

MISCELLANEOUS E&O RENEWAL APPLICATION



PART 1 GENERAL INFORMATION

Broker:	Broker Phone:
Broker Contact:	Broker Email:
Applicant Name:	
Mailing Address:	Postal Code:
Telephone No.:	Email:
Branch Locations:	
Website:	

PART 2 REVENUE BREAKDOWN

Revenue from Applicant's Operations (CDN Dollars):

Financial Year End	Prior Year: (MM/YY) ____/____	Last Completed Year: (MM/YY) ____/____	Estimate for Next Year: (MM/YY) ____/____
a) Total Gross Fees/ Revenues (=b+c+d+e+f)	\$	\$	\$
b) Fees for Services Rendered in Canada	\$	\$	\$
c) Fees for Services Rendered in the USA	\$	\$	\$
d) Fees for the Rest of the World (Please specify)	\$	\$	\$
e) Fees paid to Sub Consultants	\$	\$	\$
f) Other - Please Specify (i.e., Sales etc.)	\$	\$	\$

Number of Employees:	Professional:	Other Technical or Qualified Staff:
Construction Personnel:	Administrative (Clerical):	Other:
Annual Payroll: \$		

Have there been any changes to your activities or any of the other information supplied in your last application? Yes No

If yes, please detail any changes to your business activities below or attach details of other changes:

PART 3 COMPANY OPERATIONS

Description of Operations:

Breakdown of total Revenue by Operation (total must equal 100%):			
Acoustic Consultants:	%	HR/ Employment Agents:	%
Adjudicator:	%	Immigration Consultants:	%
Advertising Agents:	%	Interior Decorating:	%
Air Quality Inspector:	%	Interior Designers (non-structural):	%
Arbitrators (public):	%	Interior Designers (structural):	%
Arbitrators (private):	%	Laboratory Analysis:	%
Auctioneer Agricultural Consultants:	%	Management Consultants:	%
Careers Advisory Service:	%	Marketing Consultants:	%
Cartographer:	%	Photographers:	%
Education Consultants:	%	Public Relations:	%
Energy Consultants:	%	Publishers:	%
Environmental Consultants (feasibility studies etc.):	%	Town Planner:	%
Environmental Consultants (waste management):	%	Trade Show Organizers:	%
Event Organizers:	%	Traffic Consultants:	%
Event Planner:	%	Training Risks (classroom based):	%
Expert Witness:	%	Training Risks (hands on):	%
Financial Consultant:	%	Training Risks (virtual):	%

Food Industry Consultant:	%	Translators:	%
Graphic Designer:	%	Will Writers:	%
Health & Safety Consultants:	%	Zoology Consultant:	%
Horticultural Consultant:	%	Other:	%

Description of Other Work:

Industries Served (total must equal 100%)			
Agricultural:	%	Media/ News:	%
Aviation:	%	Mining:	%
Construction:	%	Oil & Gas:	%
Education:	%	Pipeline:	%
Finance:	%	Pharmaceutical:	%
Forestry:	%	Technology:	%
Healthcare:	%	Transportation:	%
Hospitality:	%	Other:	%
Manufacturing:	%	Describe Other:	

PART 4 CYBER PRE-QUALIFICATION

Applicant regularly backs up critical data to a “cold” or “offline” location that would be unaffected by an issue with their live environment, and they test to ensure those backups are recoverable? <input type="checkbox"/> Yes <input type="checkbox"/> No
Applicant uses multi-factor authentication (MFA) for cloud-based services (such as cloud-based email accounts) and for all remote access to their network: <input type="checkbox"/> Yes <input type="checkbox"/> No
Applicant does not allow remote access into their environment without a virtual private network (VPN): <input type="checkbox"/> Yes <input type="checkbox"/> No
Applicant regularly (at least annually) provides cyber security awareness training, including anti-phishing, to all individuals who have access to their organization’s network or confidential/personal data? <input type="checkbox"/> Yes <input type="checkbox"/> No

PART 5**CLAIMS HISTORY**

a) Are you aware of any loss or damage, whether insured or not, that has occurred to any of the Companies to be insured (or to any existing or previous business of the partners or directors of any Companies to be insured) within the last 5 (five) years, or: Yes No

b) Are you aware of any circumstances which may give rise to a claim against any of the Companies to be insured or any partners or directors thereof, or: Yes No

c) Have any claims or cease and desist orders been made against any of the Companies to be insured, or any partners or directors thereof, or: Yes No

d) Have any partners or directors of the Companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body? Yes No

If the answer to the above is "Yes", then please attach full details including an explanation of the background of events, the maximum amount involved/claims, the status of the claim(s) or circumstance(s) and any reserve(s) or payment(s) made by Insurers, and the dates of all developments and payments.

TYPE OF LOSS	DATE OF LOSS	DESCRIPTION OF LOSS	\$ RESERVE OR LOSS AMOUNT PAID BY INSURER	\$ RETAINED LOSS OR DEDUCTIBLE PAID BY YOU
			\$	\$
			\$	\$
			\$	\$
			\$	\$

*Please attach any available insurance company loss reports with this application

NOTICE TO APPLICANT:

I/we declare that the best of my/our knowledge and believe the answers given on this application whether by me/us or on my/our behalf are complete and true and that I/we have not withheld any material information.

If this application has been completed on my/our behalf, I/we agree the person is deemed to be my/our agent and not an agent for the Insurer and I/we have read the information provided before signing the form.

This application must be signed by a principal, director, or partner of the proposed First Named Insured.

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension, or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Signature of Applicant:

Position:

Please print name here:

Date:

BROKER DECLARATION

How long have you known this applicant?

Is this account new or renewal to you?

Broker's Signature:

Position:

Please print name:

Date: