

**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): \_\_\_\_\_

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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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)

