

**RENEWAL APPLICATION FOR
MISCELLANEOUS PROFESSIONAL LIABILITY (ERRORS & OMISSIONS)**

1. Name of Applicant _____ Policy No. _____ Expiry Date
/ /

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

Indicate: Corporation Partnership Individual

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.

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
---	----------------	----------------	-------------------------------	--

7. Indicate the number of employees:

Professional _____ Sales Representatives _____ Clerical _____ Other _____

8. Did the Insured obtain any association membership(s) during the past year? Yes No
If yes, indicate such memberships:

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

9. During the past year were there any changes in legislation which governs the practice of the Insured?
 Yes No **If yes, attach full copy of all relevant extracts.**

10. Indicate your business: Gross annual fees Income Commissions

For the past year: _____ Anticipated for next year: _____

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

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

12. Is the Insured, partners, principals or employees aware of any facts or circumstances which may give rise to a claim? Yes No

If yes, please provide full details. _____

13. 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 this Renewal 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