

RENEWAL QUESTIONNAIRE – MISCELLANEOUS PROFESSIONALS

Name of applicant: _____

Policy Number: _____

Expiry Date: _____

Have there been any changes in operations? YES NO

(If YES, please describe): _____

Operations or Services:

Nature of Work:	Actual Revenues for expiring term:			Est. Annual Revenue - next 12 months:		
	CDN\$	US\$	FOREIGN\$	CDN\$	US\$	FOREIGN\$
Total						

What is the Applicant's average contract value? \$ _____

Largest contract value? \$ _____

Current Number of CDN Employees: _____

Current Number of US Employees: _____

Is the Company (partners, directors, officers or employees) aware of any disputes or fee disputes since the last application for insurance was completed? YES NO

(If YES, please describe): _____

Is the Company (partners, directors, officers or employees) aware of any other fact, situation or circumstance that may result in a written demand or civil proceedings for compensatory damages? YES NO

(If YES, please describe): _____

Additional Insured(s) (If applicable): _____

NEW THIS YEAR, ENHANCED WORDING AVAILABLE FOR "CYBER LIABILITY" PLEASE CONFIRM:

Does the Company store any medical/health information for clients? YES NO

• If yes, does the Company follow the minimum standards under the HIPAA (encryption and firewalls in place)? YES NO

• If yes, does the Company follow the minimum standards under PIPEDA or the respective PIPA requirements (encryption and firewalls in place)? YES NO

• Higher cyber limits may be available, please contact your underwriter for details.

Is all sensitive data encrypted while standing and during transmission? YES NO

• If yes, please name the encryption technologies used: _____

Is there a virus protection program in place? YES NO

Are there firewalls in place? YES NO

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.

Name and Title of Applicant: _____

Signature: _____ Date: _____

Brokerage: _____

Broker Contact Name: _____ Signature: _____

Broker Telephone: _____ Broker fax: _____ Broker Email: _____

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 - processingcommercial@premiergroup.ca ****

Vancouver - T 604.669.5211 F 604.669.2667

London - T 519.850.1610 F 519.850.1614