

**Toronto Office:** 18 King St. E., Suite 300 Toronto, ON M5C 1C4  
T: 416-603-7864 or 1-877-603-7864 | F: 416-603-7861 | www.suminsurance.ca

**Montreal Office:** 1001 De Maisonneuve Blvd. W., Suite 900 Montreal, QC H3A 3C8  
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## RENEWAL APPLICATION – MISCELLANEOUS ERRORS AND OMISSIONS PROFESSIONAL LIABILITY INSURANCE

1. NAMED INSURED: \_\_\_\_\_

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

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

3. 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: \_\_\_\_\_

4. HAVE THERE BEEN ANY CHANGES TO YOUR BUSINESS ACTIVITY OR ANY OTHER STATEMENT MADE IN LAST YEAR'S APPLICATION?

Yes  No If Yes, please provide details:

ACTIVITY	%
	%
	%
	%
	%

5. OTHER THAN AS ALREADY DECLARED TO THE INSURERS:

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 question 5 a) or 5 b) is Yes, please provide full details:

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NOTE: THE POLICY DOES NOT COVER ANY CLAIM OR CIRCUMSTANCE STATED IN 5 a) AND/OR 5 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

6. 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 attach details.

7. 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 5a) or 5b) 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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