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EXCESS PROFESSIONAL LIABILITY INSURANCE QUESTIONNAIRE FOR NOTARIES

1. NAME OF APPLICANT: _____

2. HEAD OFFICE ADDRESS: _____

3. NUMBER OF NOTARIES: _____ ANNUAL REVENUES: \$ _____

4. PLEASE INDICATE THE PERCENTAGE OF FEES DERIVED FROM THE FOLLOWING ACTIVITIES :

Family and Couples: _____%

Successions and Wills: _____%

Business: _____%

Real Estate: _____%

Other: _____% (Describe): _____

5. PLEASE PROVIDE THE CONDITIONS FOR THE PRIMARY POLICY:

Insurers: _____ Policy Number: _____

Limits of Liability: \$ _____ Deductible: \$ _____

This application and any supplements attached hereto do not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

This will confirm that to the best of my knowledge and upon inquiry with any others in the firm who might have knowledge of such matters, there have been no events or occurrences from which we expect that a claim will be made against the firm, nor have there been any demands against the firm for money or services because of any alleged negligent acts, errors or omissions in the firm's performance of professional services, for the proposed Professional Liability policy.

Print Name: _____ Position: _____

Signature: _____ Dated: _____