

PLEASE ANSWER ALL QUESTIONS AND LEAVE NO BLANK SPACES. IF THE SPACE PROVIDED IS INSUFFICIENT TO ANSWER ANY QUESTION FULLY, KINDLY APPEND A SEPARATE PAGE WITH YOUR DETAILED ANSWERS.

Enclose the following with this Application:

Attached

- ☐ i. Copy of each professional's resume or provide a list of each professional's relevant qualifications and years of experience.
- ☐ ii. Copy of the Applicant's standard written contract.

APPLICANT

1. Name: _____
2. Address: _____
3. Location of branch office(s): _____
4. Date established: _____
5. Website: _____
6. a) Is the Applicant controlled or owned by, or associated or affiliated with any other firm or business enterprise?
If No, go to question 7. Yes ☐ No ☐
b) If Yes, advise the following for each:
i. Name of the affiliated entity(ies): _____
ii. Nature of the relationship(s) including % ownership: _____
c) Does the Applicant provide professional services to any entity listed in Question 6.b) i.? Yes ☐ No ☐
If Yes, please list: _____

REQUESTED LIMIT AND DEDUCTIBLE

7. a) Limit: _____ b) Deductible: _____

BUSINESS ACTIVITIES AND FINANCIAL INFORMATION

8. Last completed fiscal year is from: _____ to _____
9. Gross annual revenue: past year: _____ est. for current year: _____ est. for next year: _____
10. Percentage annual revenue from: Canada: _____% *US: _____% *other (specify): _____%
*Including management of properties located outside of Canada and revenue earned from clients domiciled outside Canada.
11. Percentage of revenue derived from services that are provided by independent contractors: _____%
12. Indicate the percentage of gross revenue derived from managing the following property types (total must be 100%):
Residential: _____% Commercial: _____% Rural: _____% Industrial: _____%
Vacant: _____% describe: _____ Other: _____% describe: _____

13. Complete the following for the three largest properties managed by the Applicant:

Property Name	Property Value	Rental Value	Gross Revenue

14. Is 50% or more of the Applicant's gross revenue derived from any one client? Yes ☐ No ☐

If Yes, name the client: _____

15. How many properties are currently under the Applicant's management? _____

16. What is the total value of all properties currently under the Applicant's management? _____

17. Is the Applicant involved in any property development or construction activities? Yes ☐ No ☐

If Yes, provide details and specify revenues derived from these activities:

18. Does the Applicant manage any properties for any company or person with whom it is affiliated? Yes ☐ No ☐

If Yes, provide details (identify the property and describe the relationship including ownership interest):

19. Does the Applicant manage any properties for non-residents? Yes ☐ No ☐

If Yes,

a) does the Applicant submit payments to the Canada Revenue Agency? Yes ☐ No ☐

b) are such payments up to date? Yes ☐ No ☐

20. Does the Applicant maintain separate trust accounts for each managed property? Yes ☐ No ☐

21. Is a budget prepared and approved by the Board of Directors or property owners for each managed property? Yes ☐ No ☐

22. a) Is the Applicant responsible for negotiating, effecting and/or maintaining insurance coverage for any managed property? If No, go to question 23. Yes ☐ No ☐

b) How many insurers are approached before determining appropriate coverage cannot be obtained? _____

c) Does the Applicant have duplicate controls in place to ensure all such insurance is bound/renewed with appropriate limits in place and no gaps in coverage? Yes ☐ No ☐

d) Are written company policies in place detailing at what point to determine it will not be possible to adequately insure a property and what measures to take should that happen? *(Please attach)* Yes ☐ No ☐

e) If appropriate insurance cannot be obtained, does the Applicant:

i. provide written notice to the Board of Directors or property owner? Yes ☐ No ☐

ii. obtain written confirmation of understanding from the Board of Directors or property owner? Yes ☐ No ☐

iii. obtain a signed waiver from the Board of Directors or property owner stating the Applicant will be held harmless in the event of any uninsured/underinsured losses? Yes ☐ No ☐

iv. obtain legal advice when appropriate coverage cannot be obtained to determine how best to proceed? Yes ☐ No ☐

- f) If No to any of questions 22c, 22d, or 22e, please advise what alternative safeguards are in place:

PROFESSIONAL PRACTICE

23. Total number of: professional employees: _____ independent contractors: _____ administrative: _____

24. Complete the following for any person(s) performing property management services. If additional space is required attach a separate sheet.

Name	Title	License held (advise if not applicable and describe relevant education/training)	Years of relevant experience

25. Does the Applicant require all independent contractors to carry their own professional liability policy with a limit of at least \$1,000,000? N/A ☐ Yes ☐ No ☐

26. For what percentage of services provided is a standard written contract in place? _____ % (Please attach)

27. Are all persons providing property management services members in good standing of a professional association regulating the practice of such services? Yes ☐ No ☐

28. To which real estate association(s) does the Applicant belong? _____

29. Which, if any, services offered by the Applicant are provided by independent contractors?

PRIOR INSURANCE AND CLAIMS

30. During the past five years, has the Applicant carried professional liability insurance? Yes ☐ No ☐
If Yes, please complete the following for all previous insurance:

Name of Insurer	Limit	Deductible	Expiry Date	Premium

31. What was the first date on which the Applicant purchased continuous claims made coverage? _____

32. During the past five years, has any insurer ever cancelled, declined or refused to renew the Applicant's or any previous organization's or partnership's professional liability insurance? Yes ☐ No ☐

If Yes, list each insurer and the reason(s) given for the cancellation, declination or non-renewal:

- i. _____
- ii. _____
- iii. _____

PRIOR KNOWLEDGE AND ACTIVITIES

33. In the past three years:

- a) has any claim been made against any person or entity proposed for coverage under this insurance arising out of the performance of, or failure to perform, professional services; Yes ☐ No ☐
- b) has any person or entity proposed for coverage under this insurance given notice of any fact, circumstance, situation, transaction, event, act, error, or omission under any policy of which the requested coverages would be a direct or indirect replacement; Yes ☐ No ☐
- c) has any person or entity proposed for coverage under this insurance had their professional license revoked, suspended, been formally reprimanded, or been the subject of a disciplinary action? Yes ☐ No ☐

If Yes to any of the above, please submit all details.

34. Is any person or entity proposed for coverage under this insurance aware of any fact, circumstance, situation, transaction, event, act, error or omission which could reasonably be expected to give rise to a claim that may fall within the scope of the proposed insurance?

Yes ☐ No ☐

If Yes to any of the above, please submit all details.

It is understood and agreed that if any person or entity proposed for coverage under this insurance has any knowledge of any such claims, facts, circumstances, situation, transactions, events, acts, errors, or omissions, license revocations or suspensions, reprimands or disciplinary actions, whether or not disclosed in questions 33 or 34 above, any claim or action subsequently arising or developing therefrom shall be excluded from coverage under the proposed insurance.

DISCLOSURE, AUTHORIZATION AND SIGNATURE

The undersigned representative of the Applicant:

- a) declares that they have been duly authorized by the Applicant to complete this Application and that all attachments, statements, representations and information submitted with this Application (together referred to as the "Application") are true and complete;
- b) declares that reasonable efforts have been made to obtain sufficient information from each person proposed for this insurance in order to complete this Application properly and accurately;
- c) acknowledges that this Application is relied on by Intact Insurance and shall be deemed material to the acceptance of the risk assumed by Intact Insurance under the insurance applied for, should the insurance be issued;
- d) agrees that if, prior to the effective date of the Policy, the information contained in this Application changes in any way, they will immediately advise Intact Insurance in writing and, without prejudice to any other legal remedy available to it, Intact Insurance may modify or withdraw any outstanding quotation or any authorization or agreement to bind;
- e) acknowledges this Application shall form part of the Policy and shall be the basis of the contract, should one be issued.

Terms and conditions, including limits of coverage, offered by Intact Insurance, may differ from those applied for by the Applicant.

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT NOR THE INSURER TO COMPLETE THE INSURANCE APPLIED FOR HEREIN.

Applicant name (print): _____ Date: _____

Applicant signature: _____ Applicant title: _____