

**APPLICANT:**

1. Name of Applicant ( Legal Registered Name ): \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

2. Business Entity Structure: Individual  Partnership  Corporation  Trust  **Date Established:** \_\_\_\_\_

3. Number of Office Locations (Please attached detailed list): \_\_\_\_\_

4. Which provincial jurisdictions are you are licensed to Operate in Canada: \_\_\_\_\_

5. Proprietor, Partners and Officers:

Name	Qualification	Date Qualified

If necessary, please use a separate sheet.

6. Staff:

- a) Total number of proprietors, partners and officers:
- b) Number of other chartered accountants employed:
- c) Number of students:
- d) Number of other staff (Other staff includes accountants, typists, clerks, etc. engaged in client work but excludes telephone operators, janitors, chauffeurs, internal accounting and administration personnel.):

7. Predecessor Firms: List of all former firms, names purchased or dissolved where the Applicant is responsible for maintaining in force the professional liability insurance and requires coverage. If the firm is not listed here, no coverage will be extended or afforded.

Name of Firm	Date Established	Date Ceased to Operate

8. Please provide a complete description of the applicant's activities for which the applicant requires errors and omissions insurance coverage.

\_\_\_\_\_

9. Is the applicant or any advisor involved in any operations outside of Canada?  YES  NO

If yes, please provide all fees/assets inside and outside of Canada.

10. Please provide a list of memberships in all professional associations:

\_\_\_\_\_

11. Does the Applicant publish a newsletter or any other type of publication?  YES  NO

If yes, a) What is the title of each such publication? \_\_\_\_\_

b) Do the subscribers of the publication(s) pay a subscription fee?  YES  NO

**BUSINESS OPERATION:**

12. a) Please indicate the Applicant's gross annual fees or income:

i) Previous Year: \$ \_\_\_\_\_ ii) Anticipated for Next Year: \$ \_\_\_\_\_

b) Largest Client: \_\_\_\_\_ Last Fiscal Year: \$ \_\_\_\_\_ Percentage to 12(a) above: \_\_\_\_\_

If over 50%, please state client and services performed.

Second Largest Client: \_\_\_\_\_ Last Fiscal Year: \$ \_\_\_\_\_

Approximate number of clients: \_\_\_\_\_

13. Give, in approximate percentage, the source of your revenue for the following categories:

Categories	Yes	No	Percentage of Fees & Commissions
Bookkeeping/Benefit Administration	<input type="checkbox"/>	<input type="checkbox"/>	%

Consulting – Computer/Publications	<input type="checkbox"/>	<input type="checkbox"/>	%
Consulting – Investment/Financial	<input type="checkbox"/>	<input type="checkbox"/>	%
Consulting – Mergers/Acquisitions/Re-organization	<input type="checkbox"/>	<input type="checkbox"/>	%
Directorship	<input type="checkbox"/>	<input type="checkbox"/>	%
Financial Statement – Auditing/Public traded/Financial Auditing(others)	<input type="checkbox"/>	<input type="checkbox"/>	%
Financial Statement – Review & Engagement	<input type="checkbox"/>	<input type="checkbox"/>	%
Financial Statement – Non Review	<input type="checkbox"/>	<input type="checkbox"/>	%
Non-Profit Organization Work	<input type="checkbox"/>	<input type="checkbox"/>	%
Property Management for Others	<input type="checkbox"/>	<input type="checkbox"/>	%
Receivership/Liquidation/Insolvency/Bankruptcy	<input type="checkbox"/>	<input type="checkbox"/>	%
Tax Return – Companies	<input type="checkbox"/>	<input type="checkbox"/>	%
Tax Return – Individuals	<input type="checkbox"/>	<input type="checkbox"/>	%
Tax and Estate Planning	<input type="checkbox"/>	<input type="checkbox"/>	%
Trust Fund Management	<input type="checkbox"/>	<input type="checkbox"/>	%
Other, please specify	<input type="checkbox"/>	<input type="checkbox"/>	%
<b>Total:</b>			<b>100%</b>

14. Other Services and Relationships

- a) Does the Applicant accept remuneration (i.e. finders' fees, commissions) from sources other than the client in respect to goods or services sold to his/her clients?  YES  NO
  - b) Does the Applicant enter into "Joint Ventures" with clients?  YES  NO
  - c) Does the Applicant enter into "Joint Ventures" with other accounting firms?  YES  NO
  - d) Does the Applicant have affiliation/associations with other Canadian or international accounting firms?  YES  NO
  - e) Does the Applicant have a financial interest in any client?  YES  NO
  - f) Does any clients have a financial interest in the Applicant's firm?  YES  NO
  - g) Does the Applicant refer clients to each other?  YES  NO
  - h) Does the Applicant provide professional services to any outside firm or company:
    - i) In which they or their spouse have an ownership interest?  YES  NO
    - ii) By which they are employed?  YES  NO
  - i) Does the Applicant provide consulting services to companies that they also audit?  YES  NO
  - j) Is any work sub-contracted?  YES  NO
- If yes, please describe the type of work and give the annual income for the last fiscal year.

- k) Does the Applicant provide IT/Computer related services?  YES  NO
- If yes, what are they? \_\_\_\_\_
- If yes to any of the above, please attach details.

- 15. a) Total asset value of all accounts managed by the Applicant: \$ \_\_\_\_\_
- b) Asset value of the Applicant's largest account: \$ \_\_\_\_\_

- 16. Does the applicant use a written service agreement with each client?  YES  NO
- If YES, Does the applicant have written procedure to ensure compliance with the written service agreement?  YES  NO

17. As part of this application, Please submit **latest audited financial statements with any notes and schedules.**

**CLAIMS:**

- 18. Are you, your employees or any of your associates listed in 13 (b) aware of any circumstance, allegation, contention or incident which may potentially result in a claim for an error or omission in the performance of a professional service being made against your entity, you, any broker or associate or employee present or past associated or working with your entity?  YES  NO
- If yes, please attach an additional page with full details including the date of the claim or allegations.
- 19. Are there any E&O loss paid or outstanding in the last 5 years against the firm, an individual or any employees or associates of the company?  YES  NO
- If yes, please provide all details of these claims (attach a separate sheet if needed), including the total amount paid:

20. Have you or any of financial / investment advisors under the applicant:
- a) Had their license suspended or terminated by a regulatory authority?  YES  NO
  - b) Ever been called before an investigative committee for disciplinary proceedings for professional misconduct by a professional society / board or any statutory registration board?  YES  NO
  - c) Been censured or fined by a regulatory authority?  YES  NO
  - d) Ever been the recipient of any allegations of fraud or ever been investigated for or implicated in fraud?  YES  NO

**If you answered yes to any of above questions, please provide details below :**

\_\_\_\_\_

\_\_\_\_\_

**PREVIOUS INSURANCE:**

21. Has the Applicant / Company carried Errors and Omission Insurance in the past 5 years?  YES  NO

INSURER	TERM	LIMIT	PREMIUM	RETROACTIVE DATE
		\$	\$	
		\$	\$	
		\$	\$	

**E&O COVERAGE REQUIRED:**

COVERAGE	Limit of Coverage	Deductible
ERRORS & OMISSIONS:	<input type="checkbox"/> \$1,000,000 per claim / \$1,000,000 per policy period <input type="checkbox"/> \$1,000,000 per claim / \$2,000,000 per policy period <input type="checkbox"/> \$1,500,000 per claim / \$1,500,000 per policy period <input type="checkbox"/> \$2,000,000 per claim / \$2,000,000 per policy period <input type="checkbox"/> \$2,000,000 per claim / \$4,000,000 per policy period <input type="checkbox"/> \$3,000,000 per claim / \$3,000,000 per policy period <input type="checkbox"/> \$3,000,000 per claim / \$5,000,000 per policy period <input type="checkbox"/> \$5,000,000 per claim / \$5,000,000 per policy period	<input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000

**OPTIONAL CGL COVERAGE IF REQUIRED:**

22. Number of Employees: Full-time Cdn: \_\_\_\_\_ Part-time Cdn: \_\_\_\_\_
23. Are all Employees covered by W.C.B?  YES  NO  
 If no, please explain: \_\_\_\_\_
24. Are the Company, its partners, associates or employees aware of any job disputes or fee disputes during the last five (5) years?  YES  NO  
 If yes, please describe: \_\_\_\_\_
25. Have you ever brought a claim or suit against another party?  YES  NO  
 If yes, please describe: \_\_\_\_\_
26. Attach a list of all claims, disputes, suits or allegations of non-performance made during the past 5 years against the applicant or any employee, partner or associate.

COVERAGE	Limit Required	Deductible
COMMERCIAL GENERAL LIABILITY:	<input type="checkbox"/> \$1,000,000 Per occurrence limit / \$1,000,000 Per aggregate limit <input type="checkbox"/> \$2,000,000 Per occurrence limit / \$2,000,000 Per aggregate limit <input type="checkbox"/> \$3,000,000 Per occurrence limit / \$3,000,000 Per aggregate limit <input type="checkbox"/> \$4,000,000 Per occurrence limit / \$4,000,000 Per aggregate limit <input type="checkbox"/> \$5,000,000 Per occurrence limit / \$5,000,000 Per aggregate limit	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000
SPF6-STANDARD NOA:	<input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$5,000,000	
TENANTS LEGAL LIABILITY:	<input type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$3,000,000 <input type="checkbox"/> \$4,000,000 <input type="checkbox"/> \$5,000,000	

**OPTIONAL PROPERTY COVERAGE IF REQUIRED:**

27. Location to be Insured: \_\_\_\_\_
28. Distance to hydrant: \_\_\_\_\_ Distance to responding fire department: \_\_\_\_\_
29. Year Built: \_\_\_\_\_ # of Stories: \_\_\_\_\_ Building Construction Type: \_\_\_\_\_

30. Heating:  Gas  Electric  Oil Other: \_\_\_\_\_ Electrical: 100amp Breakers \_\_\_\_\_ Fuses \_\_\_\_\_
31. Updates to above (include date of updates to each): \_\_\_\_\_
32. Occupancy: 1<sup>st</sup> Floor: \_\_\_\_\_ 2<sup>nd</sup> Floor: \_\_\_\_\_ 3<sup>rd</sup> Floor: \_\_\_\_\_
33. Burglary Alarm:  Yes  No Monitored:  Yes  No Sprinklered:  Yes  No

COVERAGE	Limit Required	Deductible
Building – All Risk – 80 co Insurance		
Contents – All Risk – 80 co Insurance		
Miscellaneous Property Floater - Computer Equipment (incl. Laptop) - Tools - Portable Equipment		
Profits		
Extra Expense		
Crime Limit		
Employee Dishonesty Limit		

Earthquake (restrictions in Cresta Zone 1)		10%
Flood Coverage		\$10,000

**DECLARATION / CONSENT:**

**PLEASE READ BEFORE SIGNING:** A claim will become invalid and the Insured's right of recovery is forfeited 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 fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim.

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.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such 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.

**NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.**

<b>Applicant's Name:</b>	<b>Position Held:</b>
<b>Applicant's Signature:</b>	<b>Date:</b>
<b>Brokerage:</b>	<b>Broker Name:</b>
<b>Broker Email:</b>	<b>Broker phone:</b>

*Premier Canada Assurance Managers Ltd. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).*

**\*\* Email application and attachments to - [newbizprofessional@premiergroup.ca](mailto:newbizprofessional@premiergroup.ca) \*\***

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