information for the purposes of any investigation and inquiry in connection with this Application for insurance and, if applicable, investigating and settling claims, detecting and preventing fraud, and acting as required or authorized by law.

Signing of this Application does not obligate the Applicant or the Insurer to effect the insurance, but it is agreed that all materials submitted to or requested by the Insurer in conjunction with this Application are hereby incorporated by reference into this Application and made a part hereof. Terms and conditions, including limits of coverage, offered by the Insurer may differ from those applied for by the Applicant. It is further agreed that this Application and all materials submitted to or requested by the Insurer in conjunction with this Application are the basis of and are deemed attached to and incorporated into any policy effected pursuant to this Application.

PLEASE NOTE: COVERAGE CANNOT BE BOUND UNLESS THIS APPLICATION HAS BEEN FULLY COMPLETED AND DULY SIGNED AND DATED.

Applicant	Date
Signature	Title