



LIONS GATE UNDERWRITING PROFESSIONAL RISKS SHORT FORM APPLICATION

ERRORS & OMISSIONS
Canada

I. General Information

1. Please provide the following details *(including all trading names and subsidiaries)*:

Name: _____

Date of Establishment: _____

Website Address: _____

2. Address/es of all companies *(including subsidiaries)*: _____

City: _____ Province/Territory: _____ Postal code: _____

City: _____ Province/Territory: _____ Postal code: _____

3. Please supply details of all principals, directors, partners:

NAME	QUALIFICATIONS	HOW LONG WITH THE COMPANY?
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Do you use sub-contractors? Yes No

If "Yes":

a. What percentage of your turnover was paid to sub-contractors in the last financial year? ____%

b. What is the nature of work undertaken by sub-contractors? _____

c. Do you require cover for them under this policy? Yes No

d. Are sub-contractors required to carry errors and omissions insurance to a similar limit? Yes No

If "No" to 4d, please provide details as to why not:

5. If you are working as a contractor, is all work carried out under your client's supervision? Yes No

6. Please complete the following:

	LAST COMPLETE FINANCIAL YEAR	CURRENT YEAR	ESTIMATE FOR COMING YEAR
a. Total turnover including fee income:	\$	\$	\$
b. Estimated percentage split of your turnover including fee income for:			
i. Work carried out for Canadian clients:	___%	___%	___%
ii. Work carried out for US clients not subject to US law:	___%	___%	___%
iii. Work carried out for US clients subject to US law:	___%	___%	___%
iv. Work carried out for clients anywhere else in the world:	___%	___%	___%

II. Business Activities

7. Please state:

a. Full description of all of your activities:

b. Are you involved in any consultancy or services in relation to any of the following areas:

Accountancy / Tax	Yes	No
Legal	Yes	No
Medical / Healthcare	Yes	No
Construction / Environmental	Yes	No
Any process of manufacture, construction, alteration, repair, installation or sale or supply of products, other than in a pure consultancy capacity as described above.	Yes	No

If "Yes" to any part of b. please provide details:

8. Please give details of your three largest contracts in the last five financial years:

(Give details of current projects if new business)

YEAR	NAME OF CLIENT	INDUSTRY OF CLIENT	NATURE OF CONTRACT	CONTRACT VALUE
				\$
				\$
				\$

III. Risk Management

9. Are satisfactory written references obtained from former employers for at least three years prior to the engagement of any employee responsible for money, accounts or goods? Yes No

10. Above what amount do payments require at least a two-stage sign-off? \$_____

11. Do you hold client funds, or do you have client authority to agree and/or effect transfers or payments on their behalf from client funds or accounts? Yes No
- If "Yes":
- a. Do you ever act solely on e-mail instructions to transfer funds or make payments from client accounts without taking steps to independently verify the authenticity of the instructions and integrity of any bank account details provided prior to execution? Yes No
- b. Do you undertake to immediately implement procedures to ensure that there is such an independent verification process in place for all future transactions? Yes No
- c. What steps have you taken to ensure that the transaction has been completed successfully?

12. Do you carry out work only under a standard contract signed by every client? Yes No
- If "Yes", please supply a copy of your standard form of contract, or otherwise a typical example of contract used. Attached
- If "No", are all contracts vetted by a legally qualified person before being agreed? Yes No

13. When entering into contracts do you always:
- a. Exclude liability for consequential, special or indirect damages, loss of profits and liquidated damages? Yes No
- b. Cap your overall liability at a reasonable level? Yes No
- c. Work to a written specification with your clients outlining the scope of each job? Yes No
- d. Ensure that changes to the scope of work are reflected in a written variation of the contract? Yes No

If "No", to any of the above, please explain why:

14. For what limits of indemnity are quotations required?
- \$250,000
\$500,000
\$1,000,000
\$2,000,000
\$5,000,000
Other

IV. Claims

15. In respect of any of the risks to which this application relates:

- | | | |
|--|-----|----|
| a. Has any claim been made (whether successful or not) against you, any predecessor, any past or present principals, directors, partners? | Yes | No |
| b. Has any loss been suffered by you or any predecessor as a result of the dishonesty or malice of any past or present principals, directors, partners, employees or self-employed person? | Yes | No |

If "Yes", to a. or b., please provide details:

DATE OF CLAIM/LOSS	BRIEF DETAILS OF EACH CLAIM/LOSS	TOTAL COST OF CLAIM/LOSS PAID	ESTIMATED TOTAL COST OF CLAIM/LOSS
		\$	\$
		\$	\$
		\$	\$

c. What steps have been taken to prevent a recurrence?

16. Are you, after full enquiry:

- | | | |
|--|-----|----|
| a. Aware of any circumstance which is likely give rise to a claim or loss against you, any predecessor or any past or present principals, directors, partners? | Yes | No |
| b. Aware of any shortcoming in your work for a client which is likely to give rise to a claim against you? This includes: | | |
| i. A shortcoming known to you, but not your client, which you cannot reasonably put right? | Yes | No |
| ii. A complaint from your client about your work or anything you have supplied which cannot be immediately resolved? | Yes | No |
| iii. An escalating level of complaint from your client on a particular project? | Yes | No |
| iv. A client withholding payment due to you after any complaint? | Yes | No |

If "Yes" to any of the above, please provide details:

17. Do you have any grounds, after reasonable enquiry, for suspecting that any past or present principal, director, partner, employee or self-employed person has acted dishonestly or maliciously?

Yes No

If "Yes", please provide details:

DECLARATION

On behalf of the Applicant/s, I/we declare that, after full enquiry, the contents of this application are true and that I/we have not misstated, omitted or suppressed any material fact or information. If there is any material alteration to the facts and information which I/we have provided or any new material matter arises before the completion of the contract of insurance, I/we undertake to inform the Insurer.

Signature of Principal / Director / Partner: _____ Date: _____