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MISCELLANEOUS PROFESSIONAL LIABILITY INSURANCE APPLICATION
THIS APPLICATION IS FOR A CLAIMS MADE INSURANCE POLICY

Underwriters will rely upon each and every response given in this Application Form and any Supplementary Application Form in deciding whether or not to insure this risk and if so at what premium, terms and conditions. Underwriters regard every response to be material to their decisions. Failing to answer or answering any question below incorrectly could invalidate any policy of insurance written by Underwriters for this risk.

We have a professional duty of confidentiality and are committed to holding personal information in strict confidence. The information provided to us will only be disclosed where required by law to do so or required to do so in conducting negotiations with third parties, such as insurance companies, on your behalf.

We will further safeguard the security of such information in a manner appropriate to sensitivity of that information.

- Please type or print clearly; if any questions are considered "Not Applicable", please explain why. If you need more space, please continue on a separate sheet

Type of Company: Sole Trader Partnership Corporation Other

1. Name of Applicant _____

2. Mailing Address _____

b) Is this a home based operation(s)? Yes No

4. Website _____

5. Date established _____

6. Coverage Requested
 Errors & Omissions: 500,000 1,000,000 \$2,000,000 Other _____
 Commercial General Liability: 500,000 1,000,000 \$2,000,000 \$5,000,000 Other _____

7. Is the Applicant controlled or owned by, or associated or affiliated with, or does it own, any other firm or business enterprise? Yes No If yes, please explain _____

8. Have there been any changes to the operation in the past 24 months or expected in the next 12 months? Yes No
 If yes, please explain _____

	Previous 12 months MM/YY	Expiring 12 months MM/YY	Projected 12 months MM/YY
Professional Fees \$	_____	_____	_____
Gross Revenues \$	_____	_____	_____

10. Please state the nature of Professional Services performed or expected to be performed by the Applicant indicating the approximate percentage breakdown of the Professional fees derived from each category

Nature of Services	Percentage
_____	_____
_____	_____
_____	_____

11. What percentage of the Applicant's fees will be earned
 a) Canada _____ b) USA _____ c) Overseas (please specify) _____

12. Please indicate the Applicant's five largest contracts/projects during the past three years

Client	Service	Applicant's Fee	Total Project Cost



13. a) What percentage of the applicant's work involves sub-contracting of work to others? _____
 b) What type of work is subcontracted? _____
 c) Does the Applicant require the sub contractor to carry E&O Insurance? _____

14. Please provide the following:

Name of Principals & Qualified Employees	Professional Qualifications/ Designations	Number of years in practice	Number of years with Applicant

Please provide brief resumes of the Principals.

b) Total number of staff: _____

15. Please list Professional Associations to which the Applicant belongs: _____

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

If yes, please explain: _____

16. Does the Applicant use a written contract Always Sometimes Never

If not always, please explain how the scope of services to be provided is agreed: _____

Please attach a copy of a standard contract or letter of engagement.

17. Has any errors and omissions or professional liability insurance ever been declined, non renewed or cancelled? Yes No

If yes, please explain: _____

18. a) Please provide details of the types of data collected

- Credit and/or debit card Yes No
- Credit ratings and/or history Yes No
- Customer bank records and/or details Yes No
- Social Security numbers Yes No
- Medical records/ health information Yes No
- Bank records and/or details (Customers and/or Employees) Yes No
- Third Party corporate confidential data Yes No

Other, please specify _____

b) Do you have a third party endorsement, certification or accreditation of your privacy practices (e.g. PCI)? Yes No

If yes, please provide details _____

c) Do you collect third party data without explicit consent? Yes No

If yes, please provide details _____

d) Do your internal IT systems comply with the following minimum security requirements

- Anti-Virus protection program in place? Yes No
- Do you have firewalls in place? Yes No
- If yes, do firewalls have an Intrusion Detection system? Yes No
- Do you have disaster recovery and business continuation plan? Yes No
- Are all critical data backed up on a weekly basis? Yes No

If you respond No to any of the above, please provide full details _____

19. Is any errors and omissions or professional liability insurance in favor of the Applicant currently in force? Yes No

If yes, please indicate errors and omissions insurance carried for each of the past three years:

Carrier	From	To	Limit	Deductible	Premium	Retro date



20. Is the Applicant aware of any errors, omissions or claims (including any circumstances reported to previous insurers which have not developed into claim(s)) during the last ten years? Yes No If yes, complete on a separate sheet

21. Has this Applicant been a party to any lawsuit or other legal proceeding within the past five years? Yes No

If yes, please provide a description which includes the venue of the action, the parties, the amount at dispute, the claim(s), the status of the action(s) and how the action(s) was resolved as the applicant, including all costs incurred; including defense expenses.

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

THIS APPLICATION DOES NOT BIND THE APPLICANT TO BUY, OR THE COMPANY TO ISSUE, THE INSURANCE, BUT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND MADE A PART OF THE POLICY.

THE APPLICANT FURTHER DECLARES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME WHEN THE POLICY ISSUED, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORISATION OR AGREEMENT TO BIND THE INSURANCE.

I HAVE READ THE FOREGOING APPLICATION OF INSURANCE AND WARRANT THAT THE RESPONSES PROVIDED ON BEHALF OF THE APPLICANT ARE TRUE AND CORRECT.

Print Name: _____

Signature: _____

Title: _____

Date: _____