



MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION

THIS IS AN APPLICATION FOR A CLAIMS MADE PROFESSIONAL LIABILITY POLICY WITH CLAIM EXPENSES INCLUDED IN THE LIMIT OF LIABILITY. All questions must be answered completely. If there is no answer, write "none" or "n/a" in the space provided. Where space provided is insufficient to fully answer, please use and attach separate sheet(s).

Copies of the following information must be enclosed with this application:

- (i) resumes of principals, partners and senior staff members
(ii) brochures and/or promotional literature
(iii) a copy of your standard written contract

General Information

- 1. (a) Name of Applicant:
(b) Address:
(c) Applicant is: Sole Proprietor Corporation Partnership Other:
(d) Date Established:
(e) Web-Site Address:
(f) Location of Branch Offices:
(g) (i) Limit of Liability requested: \$
(ii) Deductible requested: \$

Business Activities

- 2. (a) Describe in detail the professional services for which coverage is requested:
(b) Is the Applicant engaged in any business or profession other than as described in 2(a)? Yes No
If Yes, explain:

Business Details

- 3. (a) Last completed Fiscal Year is from: (Month/Year) to (Month/Year)
(b) Gross Revenue for the last completed Fiscal Year:
(c) Estimated Gross Revenue for the current Fiscal Year:
(d) Estimated Gross Revenue for the next Fiscal Year:
(e) Does the Applicant provide services or perform activities outside Canada or for clients who are domiciled outside Canada? Yes No
If Yes, provide full details:

- (f) For the Gross Revenue indicated in (c) above, indicate the approximate percentage derived from each of the services listed in Question 2(a):

Service	% (total must be 100%)
	%
	%
	%

- (g) For the Gross Revenue indicated in (c) above, indicate the approximate percentage derived from services performed outside Canada or for clients who are domiciled outside of Canada:

Country	% of Revenue
	%
	%
	%

4. (a) Is the Applicant controlled or owned by, or associated or affiliated with any other firm or business enterprise? Yes No

If Yes, advise (if more space is required please complete and attach a separate sheet):

Name of Entity	Nature of Operations/Relationship	% of Ownership
		%
		%

- (b) Does the Applicant provide professional services to any of the entities listed above in Question 4(a)? Yes No

- (c) Does the Applicant have any Subsidiaries, past or present, that are, or were, more than 50% owned or controlled by the Applicant, either directly or indirectly through one or more of its Subsidiaries for which coverage is required? Yes No

If Yes, advise (if more space is required please complete and attach a separate sheet):

Name of Entity	Nature of Operations	Jurisdiction of Incorporation	% of Ownership
			%
			%

- (d) During the past three years, has the Applicant's name changed, or has the Applicant purchased, merged or consolidated with any other business? Yes No

If Yes, provide full details: _____

5. (a) Complete the following for any person(s) performing the services described in Question 2 (if more space is required please complete and attach a separate sheet):

Name	Title	Professional Qualifications	# of years in practice

- (b) Additional employees to those listed in 5(a) in the following categories

Clerical: _____ Contract: _____ Other (specify): _____

- (c) What percentage of the Applicant's business involves subcontracting of work to others? _____ %
- (d) Does the Applicant require every independent contractor to carry E&O Insurance? Yes No
- (e) Is a license required in order for the Applicant to practice in his or her profession? Yes No
- (f) List any professional associations to which the Applicant belongs: _____

6. Indicate the Applicant's four largest projects during the last three years including: the client's name; nature of services provided and the gross revenues generated from those services (if more space is required please complete and attach a separate sheet):

Client	Services	Gross Revenue

7. (a) Does the Applicant use a standard written contract describing the services being provided? Yes No
- If Yes, attach a copy of the standard written contract. If No, explain how the Applicant determines and documents the rights and responsibilities with its clients, customers and other parties regarding the services to be insured, then proceed to Question 7(c).

- (b) For what percentage of the services provided / projects undertaken is this written contract used? _____ %
- (c) Does the Applicant obtain written client acceptance at the completion of project stages? Yes No
- (d) Does the Applicant obtain written final acceptance or other sign-off agreement from all clients upon completion of the professional services provided? Yes No

Prior Insurance

8. (a) Provide details of all Miscellaneous Professional Liability Insurance held during the past three years:

Name of Insurer	Limit of Policy	Deductible/Retention	Expiry Date	Premium

- (b) When was the first date on which the Applicant purchased continuous claims made coverage? _____
(MM/DD/YYYY)

Past Activities

9. (a) Has any insurance been refused or cancelled in the past five years? Yes No
- (b) Has the Applicant, or any of the Applicant's employees, ever been investigated by, or suspended from practice by, any governing body of his/her profession? Yes No
- (c) Does the Applicant or any other person proposed for this insurance have knowledge or information of any claim, demand, occurrence, suit, or proceeding which has been made or is pending against any insured proposed for coverage under the proposed insurance? Yes No
- (d) Have there been any suits, claims, occurrences (including allegations) made against the Applicant or any other person proposed for this insurance in the last five years? Yes No

If Yes to any of the above, attach details.

THE APPLICANT DOES HEREBY PROVIDE THE FOLLOWING WARRANTY TO THE INSURER

10. Does the Applicant, any of the Applicant's employees or any other person proposed for this insurance have knowledge or information of any fact, circumstance or situation which could reasonably give rise to a claim which would fall within the scope of the proposed insurance? Yes No

If Yes, provide details: _____

It is understood and agreed that if knowledge of any such facts, circumstances or situations exists, whether or not disclosed, any claim or action subsequently arising or developing therefrom shall be excluded from coverage under any policy issued by Trisura Guarantee Insurance Company.

FALSE INFORMATION

Any person who, knowingly and with intent to defraud any insurance company or other person, files an Application for insurance containing any false information, or conceals information concerning any fact material thereto for the purpose of misleading any insurance company or other person, commits a fraudulent insurance act which is a crime.

DECLARATIONS AND SIGNATURE

The undersigned authorized representative of the Applicant:

- (i) declares, after inquiry, that the statements and representations set forth in this Application, and all materials submitted to or requested by the Insurer in conjunction with this Application, are true;
- (ii) acknowledges that these statements, representations, and materials are relied on by the Insurer and that they shall be deemed material to the acceptance of the risk assumed by the Insurer under the insurance applied for, should the insurance be effected;
- (iii) agrees that if the information supplied in connection with this Application changes between the date of this Application and the effective date of any insurance effected pursuant to this Application, the undersigned will immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding indications, quotations and/or authorization or agreement to effect the insurance; and
- (iv) acknowledges that any personal information provided in connection with the insurance applied for, including but not limited to the information contained in this Application, has been collected in accordance with all applicable privacy legislation. The undersigned confirms that all necessary consents have been obtained for the collection, use, and disclosure of such information for the purposes of any investigation and inquiry in connection with this Application for insurance and, if applicable, investigating and settling claims, detecting and preventing fraud, and acting as required or authorized by law.

Signing of this Application does not obligate the Applicant or the Insurer to effect the insurance, but it is agreed that all materials submitted to or requested by the Insurer in conjunction with this Application are hereby incorporated by reference into this Application and made a part hereof. Terms and conditions, including limits of coverage, offered by the Insurer may differ from those applied for by the Applicant. It is further agreed that this Application and all materials submitted to or requested by the Insurer in conjunction with this Application are the basis of and are deemed attached to and incorporated into any policy effected pursuant to this Application.

PLEASE NOTE: COVERAGE CANNOT BE BOUND UNLESS THIS APPLICATION HAS BEEN FULLY COMPLETED AND DULY SIGNED AND DATED.

Applicant	Date
Signature	Title