

**NEW BUSINESS APPLICATION FOR  
MISCELLANEOUS PROFESSIONAL LIABILITY (ERRORS & OMISSIONS)**

- Please complete all questions – If no answer available, please write “not applicable” in the space provided.
- Where space provided is insufficient to fully answer, please attach additional sheet(s).
- Attach the following additional information:
  - Brochures and/or promotional literature.
  - Copy of a representative contract and/or letter of agreement used by your firm.
  - Resumes of principals, partners, and executive officers.

1. Name of Applicant \_\_\_\_\_

Indicate:       Corporation               Partnership               Individual

Date firm established: \_\_\_\_\_ Number of years under present ownership: \_\_\_\_\_

2. Address of main office: \_\_\_\_\_  
\_\_\_\_\_

3. Address of branch office(s): \_\_\_\_\_  
\_\_\_\_\_

4. Provide a full description of your operations – attach additional sheet(s) if required. If available, please provide brochures / promotional literature / marketing info.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Are your operations controlled, owned or associated with any other firm, corporation or company?

Yes       No              If yes, provide full details:

\_\_\_\_\_  
\_\_\_\_\_

6. Provide the following information:

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

7. Indicate the number of employees:

Professional \_\_\_\_\_ Sales Representatives \_\_\_\_\_ Clerical \_\_\_\_\_ Other \_\_\_\_\_

8. Explain the education requirements for your profession:

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

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10. 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.

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11. Is any legislation currently in force governing the practice of the applicant?  Yes  No  
**If yes, attach full copy of all relevant extracts.**

12. Indicate your business:  Gross annual fees  Income  Commissions

For the past year: \_\_\_\_\_ Anticipated for next year: \_\_\_\_\_

13. What proportion of your income is derived from clients outside Canada? Provide percentages for each country:

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What proportion of your income is derived from services provided outside Canada? Provide percentages for each country:

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14. Are standard contracts used and signed by each client?  Yes  No

**If "Yes", please attach copy.** If "No", describe fully the terms under which work is accepted.

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15. Do such contracts contain: (check where applicable)

Hold harmless agreement in favor of the applicant?  Yes  No

Hold harmless agreement in favor of the client?  Yes  No

Any guarantees or warranties?  Yes  No

16. Provide details of all Errors & Omissions / Professional Liability Insurance carried in the past three years:

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

17. Has the Applicant had similar insurance declined, cancelled or refused during the past five years?

Yes     No                      If "Yes", provide details:

\_\_\_\_\_  
\_\_\_\_\_

18. 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:

\_\_\_\_\_  
\_\_\_\_\_

**NOTE: THE INSURANCE WILL NOT COVER CLAIMS MENTIONED IN REPLY TO #18 ABOVE OR CLAIMS RESULTING FROM THE FACTS MENTIONED IN #18 OR CLAIMS RESULTING FROM ANY ACT, ERROR, FAULT, OMISSION OR CIRCUMSTANCE KNOWN TO THE APPLICANT BEFORE THE EFFECTIVE DATE OF THE POLICY.**

19. Limits of Liability requested:    Deductible requested: \$ \_\_\_\_\_  
Per occurrence: \$ \_\_\_\_\_    Deductible options:    \$ \_\_\_\_\_  
Aggregate:                      \$ \_\_\_\_\_    \$ \_\_\_\_\_

**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

**MUST BE SIGNED BY A PRINCIPAL OR PARTNER.**

\_\_\_\_\_  
Date