

**APPLICANT:**

1. Name of Applicant/Company: ( including all subsidiaries) \_\_\_\_\_
2. Canadian Registered Company?  YES  NO
3. Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_
4. Is this a home office?  YES  NO
5. Website Address: \_\_\_\_\_
6. Additional Office Location (if applicable)  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_
7. Are there more than two office locations in total?  YES  NO
8. Are there any branch locations outside Canada?  YES  NO
9. Company Structure:  Individual  Corporation  Partnership  Other (describe): \_\_\_\_\_
10. Year Company was Established: \_\_\_\_\_  
 If less than three years since established, does the applicant have a minimum of three years' experience doing similar work as proposed in this application? (If no, please provide resume(s) of the principal(s) and refer to your Underwriter.)  YES  NO
11. Number of Employees: \_\_\_\_\_ Canadian \_\_\_\_\_ U.S.A

**REVENUES:**

12. Gross Revenue for the last 12 months or last fiscal year: \$ \_\_\_\_\_
13. Percentage of last 12 months Gross Revenues derived from:  
 Canada: \_\_\_\_\_ U.S.A: \_\_\_\_\_ Other: \_\_\_\_\_
14. Estimated Gross Revenues for the next 12 months or fiscal year: \$ \_\_\_\_\_
15. Percentage of next 12 months Estimated Gross Revenues derived from:  
 Canada: \_\_\_\_\_ U.S.A: \_\_\_\_\_ Other: \_\_\_\_\_

**SCOPE OF SERVICES:**

16. Do you perform any hands on / manual type work?  YES  NO
17. Are all online and remote IT services that the Insured own, utilise and operate for its business during the current COVID-19 crisis functioning properly?  YES  NO
18. Are all records, data and files that the Insured own, utilise and operate for its business are and have been accessible during the current COVID-19 crisis?  YES  NO
19. Please indicate the percentage for each of the following products or services the company provides. Note: if the products or services listed below do not describe the applicant's company accurately, Premier may be able to provide coverage under a different program. For example, Environmental, Architects & Engineers, Accountants, Protection Services, IT Professionals, Life Agents. In this case, please contact your underwriter and do not use this form.

Percentage % (must = 100% total)	SERVICE
	Accident Investigation
	Adoption Agencies
	Adult Education Classroom Instruction
	Agrologists
	Anthropologist
	Arbitrators & Mediators
	Bookkeepers (excluding audit work)
	Business /Management Consultants (excluding any financial/investment advice)
	Business Training Courses

Percentage % (must = 100% total)	SERVICE
	Home Check Service
	Home Inspector
	Hospital Consultancy
	Human Resources Consultant
	Image Consultants
	Immigration Advice
	Import & Export Consultancy
	Interior Designers
	Laboratory Analysis

	Careers Advisory Consultant
	Chambers of Commerce & Trade
	Claims Adjusters
	Claims Consultant
	Collection Agencies
	Contest Managers
	Contract Review
	Counselling Services (excluding healthcare advice)
	Court Reporters
	Customs Agents
	Data Entry Outsourcing
	Driving Instructors
	Education Advisory Service
	Educationalists
	Employment Placement Agents
	Energy Consultancy
	Environmental Assessment
	Event Planners
	Exhibition Management
	Expert Witnesses
	Food Inspectors
	Foresters
	Freight Forwarders
	Genealogists
	Graphic Designers

	Land Surveyors
	Market Research & Analysis
	Marketing & Advertising Consultancy
	Marriage Consultancy
	Meeting Planners
	Music Schools / Teachers
	Non-Destructive Testing Services
	Other (describe below)
	Process Servers
	Property Managers
	Quality Assurance & Control
	Quantity Surveyors
	Research Consultancy
	Risk Management Consultant
	Safety Consultant
	Technical writing
	Title Searchers
	Traffic Consultants
	Translators & Interpreters
	Transport Consultants
	Travel Agents (excl. tour operators)
	Tutors
	Utility Locators
	Wedding Planner
	WETT Inspector

Other(Describe): \_\_\_\_\_

**CONTRACT:**

20. List the company's five largest customers and a description of the products/services provided (including contract value)

Customer Name	Description	Single Largest Contract/Project Value

21. Do you always use a written contract with clients?  YES  NO  Majority of the Time
22. Is the applicant granted final authority to make business decisions on behalf of their clients?  YES  NO
23. Does the company ever accept contracts with your customers in which you accept liability for consequential loss or financial damages greater than the value of the contract?  YES  NO

**SUB-CONTRACTORS:**

24. Does the company sub-contract any work to others?  YES  NO
- a) If yes, what is the \$ amount sub-contracted? \_\_\_\_\_
- b) What products and or services? \_\_\_\_\_

**CYBER:**

25. Does the applicant store any medical/health information for clients?  YES  NO
- If yes, does the applicant follow the minimum standards under HIPAA (encryption, virus protection and firewalls in place)?  YES  NO
- If yes, does the Company follow the minimum standards under PIPEDA or the respective PIPA requirements (encryption and firewalls in place)?  YES  NO

26. Does the company collect/retain any sensitive data (for example: social insurance number, bank account details etc.) from their clients?  YES  NO

**INSURANCE:**

27. Does the applicant currently carry E&O insurance?  YES  NO

If yes, previous / current insurer:  Premier  Other \_\_\_\_\_

If yes, what is the retroactive date on the current E&O policy? \_\_\_\_\_

28. Has the company, its partners, directors or officers ever been declined, non-renewed or cancelled by any insurer for an Errors and Omissions and/or Commercial General Liability Insurance?  YES  NO

If yes, please provide full details \_\_\_\_\_

**CLAIMS:**

29. Has the company, its partners, directors, officers or employees ever had an order to cease & desist or a written demand or civil proceedings for compensatory damages made against them in past 5 years?  YES  NO

If yes, please provide an explanation including date of claim, claimant's name, nature of claim, amount of indemnity payment, defense costs, final dispositions or current status of claim: \_\_\_\_\_

30. Are the company, its partners, directors, officers or employees aware of any job disputes or fee disputes during the last five years?  YES  NO

If yes, please describe: \_\_\_\_\_

31. Is the company, its partners, directors, officers or employees aware of any other fact, situation or circumstance, that may result in a written demand or civil proceedings for compensatory damages?  YES  NO

If yes, please describe: \_\_\_\_\_

**PROPERTY:**

32. Do you require property coverage for office contents? Limit: \_\_\_\_\_  YES  NO

33. Do you require business interruption coverage? Limit: \_\_\_\_\_  YES  NO

**IT IS AGREED THAT IF THERE IS ANY KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION, ANY CLAIM OR ACTION SUBSEQUENTLY ARISING IT IS EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.**

I understand and agree  YES  NO

**ADDITIONAL INSURED(S) (if applicable):** \_\_\_\_\_

**Date Coverage required** \_\_\_\_\_

COVERAGE	Limit of Coverage	
ERRORS & OMISSIONS : <i>claims made form, costs inclusive</i>	<input type="checkbox"/> \$250,000	<input type="checkbox"/> \$500,000
	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,000,000
COMMERCIAL GENERAL LIABILITY: <i>occurrence form</i>	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,000,000
	<input type="checkbox"/> \$5,000,000	

**PLEASE READ BEFORE SIGNING:** : A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim.

The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

**NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.**

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Position Held: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Brokerage & AGT#: \_\_\_\_\_

Broker Name: \_\_\_\_\_

Broker Email: \_\_\_\_\_

Broker phone: \_\_\_\_\_

*Premier Canada Assurance Managers Ltd. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).*

**\*\* Email application and attachments to - [newbizprofessional@premiergroup.ca](mailto:newbizprofessional@premiergroup.ca) \*\***

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