



COMPLETION OF THIS FORM INDICATES YOUR CONSENT FOR PROCESSING YOUR PERSONAL INFORMATION. PLEASE REFER TO PAGE 6 FOR DETAILS ON OUR PRIVACY POLICY.

APPLICATION FOR MISCELLANEOUS PROFESSIONAL LIABILITY

Please read and complete the application in its entirety. Blanks &/or dashes are not acceptable and will delay consideration of this application. Answer all questions, if the question does not apply, indicate "N/A" in the space provided.

1. Applicant (Firm) _____

2. Business Address _____

City _____ Province _____ Postal Code _____

Telephone No. _____ Fax No. _____

Branch Offices _____

3. Date Business Established _____

4. Please describe **in detail** the nature of operations and professional services for which coverage is requested: **(Please provide definitions for uncommon terms)**

PLEASE ATTACH A COPY OF CORPORATE BROCHURE

5. a. Is the Applicant or any employee a member of any related associations? Yes No

b. If answer to a. above is "YES", please indicate such membership. _____

6. Is any LEGISTATION currently in force governing the practice of the Applicant? Yes No
(If yes, please attach full copy of relevant extracts)

7. Please state your annual revenue, broken down as follows:

	Domestic Revenue	USA Revenue	Other Territory Revenue
Past 12 Months (Actual Gross Income)			
Next 12 Months (Estimated Gross Income)			

8. What percentage of your income comes from customers or assignments outside Canada? _____ %

9. Give, in approximate percentage, the source of your income related to the activities listed in question 4.

Activity	Percentage
	TOTAL 100%

10. To whom does the Applicant provide professional services:

11. Does any one client represent more than 25% of the Applicant's total gross income? Yes No
(if yes, please provide full details)

12. Do you have written contracts with your clients? (if yes, a sample must be attached) Yes No

13. Have you, has any partner, or if a corporation, has any owner, officer, director, employee or solicitor of the firm been the subject of disciplinary action by a regulatory authority? Yes No

14. Has any policy of application for errors and omissions insurance on your behalf, your partners behalf or, in the case of a corporation, any of the present executive officers or directors been declined, cancelled or renewal refused within the last five years? Yes No

15. Have any errors and omissions claims been made against you, your partner(s) (if any), or in the case of a corporation, any of the present executive officers or directors, within the last ten years? Yes No

16. Are there any circumstances which may result in an errors and omissions claim being made against you, your partner(s), (if any), or, in the case of corporation, any present executive officers or directors? Yes No

17. Has the Applicant ever been investigated by or suspended from practice by any body governing the practice of this profession? Yes No

IF YES TO ANY OF THE ABOVE QUESTIONS, FULL DETAILS MUST BE ATTACHED

18. List all partners/principals/key employees:

Name	Position	Professional Qualifications	Authorized to practice since	Years of Service with Applicant

19. Number of all other employees, not included in # 18 above _____

20. Have there been any changes in your activities or ownership in the past year? Yes No

If Yes, provide details _____

ATTACH PROFESSIONAL RESUMES OF PRINCIPALS AND SUPPORT STAFF

21. Does the Applicant sub-contract professional services to others? Yes No
If yes, what percentage _____%

22. Does the Applicant request proof of insurance from sub-contractors? Yes No

23. Please list the Applicant's **five** largest jobs or projects during the last three years:

Project / Client Name	Nature Of Services Performed

24. List errors and omissions carrier for past three years (If none, state "None")

Name of Carrier	Policy Term	Limit	Deductible

25. Coverage Specifications: Limit per claim _____ Deductible _____

Desired Effective Date of Policy _____

The applicant hereby warrants and represents that to the best of his/her knowledge, the statements and answers to questions made above and attachments hereto are true and the Applicant has not omitted or misrepresented any information. The Applicant agrees that if any significant change in the condition or circumstance of the Applicant is discovered between the date of the Application form and the effective date of the policy, which would render this Application form inaccurate or incomplete, notice of such change will be reported immediately.

The Applicant understands and agrees that the completion of this application does not bind the company to issuance of an insurance policy.

Signed by Authorized Representative

Title

Date

PLEASE REMEMBER TO ATTACH:

- **A Copy of Corporate Brochure**
- **Professional Resumes o Principals and Support Staff**
- **Full Details Of Claims**

Additional Information

Signed by Authorized Representative

Title

SUBMITTED BY: _____

E-MAIL: _____

Notice concerning personal information

By soliciting insurance from South Western Insurance Group Limited, you agree and provide consent that your personal information, including that previously collected, will be collected, processed, used, communicated, transferred and retained for the following purposes:

- the communication with underwriters;
 - the evaluation of claims;
 - the analysis of business results;
 - the underwriting of policies;
 - the detection and prevention of fraud;
 - purposes required or authorized by law;
- In accordance with SWG's privacy policy available at the bottom of this application and as per our website: <https://swgins.com/page/privacy.html>

You can exercise your right to access your personal information in our possession, to have it rectified or to withdraw your consent by contacting us at PrivacyOfficer@swgins.com. Should you exercise your right to withdraw your consent to the communication or use of the information collected required to provide certain products or services, this would prevent South Western Insurance Group from being able to provide such products or services. Further information about South Western Insurance Group Limited personal information protection policy may be obtained by contacting our privacy officer at 416-620-6604.

Warranty Statement

The undersigned warrants that to the best of his or her knowledge, the statements set forth in this Application are true. In the event that there is any material change in the answers given to the questions contained in this application prior to the inception of the policy, the applicant must notify the underwriters in writing and the underwriters may revoke, or effect changes to, the quotation provided.

Signing of the proposal does not bind the undersigned to complete the insurance but it is agreed that this form, and any additional information/document provided in support thereof by the client and/or broker, shall be the basis of the contract should a policy be issued.

NEW BRUNSWICK RESIDENTS ONLY:

I hereby confirm my request that the present document and any other document and correspondence pertaining to the present insurance be in the English language.



Privacy Policy

South Western Insurance Group Limited is committed to protecting the privacy and the confidentiality of our brokers and their Insured's personal information. In order to comply with privacy legislation, we have developed this Privacy Policy. Any personally identifiable information about an Insured is considered personal information and will be treated in accordance with this Privacy Policy.

IDENTIFIED PURPOSES

South Western Group only collects, uses and discloses Personal Information for the following purposes:

- Offering and providing insurance and related products and services;
- Verifying the identity and the accuracy of personal information with government agencies, industry associations, or other Insurers;
- Analyzing, assessing and underwriting risks on a prudent basis;
- Investigating and paying claims;
- Detecting and preventing fraud or other illegal activities;
- Compiling statistics;
- Complying with the laws or the requests of law enforcement agencies or regulators.

In this Privacy Policy, the above list of Identified Purposes will be referred to as the 'Identified Purposes'.

THIRD PARTY DISCLOSURE

South Western Insurance Group may share information about you with third party companies, permitted by law. Such disclosures may include those that South Western feels are required to provide customer service, prevent fraud, perform research or comply with the law. Recipients may include South Western's family of insurance service companies, claims representatives, service providers, consumer reporting agencies, insurance agents and brokers, law enforcement, courts and government agencies. These parties may disclose the information to others as permitted by law.

PRIVILEGE & CONFIDENTIALITY NOTICE – Electronic Messages

Electronic mail or faxes and any files transmitted with them are confidential and may be privileged and are intended solely for the use of the individual or entity to whom they are addressed. If you have received this e-mail in error, please notify the sender immediately.

CONSENT

South Western Group relies on the following actions by our Brokers and Companies as indication of their consent from an Insured to our existing and future Personal Information practices:

- The Broker has voluntarily requested personal information from an Insured for the purpose of acquiring an insurance contract or related service or product;
- The Broker has the Insured's express consent or acknowledgement contained within a written, verbal or electronic application process;
- The Insured's consent solicited by our Companies or our Brokers is for a specified purpose;
- The Broker must provide the Insured with a copy of their privacy policy and must inform South Western Group of any withdrawal of this consent by an Insured;
- The Broker may obtain the Insured's consent through the Insured's authorized representative such as a legal guardian, agent or holder of a power of attorney.

If an Insured refuses to provide the Broker with certain Personal Information or withdraws their consent South Western Group may be unable to provide insurance coverage.

LIMITING COLLECTION AND RETENTION OF PERSONAL INFORMATION

South Western Insurance Group will only collect, use or disclose personal information that is necessary for the Identified Purposes or as required by law. We will retain personal information only as long as necessary for the fulfillment of the Identified Purposes. South Western may store certain data in jurisdictions outside of Canada and may share information with third party companies that are located outside of Canada.

ACCURACY

South Western Group requests our brokers to maintain the Insured's Personal Information as accurate, complete, and up-to-date as is necessary for the Identified Purposes.

SAFEGUARDS

South Western Group will protect the Insured's Personal Information by security safeguards appropriate to the sensitivity of the information. Safeguards will vary depending on the sensitivity, format, location and storage of the Personal Information.

ACCOUNTABILITY, OPENNESS AND ACCESS

South Western Group is responsible for all Personal Information under its control and has designated a Privacy Officer who is accountable to Senior Management for South Western's compliance with the Privacy Policy.

You may contact our Privacy Officer at PrivacyOfficer@swgins.com.

CHALLENGING COMPLIANCE

If any Broker is not satisfied with South Western's response to a privacy related inquiry or complaint, they may contact the Office of the Privacy Commissioner of Canada during business hours at [1-800-282-1376](tel:1-800-282-1376) or at www.privcom.gc.ca.

Please refer to the updated comprehensive version of privacy policy on our website: <https://swgins.com/page/privacy.html>