

SECTION 1: APPLICANT INFORMATION

1. Full Legal Name: _____
2. Structure: Individual Partnership Trust Date Established: _____
3. Mailing Address: _____
4. Phone: _____ Cell: _____ Fax: _____
5. Email: _____ Website: _____

SECTION 2: OPERATIONAL DETAILS

1. Please supply details of all Principals:

Name	Qualifications	Date Qualified	Date of Engagement

2. Number of Employees:
 CA's: _____ CGA's: _____ CMA's: _____ Bookkeepers: _____
 Other (please provide details): _____
3. Actual Revenue for the last completed fiscal Year: _____
4. Estimated Revenue for the current fiscal Year: _____
5. Please indicate if you have any of the following relationships: _____
 - Controlled by, owned, or associated with, any other firm or corporation Yes No
 - Joint ventures with other accounting firms Yes No
 - Clients with a financial interest in the firm Yes No
 - Clients outside of Canada Yes No

If yes, please provide:

Inside Canada (details and all fees): _____

Outside Canada (details and all fees): _____

6. Please provide details of your 3 largest clients by annual fees:

	Largest	Second Largest	Third Largest
Name of Client:			
Nature of Business:			
Annual Fees:			



7. Please indicate if you provide any of the following services and the % of each (total must be 100%):

Type of Service	Service Provided	Business Activity %
Audit Engagements/Reports for publicly held Companies (attach disclaimer)	<input type="radio"/> Yes <input type="radio"/> No	
Audit Engagements for all others	<input type="radio"/> Yes <input type="radio"/> No	
Bookkeeping, Benefit Administration, Payroll	<input type="radio"/> Yes <input type="radio"/> No	
Business Evaluation (including Consulting in the Buying and Selling of Business)	<input type="radio"/> Yes <input type="radio"/> No	
Computer Consultancy	<input type="radio"/> Yes <input type="radio"/> No	
Consulting in Mergers, Acquisitions, Reorganization of Business	<input type="radio"/> Yes <input type="radio"/> No	
Investment and Financial Consulting	<input type="radio"/> Yes <input type="radio"/> No	
Public Offerings and Stock Prospectus	<input type="radio"/> Yes <input type="radio"/> No	
Directorships	<input type="radio"/> Yes <input type="radio"/> No	
General Insurance	<input type="radio"/> Yes <input type="radio"/> No	
Management Consulting	<input type="radio"/> Yes <input type="radio"/> No	
Financial Statements – Review and Engagement	<input type="radio"/> Yes <input type="radio"/> No	
Financial Statements – Non-review Preparation	<input type="radio"/> Yes <input type="radio"/> No	
Financial Statements – Auditing, Public Traded, Financial Auditing (others)	<input type="radio"/> Yes <input type="radio"/> No	
Receivership, Liquidation, Insolvency, Bankruptcy	<input type="radio"/> Yes <input type="radio"/> No	
Executorships and Trusteeships	<input type="radio"/> Yes <input type="radio"/> No	
Secretarial and Share Registration	<input type="radio"/> Yes <input type="radio"/> No	
Tax Return Preparation – Individuals	<input type="radio"/> Yes <input type="radio"/> No	
Tax Return Preparation – Corporations	<input type="radio"/> Yes <input type="radio"/> No	
Tax and Estate Planning	<input type="radio"/> Yes <input type="radio"/> No	
Trust Fund Management	<input type="radio"/> Yes <input type="radio"/> No	
Property Management of Others	<input type="radio"/> Yes <input type="radio"/> No	
Direct Business Management of Others	<input type="radio"/> Yes <input type="radio"/> No	
Other Services, please specify:	<input type="radio"/> Yes <input type="radio"/> No	

8. Has the Applicant or any partner/principal or employed professional ever been investigated by or suspended from practice by any body governing the practice of his/her profession? Yes No

If **yes**, please provide details:



9. Has the Applicant ever undertaken audit work for any public limited company or a subsidiary of a public limited company? Yes No

If yes, please provide details:

If yes, was the company listed on any stock exchanges? Yes No

10. Has the Applicant ever been or are now authorized for investment business? Yes No

If yes, please provide details:

11. Do you engage the services of subcontractors? Yes No

If yes, please provide details:

If yes, what percentage of fees/turnover was paid to sub-contractors during the last financial year? _____

12. Does the Applicant always require sub-contractors to hold their own Professional Indemnity coverage, and verify that it is in force? Yes No

If yes, please confirm the minimum limit you require them to maintain: _____

If no, please provide details:

SECTION 3: CLAIMS

1. Have any claims for professional services been made against the Applicant or any employees during the past 5 years? Yes No

If yes, please provide details:



2. Is the Applicant aware of any fact, or error, omission or circumstance of a type that could give rise to a claim?
 Yes No

If **yes**, please provide details:

- !** **Note: The insurance will not cover claims mentioned in reply to claims resulting from the facts mentioned or claims resulting from any negligent act, error, omission or circumstance known to the applicant prior to the effective date of this policy.**

SECTION 4: COVERAGES

1. Limits of Liability desired (shown per claim and aggregate):
 \$1,000,000 \$2,000,000 \$3,000,000 \$5,000,000
2. Deductible desired: \$1,000 \$2,500 \$5,000 \$10,000
3. Has the Applicant carried Errors and Omission insurance in the past 5 years? Yes No

If **yes**, please provide details:

Insurer	Term	Limit	Premium

4. Please confirm the expiring retroactive date (if none, state "none"): _____

This is the Date of insurance first purchased and continued without interruption.

SECTION 5 : DECLARATION

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to Risk-Can Underwriting Managers until accepted by Risk-Can Underwriting Managers, but that the information contained herein shall be the basis of the contract should a policy be issued.

I declare that the statements made in this application are complete and true to the best of my knowledge. I understand that the Application Form will form part of the insurance policy. I acknowledge that if, at any time of claim, it is discovered that any question in this application is not answered truthfully, accurately and completely, it may result in the non-payment of any claim and/or my coverage will be made null and void.

Your privacy is protected: The insurance coverage you are applying for is provided to you by Risk-Can Underwriting Managers and Risk-Can Underwriting Managers will collect, use and disclose the personal information, which you give, for the purpose of providing you with insurance services. Your information may be disclosed to others in the credit services, investigative and/or insurance fields as necessary to underwrite and administer this insurance and to pay any benefits.

Applicant's Name (Please print)

Title/Position

Signature of Applicant

Date (MM/DD/YYYY)

BROKER CONTACT INFORMATION

Agent Name: _____ Brokerage Name: _____
 Email: _____ Address: _____
 Phone: _____ City / Province: _____
 Fax: _____ Postal Code: _____

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