

NEW BUSINESS APPLICATION FOR 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).
- We require for a minimum of 14 Business Days in order to provide you with a Quote.
- 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.
 - Mail to 2-105 West Beaver Creek, Richmond Hill, ON, L4B 1C6 or Fax to FAX 905-764-9618

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):										
 Provide a full description of your operations – attach additional sheet(s) if required. If a please provide brochures / promotional literature / marketing info. 											
5.	Are your ope	erations controlled, own	ed or associated with an	v other firm, corporation	on or company?						
•	Are your operations controlled, owned or associated with any other firm, corporation or company? □ Yes □ No □ If yes, provide full details:										
ŝ.	Provide the following information:										
	Full Name of Partners/Prin		Date Qualified	Length of Time In Practice	Length of Time as Partner/Principa						



7.	Indicate the number of employees:					
	Professional Sales Representatives Clerical Other					
8.	Explain the education requirements for your profession:					
9.	Does the Applicant belong to any related associations? ☐ Yes ☐ No If yes, indicate such memberships:					
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.					
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:					
	What proportion of your income is derived from services provided outside Canada? Provide percentages for each country:					
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.					

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



Dat	te							
Signature			Title or Position MUST BE SIGNED BY A PRINCIPAL OR PARTNER.					
doc cor	cuments sub	mitted w surance,	ith it are true.	Signing of the	e in the Application and in the Application and in the Application shall be the	ot bind th	ne Applicai	nt to
DE	CLARATION							
	Aggregate:	\$				\$		
	Per occurren	ce:\$			Deductible options:	\$		
19.	Limits of Liab	oility requ	ested:		Deductible requeste	d: \$		
NOT	THE FACT	S MENTIO	NED IN #18 OR C	LAIMS RESULTI	NED IN REPLY TO #18 ABO NG FROM ANY ACT, ERRO RE THE EFFECTIVE DATE	R, FAULT,	, OMISSION C	
18.	because of p facts or circu	rofessior mstance	nal services, or	are the Applic which may gi	tners, principals or emp cant, partners, principal ve rise to a claim?			
	□ Yes □	□ No		If "Yes", provi	de details:			
17.	Has the Appl	icant had	d similar insura	nce declined,	cancelled or refused du	uring the p	past five ye	ars?
			1 olicy 1 chod			Cadelible		
16.	Provide detai	ils of all E	Errors & Omissi Policy Period	ions / Professi	onal Liability Insurance	e carried i	n the past t	hree years:
	Any guarante	ees or wa	erranties?			□ Yes	□ No	
		•	ment in favor of	the client?		☐ Yes	□ No	
	Hold harmles	?	□ Yes	□ No				