

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.

## APPLICANT

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Location of branch office(s): \_\_\_\_\_
4. Date established: \_\_\_\_\_
5. Website: \_\_\_\_\_

## REQUESTED LIMIT AND DEDUCTIBLE

6. a) Limit: \_\_\_\_\_ b) Deductible: \_\_\_\_\_

## BUSINESS ACTIVITIES AND FINANCIAL INFORMATION

7. Last completed fiscal year is from: \_\_\_\_\_ to: \_\_\_\_\_
8. Gross annual revenue: past year: \_\_\_\_\_ est. for current year: \_\_\_\_\_ est. for next year: \_\_\_\_\_
9. Percentage annual revenue from: Canada: \_\_\_\_\_% US: \_\_\_\_\_% \*other:(specify): \_\_\_\_\_%  
\*Including services provided outside of Canada and revenue earned from clients domiciled outside Canada.
10. What percentage of services are provided to:  
children (12 & under): \_\_\_\_\_% youth (13-17): \_\_\_\_\_% adults (18+ years): \_\_\_\_\_%
11. Percentage of revenue derived from services that are provided by independent contractors: \_\_\_\_\_%

## PROFESSIONAL PRACTICE

12. Complete the following for any person(s) providing professional services on behalf of the Applicant. If additional space is required attach a separate sheet.

Name	Title	Degree/Diploma	Years of relevant experience

13. Total number of: professional employees: \_\_\_\_\_ independent contractors: \_\_\_\_\_ administrative: \_\_\_\_\_
14. 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 ☐
15. For what percentage of services provided is a standard written contract in place? \_\_\_\_\_%
16. Does the Applicant provide services that could be considered conversion therapy? Yes ☐ No ☐
17. In consideration of the revenue specified in question 9 above, complete the following table describing each service and indicate the approximate percentage of revenue derived from each.

Description of Services (couples, addictions, stress, career counselling etc.) and note which services are provided by employees, independent contractors, or both	% (total must be 100%)
	%
	%
	%
	%

18. Are social work services provided? Yes ☐ No ☐
- If Yes, does the Applicant:
- a) perform at-home assessments? Yes ☐ No ☐
- b) advise/determine whether children/youth should be removed from the home? Yes ☐ No ☐
- c) remove children/youth from the home? Yes ☐ No ☐
- d) place children/youth in relief care and/or foster care? Yes ☐ No ☐

#### PRIOR INSURANCE AND CLAIMS

19. During the last 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

20. What was the first date on which the Applicant purchased continuous claims made coverage? \_\_\_\_\_
21. 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

22. 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.

23. 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 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 22 or 23 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: \_\_\_\_\_