

MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION

Name of applicant/insured: _____ Insured's website: _____

Address of applicant/insured: _____

City: _____ Province: _____ Postal code: _____

Key contact person: _____ Phone: _____ Email: _____

Branch offices: _____

Date business established: _____

Describe in detail the nature of operations and professional services for which coverage is requested. (Please provide definitions for uncommon terms.)

PLEASE ATTACH A COPY OF YOUR CORPORATE BROCHURE

Is the applicant or any employee a member of any related associations? Yes No If yes, indicate such membership below

Is any legislation currently in force governing the practice of the applicant? Yes No If yes, attach full copy of relevant extracts

State your annual revenue, broken down as follows:

	Domestic revenue	USA revenue	Other territory revenue
Past 12 months (annual gross income)	_____	_____	_____
Next 12 months (estimated gross income)	_____	_____	_____

What percentage of your income comes from customers or assignments outside Canada? _____ %

Give, in approximate percentage, the source of your income related to the activities listed above:

Activity	Percentage
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
TOTAL	_____ % <i>Must add up to 100%</i>

To whom does the applicant provide professional services? _____

Does any single client represent more than 25% of the applicant's total gross income? Yes No

If yes, provide full details

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Do you have any written contracts with your clients? If yes, a sample must be attached Yes No

Have you, has any partner, or, if a corporation, has any owner, officer, director, employee or solicitor of the firm been the subject of disciplinary action by a regulatory authority? Yes No

Has any policy of application for errors and omissions insurance on your behalf, your partners behalf or, in the case of a corporation, any of the present executive officers or directors been declined, cancelled or renewal refused within the last five (5) years? Yes No

Have any errors and omissions claims been made against you, your partner(s), if any, or in the case of a corporation, any of the present executive officers or directors, within the last ten (10) years? Yes No

Are there any circumstances which may result in an errors and omissions claim being made against you, your partner(s), if any, or, in the case of corporation, any present executive officers or directors? Yes No

Has the applicant ever been investigated by, or suspended from, practice by any body governing the practice of this profession? Yes No

If you answered "YES" to any of the above questions, full details must be attached.

List all partners, principals and key employees:

Name	Position	Professional qualifications	Authorized to practice since	Years or service with applicant
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Number of all other employees, not included in the above: _____

Have there been changes in your activities or ownership in the past year? Yes No

If yes, provide full details

ATTACH PROFESSIONAL RESUMES OF THE PRINCIPALS AND SUPPORT STAFF

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Does the applicant subcontract professional services to others? Yes No If yes, indicate percentage: _____ %

Does the applicant request proof of insurance from sub-contractors? Yes No

List the applicant's five (5) largest jobs or projects during the last three (3) years:

Project / Client Name	Nature of service performed
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List errors and omissions carrier for past three years (if none, state "None")

Name of Carrier	Policy Term	Limit	Deductible
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Coverage specifications: Limit per claim: _____ Deductible: _____

Desired effective date of policy: _____

Please check here if you would like a quote for Premium Financing.

The applicant hereby warrants and represents that to the best of his/her knowledge, the statements and answers to questions made above and attachments hereto are true and the Applicant has not omitted or misrepresented any information. The Applicant agrees that if any significant change in the condition or circumstance of the Applicant is discovered between the date of the Application form and the effective date of the policy, which would render this Application form inaccurate or incomplete, notice of such change will be reported immediately.

The Applicant understands and agrees that the completion of this application does not bind the company to issuance of an insurance policy.

Name and Title: _____

Applicant's signature _____ Date: _____

Please remember to attach: 1. copy of corporate brochure, 2. professional resumes of principals and support staff, and 3. details of claims.

Additional information

Name and Title: _____

Signed by authorized representative: _____

Date: _____

Email: _____