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APPLICATION FOR MISCELLANEOUS PROFESSIONAL LIABILITY

1. Applicant (Firm) _____
2. Business Address _____
- City _____ Province _____ Postal Code _____
- Telephone No. _____ Fax No. _____
- Branch Offices _____

3. Date Business Established _____

4. Please describe **in detail** the nature of operations and professional services for which coverage is requested:
(Please provide definitions for uncommon terms)

PLEASE ATTACH A COPY OF CORPORATE BROCHURE

5. a. Is the Applicant or any employee a member of any related associations? Yes No
 b. If answer to a. above is "YES", please indicate such membership. _____

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

7. Please state your annual revenue, broken down as follows:

	Domestic Revenue	USA Revenue	Other Territory Revenue
Past 12 Months (Actual Gross Income)			
Next 12 Months (Estimated Gross Income)			

8. What percentage of your income comes from customers or assignments outside Canada? _____ %

9. Give, in approximate percentage, the source of your income related to the activities listed in question 4.

Activity	Percentage
	TOTAL 100%

10. To whom does the Applicant provide professional services:

11. Does any one client represent more than 25% of the Applicant's total gross income? Yes No
(if yes, please provide full details)

12. Do you have written contracts with your clients? (if yes, a sample must be attached) Yes No

13. Have you, has any partner, or if a corporation, has any owner, officer, director, employee or solicitor of the firm been the subject of disciplinary action by a regulatory authority? Yes No

14. Has any policy of application for errors and omissions insurance on your behalf, your partners behalf or, in the case of a corporation, any of the present executive officers or directors been declined, cancelled or renewal refused within the last five years? Yes No

15. Have any errors and omissions claims been made against you, your partner(s) (if any), or in the case of a corporation, any of the present executive officers or directors, within the last ten years? Yes No

16. Are there any circumstances which may result in an errors and omissions claim being made against you, your partner(s), (if any), or, in the case of corporation, any present executive officers or directors? Yes No

17. Has the Applicant ever been investigated by or suspended from practice by any body governing the practice of this profession? Yes No

IF YES TO ANY OF THE ABOVE QUESTIONS, FULL DETAILS MUST BE ATTACHED

18. List all partners/principals/key employees:

Name	Position	Professional Qualifications	Authorized to practice since	Years of Service with Applicant

19. Number of all other employees, not included in # 18 above _____

20. Have there been any changes in your activities or ownership in the past year? Yes No

If Yes, provide details _____

ATTACH PROFESSIONAL RESUMES OF PRINCIPALS AND SUPPORT STAFF

21. Does the Applicant sub-contract professional services to others? Yes No
If yes, what percentage _____%

22. Does the Applicant request proof of insurance from sub-contractors? Yes No

23. Please list the Applicant's **five** largest jobs or projects during the last three years:

Project / Client Name	Nature Of Services Performed

24. List errors and omissions carrier for past three years (If none, state "None")

Name of Carrier	Policy Term	Limit	Deductible

25. Coverage Specifications: Limit per claim _____ Deductible _____

Desired Effective Date of Policy _____

The applicant hereby warrants and represents that to the best of his/her knowledge, the statements and answers to questions made above and attachments hereto are true and the Applicant has not omitted or misrepresented any information. The Applicant agrees that if any significant change in the condition or circumstance of the Applicant is discovered between the date of the Application form and the effective date of the policy, which would render this Application form inaccurate or incomplete, notice of such change will be reported immediately.

The Applicant understands and agrees that the completion of this application does not bind the company to issuance of an insurance policy.

Signed by Authorized Representative

Title

Date

PLEASE REMEMBER TO ATTACH:

- **A Copy of Corporate Brochure**
- **Professional Resumes o Principals and Support Staff**
- **Full Details Of Claims**

Additional Information

Signed by Authorized Representative

Title

SUBMITTED BY: _____

E-MAIL: _____

Please Note:

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this form) has been collected in accordance with applicable privacy legislation and this information shall only be used or shared by the insurer to assess, underwrite and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with regulatory or legal requirements. For purposes of the Insurance Companies Act (Canada), this document was issued in the course of South Western Insurance Group Ltd.'s insurance business in Canada.