

## MISCELLANEOUS E&O LIABILITY INSURANCE NEW BUSINESS APPLICATION

Please complete all questions. If no answer is available, please write "Not Applicable" in the space provided. Where space provided insufficient to answer, please attach additional sheet(s).

### THE APPLICANT

1. Name of Applicant: \_\_\_\_\_  
 Corporation  Partnership  Individual  Other (Please advise)
  
2. Address of Head Office\* \_\_\_\_\_  
 \_\_\_\_\_  
*\*Please indicate any other branch offices on a separate sheet*
  
3. Date Established: \_\_\_\_\_ Number of Years Under Present Ownership: \_\_\_\_\_
  
4. Website: \_\_\_\_\_
  
5. Are the Applicant's operations controlled, owned, or associated with any other firm, corporation, or company? Yes  No   
 If "YES", please provide details: \_\_\_\_\_  
 \_\_\_\_\_

### PROFESSIONAL SERVICES & FEES BREAKDOWN

6. a) Please provide a brief description of your operations. Attach additional sheet(s) if required.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- b) Of the operation(s) Noted above, please provide a percentage breakdown of each:

Description of Services:	Percentage (Must equal 100%):
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
	<b>100%</b>

c) Please provide the annual revenue / fees derived from your professional services:

	For the past year (MM/YYYY)	Anticipated for next year (MM/YYYY)
<b>Canadian Fees:</b>	\$	\$
<b>USA Fees:</b>	\$	\$
<b>Overseas Fees:</b>	\$	\$
<b>Profit (Loss):</b>	\$	\$

7. Please provide the following information and provide resumes for anyone performing services in question 6 above.

Professional's Name	Duty / Job Title	Education/Qualifications	Years of Experience

8. Please list the number of additional employees other than listed above:

**Clerical:** \_\_\_\_\_

**Other (please describe):** \_\_\_\_\_

9. Does the Applicant (or professionals on staff) belong to any related professional associations? Yes  No

If "YES", please indicate associations: \_\_\_\_\_

10. Has the Applicant ever been investigated or suspended from practice by any body governing the practice of his/her profession? Yes  No

If "Yes", please provide full details of such investigations or suspensions: \_\_\_\_\_

11. Does the Applicant provide any type of hands-on work / manual work such as testing, construction, installation repair, manufacturing or sale or supply of products? Yes  No

If "Yes", please provide full details: \_\_\_\_\_

12. a) Does the Applicant have a disaster preparedness response plan in place, including online and remote IT services that the Applicant owns, utilizes, and operates for its business? Yes  No

- b) Is the disaster preparedness response plan reviewed, updated, and tested on a frequent basis (i.e., at least semi-annually)? Yes  No

**CONTRACTS AND RISK MANAGEMENT**

13. a) Please list the Applicant's three largest contracts in the last three years:

Type of Services Provided	Professional Fee	Contract Value	Date / Length of Service
	\$	\$	
	\$	\$	
	\$	\$	

b) How many customers do you have?

14. Do more than 25% of the Applicant's fees derive from a single client? Yes  No

If "Yes" please provide full details?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Are standard contracts used and signed by each client? Yes  No

If "Yes", please attach a copy of the contract.  
If "No", describe fully the terms under which work is accepted and how you limit your liability for consequential and financial loss under contract. Attach additional sheet(s) if required.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Does the Applicant's contracts contain (check where applicable):

- a) Hold harmless agreements in favour of the Applicant? Yes  No
- b) Hold harmless agreements in favour of the client? Yes  No
- c) Any guarantees of warranties? Yes  No

17. a) Do you subcontract any services? Yes  No

If "Yes", please indicate the nature of services sub-contracted and percentage of each.

	%
	%

- b) Do you obtain proof that your sub-contractor(s) carry Errors and Omissions and General Liability insurance to an equal limit of your policy or higher? Yes  No

If "No", please state reasons why limits are Not equal or higher.

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## INSURANCE

18. Provide details of all Professional Liability Insurance carried in the past three years:

Insurer	Policy Period	Limit of Liability	Deductible	Premium

19. Has the Applicant, partners, principals, or employees had Errors & Omissions insurance declined, cancelled, or non-renewed during the past five years? Yes  No

If "Yes", please provide details:

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## CLAIMS

20. During the past five years, have the Applicant, partners, principals, or employees had one or more claims arising from their professional services, or are the Applicant, partners, principals, or employees aware of any facts or circumstances or allegations which may give rise to a claim from their professional services and or CGL? Yes  No

If "Yes", please provide full details:

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Note: the insurance will Not cover clams mentioned in reply to #20 above, or claims resulting from the facts mentioned in #16 or claims resulting from any act, error, fault, omission, or circumstance known to the Applicant before the effective date of the policy.

21. Limits of E&O Liability Requested:

E&O Per Claim	\$
Aggregate	\$
Deductible Requested	\$
Deductible Options	\$

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**COMMERCIAL GENERAL LIABILITY (CGL)** \*Complete this section if CGL coverage is required

22. Please list all locations at which business is conducted, providing the following details:

	Address	Rent, Own or Leased	Sq. Ft	Age	Construction (frame, brick etc.)
a)					
b)					
c)					

23. Number of Stories for each location listed above:

**Occupancy**

24. Please describe the occupancy at each location listed above:

- a)
- b)
- c)

25. If the building(s) are over 20 years old, please provide full details of all upgrades including the date of upgrade (Heating, Roof, Plumbing, Wiring):

26. Are there any off-site/off premises work, consulting, design, testing etc.? Yes  No

If "Yes", please provide full details:

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27. Provide details of all Commercial General Liability Insurance carried in the past three years:

Insurer	Policy Period	Limit of Liability	Deductible	Premium

28. Has the Applicant, partners, principals, or employees had Commercial General Liability insurance declined, cancelled, or non-renewed during the past five years? Yes  No

If "Yes", please provide details:

29. Limits of CGL Requested:

Per Occurrence	\$	_____
Aggregate	\$	_____
Deductible Requested	\$	_____
		_____

**PROPERTY\***

Does the Applicant require property coverage for office contents?

Yes  No

Content Limit: \$ \_\_\_\_\_

**\*CGL and Property will only be offered to the Applicant whose E&O insurance is placed with TruStar.**

**DECLARATION**

The undersigned declares that all statements made in the Application and the information contained in documents submitted with it are true. Signing of this document does Not bind the Applicant to complete the insurance, but it is agreed that the Application shall be the basis of the contract, should a policy be issued.

Applicant Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

*MUST BE SIGNED BY THE PRESIDENT OR CHAIRPERSON OF THE BOARD OR THE EXECUTIVE DIRECTOR*

**Attach the following additional information:**

- **Brochures and or promotional literature**
- **Copy of a representative contract and or letter of agreement used by your firm**
- **Resumes of principals, partners, and executive officers**