



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: _____ or 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. Please give a full description of your operations:

b. Are your operations controlled, owned or associated with any other Firm, Corporation or Company?

If "YES", please provide full details:

4. a. Please provide the following:

Name in full of all Principals/Owners	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: _____

(Please elaborate upon the duties rendered by those employees where Professional or Errors & 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 answer to a) above is "YES", please indicate such memberships:

b. Are there any specific prerequisites for association eligibility?

If so, please 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 the Applicant answered "YES" to b) above, please 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", please ATTACH FULL COPY OF RELEVANT EXTRACTS.

9. Please give the following details of all Errors & Omissions or Professional Liability Insurance carried in the past 3 years:

Insurer	Period	Limit	Deductible	Claims/Occurrence
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

10. During the past 5 years, has the Applicant had similar insurance declined, cancelled or refused? _____
If so, please give details. _____

11. During the past 5 years, have the Applicant, Partners, or Principals had one or more claims because of professional services, or is the Applicant, Partners, or Principals aware of any facts or circumstances or allegations which may give rise to a claim?

If so, please give details. _____

12. a. Indicate your business' gross annual fees or income for the past year \$ _____
and anticipated for next year \$ _____

b. What proportion of your fees or income is derived from clients outside Canada. (Please give percentage for each country).

13. a. Limits of Liability Requested:
Per Occurrence: \$ _____ Aggregate: \$ _____

b. Deductible Requested: \$ _____

DECLARATION:

The undersigned declares that to the best of his/her knowledge the 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, and it will be attached to and become part of the policy.

Signed: _____

Title or Position: _____

Date: _____