



MISCELLANEOUS PROFESSIONAL LIABILITY INSURANCE

If a policy is issued, the insurance coverage will apply to claims first presented to the insured and reported to the insurer during the policy period and extended reporting period.

APPLICANT INFORMATION

1. Name (state former firms if any):

2. Address:

3. Address of All Branch Offices:

4. Contact name:

5. Title:

6. Telephone:

7. Website:

8. Date Established:

**Please provide the resume of all Owners, Partners or Principals.*

9. Is the Applicant controlled, owned or associated with or does the Applicant own or control any other firm, corporation or company? Yes No
If Yes, give details:

**Note: The policy will not cover those firms unless specifically endorsed.*

10. During the past five years has the name of the firm been changed or has any other business been purchased or any merger or consolidation taken place? Yes No
If Yes, give full details: (Include dates)



11. To what Professional Associations does the Applicant belong?

STAFF AND POSITION OF THE APPLICANT:

	Canada	United States	Other
Number of owners, partners, officers:			
Number of other employees not mentioned in the previous point: Please describe:			
Number of other staff (ex.: administrators):			
Total:			
% of the firm's assets:			
% of shares held:			

PROFESSIONAL ACTIVITIES

12. Please provide a full description of the Applicant's activities:

13. Please categorize the activities outlined above and indicate the percentage of the gross fees each represents:

14. Does the Applicant anticipate any major changes in the forthcoming 12 months?

Yes No

If Yes, please give details:

15. Does the Applicant or any subsidiary, parent or otherwise related entity engage in actual manufacture, construction, alteration, repair, installation, sale or supply of products, other than in a pure consultancy capacity as described above? Yes No

If Yes, please give details:

16. Please provide details of your 3 largest projects over the last 3 years:

Project	Country	Fees	Value	Started	Finished	Services

17. Please state the largest annual fee from any one client:

18. Does the Applicant use a standard form of contract, agreement or letter of appointment?

Yes No

If Yes, please enclose a copy.

19. Does the Applicant issue any brochure, leaflets, books etc. describing the firm's services or offering any service or facility? Yes No

If Yes, please enclose a copy.

20. Is any service/work put out to sub-contractors? Yes No

Si Oui: / If Yes:

Does the firm require sub-contractors to carry insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, as to what limit of indemnity?	
How much of the firm's fees are paid to sub-contractors?	
Please describe the service/work:	

GROSS BILLINGS

21. Veuillez déclarer le montant des facturations brutes de la société au cours: / Please state the amount of the firm's gross fees/billings during:

	Years	Total	Canada	U.S.A.	Other
Current 12 months					
Past 12 months					
Previous 12 months					

PRIOR INSURANCE AND CLAIMS

22. During the last five (5) years, has the applicant carried professional liability or errors and omissions insurance or directors and officer’s liability insurance? Yes No

If Yes, please complete the following for all previous insurance and specify in an annex.

If these prior insurances were subject to limitations or exclusions that applied to the applicant’s past activities or services, please indicate any applicable limitation, exclusion or retroactive date and the reasons for such limitations or exclusions: Aucune / None

Name of insurer	Term	Limits of Liability	Deductible	Premium

23. During the past five (5) years, has any Insurer cancelled, declined or refused to renew a professional liability / errors and omissions insurance policy? Yes No

If Yes, explain:

24. Has the applicant ever been the subject of one or more claims with respect to professional services? Yes No

25. Has the applicant given notice of a possible claim to an Insurer with respect to professional services? Yes No

26. After enquiry, is the Applicant aware of any facts or circumstances which could give rise to a claim with respect of professional services? Yes No

For any affirmative answer to questions above, give in each case the following details on a separate sheet: Dates, Circumstances, Names of Claimants and Amounts Involved, etc.

REQUESTED COVERAGE AND DEDUCTIBLE:

27. Professional liability:

	Each loss:	Aggregate:
Limits of Liability		
Would you like options for additional limits?		

28. Deductible Amount Applicable to Each Loss (minimum 0.5% of your annual fees or \$1,000)

- \$ 1,000
- \$ 2,500
- \$ 5,000
- \$ 10,000
- \$ 25,000
- Other (specify):

29. Suggested effective date of the insurance contract:

DISCLOSURE, AUTHORIZATION AND SIGNATURE

The applicant hereby declares that the above statements are exact, complete and true in every particulars. If an insurance contract is effected, the statements set forth herein shall be the basis of the contract of insurance, and shall become an integral part of the policy.

The applicant also gives authorization to the Insurer, its affiliates, agents and representatives to verify, obtain and exchange any personal information in connection with the said insurance.

This consent is valid with respect to any policy extension and/or renewal with the Insurer, or any of its affiliates.

Please answer all questions and leave no blank spaces. If the space provided is insufficient to answer any question fully, kindly append a separate sheet.

IMPORTANT:

This type of insurance coverage applies only to claims notified to the Insurer during the policy period of which the Applicant or any of its members had no knowledge prior to such policy period.



Therefore, if you presently hold an insurance contract on a "claims made" basis, please make sure that you report known negligent acts or any fact or circumstance which has, or could give rise to a claim.

Please contact Revau Advanced Underwriting inc. if additional information is required.

SIGNING THIS APPLICATION FORM DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE APPLIED FOR THEREIN.

Signature: _____

Date: _____

Please send the completed, signed and dated application to underwriting@revau.com

