

Instructions

In this application:

- **You/Your** refers to all firms to be insured under this arrangement, including any predecessor or previous business for which cover is required.
- **Firm** means any business whether a sole trader, partnership or company, limited in liability or otherwise.
- **Principal** means any Director, Partner, Member or Sole Trader.
- Answers should relate to all work for which cover is required – past, present and future.
- You **MUST** complete all sections of this Proposal Form. The Proposal Form must be signed and dated once completed.
- This Proposal Form is for a contract of insurance and **You**, the proposer, must disclose all material facts relevant to this application for Professional Indemnity Insurance and other covers.
- All material facts must be disclosed truthfully, to the best of **Your** knowledge and belief at the time of disclosure. **You** must also disclose any changes to the facts disclosed that occur prior to commencement of insurance. The information provided in this Proposal Form, together with any other information given, will be used by underwriters in their assessment of this application.
- Failure to disclose all relevant material facts whilst making this application may lead to the invalidation of any insurance effected, and ultimately result in avoidance of the insurance or non-payment of any claim made.
- Full details for coverage provided can be found in our Policy Wordings and Summaries, which are available on request.

If You cannot provide all details required in the provided space, please attach a separate sheet.

SECTION 1: APPLICANT INFORMATION

1. Please provide full trading names of all Firms to be insured under this arrangement (You/Your):

Insured Name(s)	Date Established
_____	_____
_____	_____
_____	_____

2. Phone: _____ Cell Phone: _____ Fax: _____

3. Email: _____ Website: _____

4. Please provide all addresses, including postal code:



5. Please briefly describe the nature of Your business activities:

If You have a brochure, or company literature, please attach to this application.

6. Years' Experience in this Field by the Business Owner/Principal: _____

7. If coverage is required for Your previous businesses (predecessor practices), provide details below.

	Name(s)	Start Date	End Date	Reason for Winding Up/Leaving
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____

If any of the Principals require coverage for any previous professional business activity not covered elsewhere, please provide details below.

1	Name of Principal to be covered: _____ Name of previous Firm: _____ Period at previous Firm: _____ Fees for last 3 Years of Trading (indicate year and fees): _____ Positions held at previous Firm: _____ Reason for leaving: _____
2	Name of Principal to be covered: _____ Name of previous Firm: _____ Period at previous Firm: _____ Fees for last 3 Years of Trading (indicate year and fees): _____ Positions held at previous Firm: _____ Reason for leaving: _____
3	Name of Principal to be covered: _____ Name of previous Firm: _____ Period at previous Firm: _____ Fees for last 3 Years of Trading (indicate year and fees): _____ Positions held at previous Firm: _____ Reason for leaving: _____



8. Do You have any association with or financial interest in any other Firm? Yes No

If **yes**, provide full details below of the nature of the association, with the name and business of the third party:

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9. Please supply details of all Principals:

Name	Age	Qualifications	Date Qualified	Date of Engagement
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

10. Please supply details of total numbers of staff:

Principals: _____ Qualified Staff: _____ Unqualified Staff: _____ Others: _____

11. Has any Principal ever been convicted of a criminal offense or are any charges/prosecutions pending (excluding minor motoring offences), or been investigated/reprimanded/ disqualified by their professional body? Yes No

If **yes**, provide full details:

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12. Please provide full details if any Principal has been made personally bankrupt or has been associated with any business which has ceased trading either voluntarily or compulsorily:

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SECTION 2: OPERATIONAL DETAILS

1. Please provide a breakdown of turnover/fees generated.

	Last full financial Year	Current financial Year Estimate	Next financial Year Estimate
Work in Canada	_____	_____	_____
Work in US	_____	_____	_____
Work elsewhere	_____	_____	_____
Total	_____	_____	_____

- 2. Date of Company financial Year End: _____
- 3. Approximately how many customers do You have? _____
- 4. Please provide a breakdown of activities and percentage of income generated for each discipline. (Must equal 100%)

Business Activities	Income generated (%)
Total	100%

5. What percentage of Your income in the past financial year derived from aborted work? _____

6. Do You anticipate professional activities/services provided will change over the forthcoming twelve (12) months? Yes No

If yes, provide full details:

7. “Hands-On” Work: Do You perform manual work?(e.g., work directly with tools or equipment) Yes No

If yes, provide full details:

8. Does the Applicant have direct responsibility for on-site work? Yes No

Does the Applicant make decisions on his/her own authority that will affect site operations? Yes No

If yes, provide full details:

9. Do You perform work relating to hazardous material on or away from Your premises? Yes No

If yes, provide full details:

10. Do You belong to any association related to Your activities? Yes No

If yes, provide full details:

11. Is any legislation currently in force governing Your activities? Yes No

If yes, provide full details:

12. In the event Your product or service failed, or delivery was delayed, please describe the worst-case scenario. (Consider the potential for Your clients with respect to loss of life, injury to people, damage to buildings or other tangible property, financial loss or consequential loss).

13. Do You engage in the services of sub-contractors? Yes No

If yes, what type of services are sub-contractors performing?

14. What percentage of fees/turnovers was paid to sub-contractors during the last financial year? _____

15. Do You always require Your sub-contractors to hold their own insurance coverage, and verify that it is in force? Yes No

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



16. Please provide details of Your five (5) largest contracts that have been completed in the last six (6) years.

1	Client: _____ Start Date: _____ Total Contract Value: _____ Your Contract Value/Fee: _____ Est. Completion Date: _____	Description of Work:
2	Client: _____ Start Date: _____ Total Contract Value: _____ Your Contract Value/Fee: _____ Est. Completion Date: _____	Description of Work:
3	Client: _____ Start Date: _____ Total Contract Value: _____ Your Contract Value/Fee: _____ Est. Completion Date: _____	Description of Work:
4	Client: _____ Start Date: _____ Total Contract Value: _____ Your Contract Value/Fee: _____ Est. Completion Date: _____	Description of Work:
5	Client: _____ Start Date: _____ Total Contract Value: _____ Your Contract Value/Fee: _____ Est. Completion Date: _____	Description of Work:

17. What is the average single project value of all contracts performed over the last twelve (12) months?

18. Have You at all times used written agreements for each contract undertaken which clearly outline the services to be provided, and You confirm all changes and other implications? Yes No

If no, please detail below what procedures are undertaken to ensure that any revised specification/deliverables are agreed and understood by all parties:



19. Do You undertake any projects where construction is outside Canada? Yes No

If **yes**, please provide details of the three (3) largest projects below.

1	Client: _____ Start Date: _____ Total Contract Value: _____ Your Contract Value/Fee: _____ Est. Completion Date: _____	Description of Work:
2	Client: _____ Start Date: _____ Total Contract Value: _____ Your Contract Value/Fee: _____ Est. Completion Date: _____	Description of Work:
3	Client: _____ Start Date: _____ Total Contract Value: _____ Your Contract Value/Fee: _____ Est. Completion Date: _____	Description of Work:

20. Have You at any time entered into a contract that is subject to the laws of countries outside of Canada?

Yes No

21. Does the company ever enter into contracts on behalf of clients? Yes No

If **yes**, is written sign off for the contract term always obtained from Your client prior to doing so? Yes No

SECTION 3: INSURANCE & LOSS HISTORY INFORMATION

1. Please provide full details of Your current Professional Indemnity insurance arrangements.

Previous Insurer: _____ Policy #: _____

Expiring Premium: _____ Expiry Date: _____

Limit of Indemnity: _____ Excess/Deductible: _____

If You currently have Professional Indemnity coverage in force, please advise the retroactive date, if any:



2. Has any claim been made or loss suffered by You, whether insured or not, in respect of any of the risks to which this proposal for insurance relates? Yes No

If **yes**, please provide the following details:

1	Date of Loss: _____ Amount Paid: _____ Date Settled: _____ Outstanding Reserve: _____	Details of Loss:
2	Date of Loss: _____ Amount Paid: _____ Date Settled: _____ Outstanding Reserve: _____	Details of Loss:
3	Date of Loss: _____ Amount Paid: _____ Date Settled: _____ Outstanding Reserve: _____	Details of Loss:
4	Date of Loss: _____ Amount Paid: _____ Date Settled: _____ Outstanding Reserve: _____	Details of Loss:

3. Are You aware of any of the following:

- a) Any circumstances which might lead to a claim against You, whether insured or not, in respect of any of the risks to which this application for insurance relates? Yes No
- b) Any matter which might otherwise affect the consideration of this proposal? Yes No
- c) Has any application for similar insurance made on Your behalf or on behalf of any past or present Principal ever been declined, refused renewal, cancelled or accepted only on special terms? Yes No

If **yes** to any of the above, provide full details:

SECTION 4: COVERAGES

1. Please select what limit of liability You require quotations for:

\$250,000 \$500,000 \$1,000,000 \$2,000,000
 \$3,000,000 \$5,000,000 Other (specify): _____

2. What level of deductible/excess do You require? _____
3. If Commercial General Liability is required what is the limit requested? _____
4. What level of deductible do You require? _____

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: _____