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APPLICATION – MISCELLANEOUS ERRORS AND OMISSIONS PROFESSIONAL LIABILITY INSURANCE

Full Name of the Applicant: _____

Head Office Address: _____

Branch Office: _____

Date Established: Day _____ Month _____ Year _____

Phone: _____ Fax: _____ Email: _____

Website: _____

1. FORMER NAMES OF APPLICANT/FIRM:

NAME	DATE ESTABLISHED	CLOSED

2. IS THE APPLICANT ENGAGED BY OTHERS AS AN EMPLOYEE? Yes No

3. PARTNERS AND OFFICERS:

NAME (ATTACH RESUME)	UNIVERSITY ATTENDED	DEGREE	YEAR	PROV. LICENSED TO PRACTICE IN

4. PLEASE STATE THE TOTAL NUMBER OF:

- a) Partners, Directors or Principals: _____
- b) Qualified Staff: _____
- c) Other technical staff: _____ (excluding administrative staff)
- d) Administrative and all other staff: _____
- Total: _____

5. ARE YOU A SOLE PRACTITIONER? Yes No

a) Is this a part-time occupation? Yes No If Yes, please give brief details of your present full-time occupation.

b) What arrangements have you made for the running of the Firm in the event of sickness or holidays?

6. PLEASE PROVIDE A FULL AND CLEAR DESCRIPTION OF THE ACTIVITIES OF THE FIRM(S) DECLARED IN QUESTION 1 AND STATE THE APPROXIMATE PERCENTAGE OF WORK CARRIED OUT IN EACH INSTANCE:

ACTIVITIES	% OF WORK
	%
	%
	%
	%
TOTAL	%

7. A) HAVE ANY MAJOR CHANGES IN THE FIRM'S ACTIVITIES/STRUCTURE TAKEN PLACE IN THE PAST 12 MONTHS? Yes No If Yes, please give full details:

B) ARE ANY MAJOR CHANGES IN THE FIRM'S ACTIVITIES/STRUCTURE ANTICIPATED IN THE NEXT 12 MONTHS? Yes No If Yes, please give full details:

C) IS COVER REQUIRED FOR ANY PREVIOUS ACTIVITY, NOW CEASED, WHICH IS DIFFERENT FROM THAT DECLARED IN QUESTION 6? Yes No If Yes, please give full details:

D) IS THE FIRM OR ANY PARTNER, PRINCIPAL OR DIRECTOR CONNECTED OR ASSOCIATED (FINANCIALLY OR OTHERWISE) WITH ANY OTHER PRACTICE, COMPANY OR ORGANISATION? Yes No If Yes, please give full details:

8. PLEASE STATE THE GROSS INCOME/FEES RECEIVED FOR EACH OF THE LAST THREE FINANCIAL YEARS AND AN ESTIMATE FOR THE NEXT FINANCIAL YEAR IN RESPECT OF INCOME/FEES BILLED TO CLIENTS BASED IN THE FOLLOWING TERRITORIES

YEAR	CANADA	USA	OVERSEAS
Estimate for the next financial year ending _____			

9. A) PLEASE LIST THE FIRM'S THREE LARGEST CONTRACTS IN THE LAST THREE YEARS:

TYPE OF SERVICE AND COUNTRY	FEE	VALUE	COMMENCED	FINISHED
	\$	\$		
	\$	\$		
	\$	\$		

B) WHAT IS THE LARGEST ANNUAL INCOME/FEE EARNED FROM A SINGLE CLIENT IN THE LAST 12 MONTHS? \$ _____

10. A) WHAT PERCENTAGE OF THE FIRM'S FEES ARE PAID TO SUB-CONTRACTORS? _____%

B) PLEASE GIVE DETAILS OF THE WORK UNDERTAKEN BY SUB-CONTRACTORS:

11. A) DOES THE FIRM OR ANY PARTNER, DIRECTOR OR PRINCIPAL ACT ON BEHALF OF, OR UNDERTAKEN WORK FOR, ANY FIRM, COMPANY OR ORGANISATION IN WHICH THE FIRM OR ANY PARTNER, DIRECTOR, OR PRINCIPAL HAS ANY FINANCIAL INTEREST?

Yes No If Yes, please give full details:

B) WHAT PERCENTAGE OF INCOME/FEES IS DERIVED FROM WORK CARRIED OUT FOR SUCH FIRM, COMPANY OR ORGANISATION? _____%

C) IS COVER REQUIRED FOR THIS WORK? Yes No

12. IS THE FIRM OR ANY PARTNER, DIRECTOR OR PRINCIPAL A MEMBER OF A CONSORTIUM OR JOINT VENTURE? Yes No If Yes, please give:

a) Name of consortium: _____

b) Type of service being provided: _____

c) Annual income/fees for this contract: _____

13. WHICH OF THE FOLLOWING EXTENSIONS ARE REQUIRED, IF AVAILABLE?

- Libel and Slander
- Loss of documents
- Unintentional breach of copyright
- Unintentional breach of confidentiality
- Legal liability arising out of dishonesty of Partners, Directors, Principals or Employees
- Proposer's own losses arising out of dishonesty of Partners, Directors or Principals or Employees.

14. HAS THE APPLICANT PREVIOUSLY INSURED FOR PROFESSIONAL LIABILITY?

Yes No If Yes, please provide:

Name of insurer: _____

Date the Policy expires: _____ Limit of Liability: _____

Deductible: _____ Retroactive Date: _____

Basis of cover (claims made or occurrence based): _____

If No, please provide details: _____

15. A) HAVE ANY CLAIMS EVER BEEN MADE TO THE KNOWLEDGE OF THE APPLICANT AGAINST THE APPLICANT, ANY BUSINESS PREDECESSORS, ANY OF THE PRESENT OR FORMER PARTNERS OR OFFICERS? Yes No

B) IS THE APPLICANT AWARE OF ANY ACT, ERROR, OMISSION OR CIRCUMSTANCE WHICH COULD GIVE RISE TO A CLAIM AGAINST THE APPLICANT OR ANY PREDECESSOR IN BUSINESS, OR ANY PRESENT OR FORMER PARTNER OR OFFICER? Yes No

If the answer to either 15 a) or 15 b) is Yes, complete the enclosed CLAIMS HISTORY FORM.

Note: THE POLICY DOES NOT COVER ANY CLAIM OR CIRCUMSTANCE STATED IN 15 A) AND/OR 15 B) OR ANY ERROR, ACT, OMISSION OR CIRCUMSTANCE WHICH COULD GIVE RISE TO A CLAIM, OF WHICH THE APPLICANT HAS KNOWLEDGE PRIOR TO THE INCEPTION OF THE POLICY.

16. HAS ANY PARTNER, EXECUTIVE OFFICER, DIRECTOR OR PROFESSIONAL EMPLOYEE HAD THEIR LICENSE SUSPENDED, BEEN FINED OR REPRIMANDED DURING THE PAST FIVE YEARS?

Yes No If Yes, please provide details:

17. TO THE APPLICANT'S KNOWLEDGE, HAS ANY COMPANY DECLINED OR TERMINATED THE INSURANCE, FOR THE APPLICANT, ANY PRESENT PARTNER OR OFFICER OR FOR ANY PREDECESSOR IN THE BUSINESS, PAST PARTNERS OR OFFICERS?

Yes No If Yes, please provide details: _____

18. PLEASE NOTE THE PROFESSIONAL ASSOCIATIONS TO WHICH THE APPLICANT BELONGS:

19. WHEN IS YOUR FISCAL YEAR END? _____

20. INSURANCE REQUIRED:

LIMITS:

- \$250,000/\$500,000
- \$500,000/\$1,000,000
- \$1,000,000/\$1,000,000
- \$1,000,000/\$2,000,000
- \$2,000,000/\$2,000,000
- \$3,000,000/\$3,000,000
- \$4,000,000/\$4,000,000
- \$5,000,000/\$5,000,000
- Other _____

DEDUCTIBLE

- \$2,500(Min.)
- \$5,000
- \$10,000
- \$25,000
- \$50,000
- Other _____

We hereby declare that the above statements and particulars are true and that we have not suppressed or misstated any material facts and we agree that this declaration shall be the basis of any binder or contract of insurance with the Insurance Company, and that the limits and deductibles as stated in the said binder or contract of insurance shall govern.

It is understood and agreed that the completion of this declaration does not bind the Insurance Company to the issue of the insurance nor the Applicant to the purchase of this insurance.

It is further understood and agreed that if, following submission of this application to the insurer and prior to the date requested for coverage to be effective, the Applicant becomes aware of any information which has a bearing on question 15 a) or 15 b) of this application, the Insurer shall be immediately notified in writing of such information.

Signature of Applicant: _____ Dated: _____

Print Name and Title: _____

BROKER NAME: _____

ADDRESS: _____

PHONE NO: _____

FAX NO: _____

EMAIL ADDRESS: _____



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CLAIMS HISTORY FORM

Applicant Name: _____

Date: _____

Claimant Name: _____

Project Name & Location: _____

Date of Loss: _____

Description of Claim:

SUIT <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Open <input type="checkbox"/> Closed
AMOUNT CLAIMED	\$
LOSS RESERVES	\$
EXPENSE RESERVES	\$
LOSS PAID	\$
EXPENSES PAID	\$

Claimant Name: _____

Project Name & Location: _____

Date of Loss: _____

Description of Claim:

SUIT <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Open <input type="checkbox"/> Closed
AMOUNT CLAIMED	\$
LOSS RESERVES	\$
EXPENSE RESERVES	\$
LOSS PAID	\$
EXPENSES PAID	\$

Claimant Name: _____

Project Name & Location: _____

Date of Loss: _____

Description of Claim:

SUIT <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Open <input type="checkbox"/> Closed
AMOUNT CLAIMED	\$
LOSS RESERVES	\$
EXPENSE RESERVES	\$
LOSS PAID	\$
EXPENSES PAID	\$

Claimant Name: _____

Project Name & Location: _____

Date of Loss: _____

Description of Claim:

SUIT <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Open <input type="checkbox"/> Closed
AMOUNT CLAIMED	\$
LOSS RESERVES	\$
EXPENSE RESERVES	\$
LOSS PAID	\$
EXPENSES PAID	\$

Claimant Name: _____

Project Name & Location: _____

Date of Loss: _____

Description of Claim:

SUIT <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Open <input type="checkbox"/> Closed
AMOUNT CLAIMED	\$
LOSS RESERVES	\$
EXPENSE RESERVES	\$
LOSS PAID	\$
EXPENSES PAID	\$