



PROFESSIONAL LIABILITY QUESTIONNAIRE

PLEASE ANSWER ALL QUESTIONS

IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS

Agency Name: _____ Policy Number: _____

1. What type of Professional Liability is written, what carriers are involved and indicate whether or not you have binding authority. Also, please indicate the volume written in each line:

<u>Types</u>	<u>Carrier</u>	<u>Binding Authority</u>	<u>Volume</u>
Agents E&O	_____	_____	_____
Real Estate E&O	_____	_____	_____
Architects & Engineers	_____	_____	_____
Lawyers	_____	_____	_____
Accountants	_____	_____	_____
Travel Agents	_____	_____	_____
Medical Malpractice (specify type)	_____	_____	_____
Other(s)	_____	_____	_____

2. Are these policies claims made or occurrence? _____

3. Does your agency write excess coverage? Yes No
If so, with whom: _____

4. Do you have a separate department that handles this business? Yes No
What is their experience level: _____

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.

Signature of Applicant (authorized representative)

Date

SUBMITTED BY: _____

EMAIL: _____

**For contact information visit:
www.markelinternational.ca**