

MISCELLANEOUS PROFESSIONAL CGL/E&O APPLICATION

APPLICANT:

1. Name of Applicant/Company: (including all subsidiaries) _____
2. Canadian Registered Company? YES NO
3. Address: _____
 City: _____ Province: _____ Postal Code: _____
4. Is this a home office? YES NO
5. Website Address: _____
6. Additional Office Location (if applicable)
 Address: _____
 City: _____ Province: _____ Postal Code: _____
7. Are there more than two office locations in total? YES NO
8. Are there any branch locations outside Canada? YES NO
9. Company Structure: Individual Corporation Partnership Other (describe): _____
10. Year Company was Established: _____
 If less than three years since established, does the applicant have a minimum of three years' experience doing similar work as proposed in this application? (If no, please provide resume(s) of the principal(s) and refer to your Underwriter.) YES NO
11. Number of Employees: _____ Canadian _____ U.S.A

REVENUES:

12. Gross Revenue for the last 12 months or last fiscal year: \$ _____
13. Percentage of last 12 months Gross Revenues derived from:
 Canada: _____ U.S.A: _____ Other: _____
14. Estimated Gross Revenues for the next 12 months or fiscal year: \$ _____
15. Percentage of next 12 months Estimated Gross Revenues derived from:
 Canada: _____ U.S.A: _____ Other: _____

SCOPE OF SERVICES:

16. Do you perform any hands on / manual type work? YES NO
17. Please indicate the percentage for each of the following products or services the company provides. Note: if the products or services listed below do not describe the applicant's company accurately, Towerhill may be able to provide coverage under a different program. For example, Architects & Engineers, Accountants, Protection Services, IT Professionals, Life Agents. In this case, please contact your underwriter and do not use this form.

Percentage % (must = 100% total)	SERVICE	Percentage % (must = 100% total)	SERVICE
	Accident Investigation		Home Check Service
	Adoption Agencies		Home Inspector
	Adult Education Classroom Instruction		Hospital Consultancy
	Agrologists		Human Resources Consultant
	Anthropologist		Image Consultants
	Arbitrators & Mediators		Immigration Advice
	Bookkeepers (excluding audit work)		Import & Export Consultancy
	Business /Management Consultants (excluding any financial/investment advice)		Interior Designers
	Business Training Courses		Laboratory Analysis
	Careers Advisory Consultant		Land Surveyors

MISCELLANEOUS PROFESSIONAL CGL/E&O APPLICATION

	Chambers of Commerce & Trade		Market Research & Analysis
	Claims Adjusters		Marketing & Advertising Consultancy
	Claims Consultant		Marriage Consultancy
	Collection Agencies		Meeting Planners
	Contract Review		Non-Destructive Testing Services
	Counselling Services (excluding healthcare)		Other (describe below)
	Court Reporters		Process Servers
	Customs Agents		Property Managers
	Data Entry Outsourcing		Quality Assurance & Control
	Driving Instructors		Quantity Surveyors
	Education Advisory Service		Research Consultancy
	Educationalists		Risk Management Consultant
	Employment Placement Agents		Safety Consultant
	Energy Consultancy		Technical writing
	Environmental Assessment		Title Searchers
	Event Planners		Traffic Consultants
	Exhibition Management		Translators & Interpreters
	Expert Witnesses		Transport Consultants
	Food Inspectors		Travel Agents (excl. tour operators)
	Foresters		Tutors
	Freight Forwarders		Utility Locators
	Genealogists		Wedding Planner
	Graphic Designers		WETT Inspector

Other(Describe): _____

CONTRACT:

18. List the company's five largest customers and a description of the products/services provided (including contract value)

Customer Name	Description	Single Largest Contract/Project Value

19. Do you always use a written contract with clients? YES NO Majority of the Time
20. Is the applicant granted final authority to make business decisions on behalf of their clients? YES NO
21. Does the company ever assume liability for any loss, over and above the replacement of the products, services, or the refund of fees? YES NO
22. Does the company sub-contract any work to others? YES NO
- a) If yes, what is the \$ amount sub-contracted? _____
- b) What products and or services? _____

CYBER:

23. Does the applicant store any medical/health information for clients? YES NO
- If yes, does the applicant follow the minimum standards under HIPAA (encryption, virus protection and firewalls in place)? YES NO
24. Does the company collect/retain any sensitive data (for example: social insurance number, bank account details etc.) from their clients? YES NO

MISCELLANEOUS PROFESSIONAL CGL/E&O APPLICATION

INSURANCE:

25. Does the applicant currently carry E&O insurance? YES NO
 If yes, what is the retroactive date on the current E&O policy? _____
26. Has the company, its partners, directors or officers ever been declined, non-renewed or cancelled by any insurer for an Errors and Omissions and/or Commercial General Liability Insurance? YES NO
 If yes, please provide full details _____

CLAIMS:

27. Has the company, its partners, directors, officers or employees ever had an order to cease & desist or a written demand or civil proceedings for compensatory damages made against them in past 5 years? YES NO
 If yes, please provide an explanation including date of claim, claimant's name, nature of claim, amount of indemnity payment, defense costs, final dispositions or current status of claim: _____
28. Are the company, its partners, directors, officers or employees aware of any job disputes or fee disputes during the last five years? YES NO
 If yes, please describe: _____
29. Is the company, its partners, directors, officers or employees aware of any other fact, situation or circumstance, that may result in a written demand or civil proceedings for compensatory damages? YES NO
 If yes, please describe: _____

PROPERTY:

30. Do you require property coverage for office contents? Limit: _____ YES NO
31. Do you require business interruption coverage? Limit: _____ YES NO

IT IS AGREED THAT IF THERE IS ANY KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION, ANY CLAIM OR ACTION SUBSEQUENTLY ARISING IT IS EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

I understand and agree YES NO

ADDITIONAL INSURED(S) (if applicable): _____

Date Coverage required _____

COVERAGE	Limit of Coverage	
ERRORS & OMISSIONS : <i>claims made form, costs inclusive</i>	<input type="checkbox"/> \$250,000	<input type="checkbox"/> \$500,000
	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,000,000
COMMERCIAL GENERAL LIABILITY: <i>occurrence form</i>	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,000,000
	<input type="checkbox"/> \$5,000,000	

For purposes of the Insurance Companies Act (Canada), any document would be issued in the course of Lloyd's Underwriters' insurance business in Canada. Where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured contravenes a term of the contract or commits a fraud; or (c) the Insured willfully makes a false statement in respect of a claim, a claim will become invalid and the Insured's right of recovery is forfeited. The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information. I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and my broker's or insurance company's policy regarding personal information, for the purpose of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

Printed Name: _____ Date: _____
 Position Held: _____ Applicant's Signature: _____
 Brokerage: _____ Broker Name: _____
 Broker Email: _____ Broker phone: _____

Towerhill Insurance Underwriters Inc. o/a Excess Underwriting is a Managing Underwriting Agent and a Coverholder at Lloyd's. The underwriting insurance carriers are various underwriters at Lloyd's of London.