

APPLICATION FOR ERRORS & OMISSIONS/PROFESSIONAL LIABILITY INSURANCE

1. Name of Applicant

If different from above, state name under which business/practice is conducted:

Indicate: Corporation Partnership Individual

Date firm established: _____ Number of years under present ownership: _____

2. a) Address of main office: _____

b) Address(es) of branch office(s): _____

3. a) Provide a full description of your operations:

b) Are your operations controlled, owned or associated with any other firm, corporation or company? Yes No

If yes, provide full details:

4. a) Provide the following information:

Full Name of all Partners/Principals	Qualifications	Date Qualified	Length of Time in Practice	Length of Time as Partner/Principal
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

b) Indicate the total number of employees:

Professional _____ Sales Representative _____ Clerical _____ Other _____

c) Total number of partners, principals and employees who also act in the capacity of manager(s): _____

Provide details on the duties rendered by those employees where Professional or Errors and Omissions coverage would apply. Such information should be supplied on a separate page.

5. Explain fully the educational requirements for your profession:

6. a) Does the Applicant belong to any related associations? Yes No If yes, indicate such memberships:

b) Are there any specific prerequisites for association eligibility? Yes No If yes, provide details:

7. Has the Applicant ever been investigated by or suspended from practice by any body governing the practice of his/her profession?

Yes No If yes, provide full details of such investigation or suspension.

8. Is any legislation currently in force governing the practice of the Applicant? Yes No

If yes, **attach full copy of relevant extracts.**

9. a) Provide details of all Errors and Omissions or Professional Liability Insurance carried in the past three years:

Insurer	Period	Limit	Deductible	Premium
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

b) Indicate the type of Errors and Omissions or Professional Liability Insurance carried: Claims Made Occurrence Basis

10. Has the Applicant had similar insurance declined, cancelled or refused during the past five years? Yes No

If yes, provide details:

11. During the past five years, have the Applicant, partners, principals or employees had one or more claims because of professional services, or are the Applicant, partners, principals or employees aware of any facts or circumstances or allegations which may give rise to a claim?

Yes No If yes, provide details: _____

12. a) Indicate your business: Gross annual fees Income or Commissions

For the past year: \$ _____ and anticipated for next year: \$ _____

b) What proportion of your fees, income or commissions is derived from clients outside Canada? Provide percentage for each country.

c) What proportion of your fees, income or commissions is derived from services provided outside Canada? Provide percentage for each country.

13. a) Limits of Liability requested:

Per occurrence: \$ _____ Aggregate: \$ _____

b) Deductible requested: \$ _____

DECLARATION

The undersigned declares that all statements made in the Application and the information contained in documents submitted with it are true. Signing of this document does not bind the Applicant to complete the insurance, but it is agreed that the Application shall be the basis of the contract, should a policy be issued.

Signature

Title or Position

Date

**Must be signed by a Principal, Partner, Controller,
Executive Officer, Director or Manager**