

Application for Agrologists Professional Liability

All questions are to be answered as completely as possible. If a question is not applicable to your situation state N.A. If insufficient space, attach full details.

1. Name of Applicant: _____

Postal Address:

(Number) (Street) (City) (Prov.) (Postal Code)

Location of Operations:

2. Applicant is an ☐ Individual ☐ Partnership ☐ Corporation ☐ Employee

☐ Other (give details) _____

3. How long has Applicant been practicing his/her profession? _____

Has Applicant operated under a different corporate name in the past? ☐ Yes ☐ No

If yes, give details: _____

4. Describe the nature of the professional or business activities for which coverage is desired. (Attach any promotional material available)

5. Is Applicant engaged in any business or profession other than as described in Item 5? ☐ Yes ☐ No

If yes, please explain: _____

a) Estimated gross receipts (all income, fees and commissions before deduction of

6.

expenses) for the coming policy year:

\$

b) State percentage of Applicant's operations spent as a:

a) Lawyer _____ %

d) Appraiser _____ %

b) Architect _____ %

e) Engineer _____ %

c) Accountant _____ %

f) Veterinarian _____ %

If not applicable (n/a) state here: _____

If applicable include professional designations under question 8.

7. Does the Applicant provide services or perform activities outside of Canada?

☐ Yes ☐ No

If yes:

a) on behalf of what organization? _____

b) as ☐ an employee or ☐ a consultant?

c) name of country visited: _____

d) average length of contract: _____

e) date of last trip: _____

8. List the educational and training requirements the Applicant has met as a prerequisite to operating in his/her profession or business. (Provide dates and name of institution, where possible.)

9. Where is Applicant and any employees licensed to practice his/her profession? _____

10. Since graduation, where has Applicant practiced his/her profession? _____

11. Does the Applicant specialize in any branch of his/her profession? ☐ Yes ☐ No

If yes, please describe: _____

12. Indicate the numbers of employees actively engaged in any phase of Applicant's profession or business:

Professional _____ Clerical _____ Other (give details) _____

13. Complete the following for any person performing professional activities:

WE MAY REQUEST THE RESUMES OF EACH.

Name	Duties	Professional Designation	Years of Experience

14. Does the Applicant, or his/her employees, have Professional Liability Insurance through a Professional Association? ☐ Yes ☐ No

If yes, state:

Professional Association	Number	Limits		Primary or Excess
		Per claim	Aggregate	

15. Is Applicant employed by any person, firm, association, or corporation? ☐ Yes ☐ No

16. Does Applicant use or recommend the use of herbicides and/or pesticides in the course of the Applicant's operations? ☐ Yes ☐ No

If yes, give details: _____

17. Is Applicant involved in any process of manufacture, construction, design, testing or servicing of any equipment?

☐ Yes ☐ No

If yes, give details:

18. a) Does Applicant issue guarantees and/or warranties to customers?

☐ Yes ☐ No

If yes, attach full details and copy of Applicant's form of guarantee or warranty.

- b) Does Applicant agree to hold any person or organization harmless against claims or suits arising out of Professional Liability?

☐ Yes ☐ No

If yes, give full details:

19. Give particulars of all professional liability insurance held by the Applicant for past three (3) years.

Type of Policy		Policy Number	Insurer	Policy Limit	Policy Period
Claims Made	Occurrence				

20. Give details of all Professional Liability claims brought against the Applicant during past five (5) years:

Date of Accident	Amount		Details
	Paid	Outstanding	

21. Do these paid or outstanding amounts reflect any deductible provision(s) contained in existing or previous insurance policies?

☐ Yes ☐ No

If yes, to what coverage(s) does/did the deductibles apply and what is/was the deductible amount?

22. Has the Applicant any knowledge of any circumstance which could result in claim or suit being brought against the Applicant?

☐ Yes ☐ No

If yes, give details: _____

23. Has the Applicant ever been reprimanded, suspended or refused admission by any of the following:

i) Agricultural Institute of Canada

☐ Yes ☐ No

ii) Provincial Institute of Agrologists

☐ Yes ☐ No

If yes, give details: _____

24. Limits of Insurance desired: \$ _____ Each Claim

\$ _____ Aggregate

\$ _____ Deductible

I/We declare that during the last five years no insurer has cancelled, declined or refused to issue me/us any form of liability insurance and that this application discloses the hazards known to exist at the date of this application.

I/We declare that the statements made herein are in every respect true and correct and hereby apply for a contract of insurance to be based upon the truth of the said statements.

Signed by: _____ Date: _____

Position: _____

Broker: _____

Signing of this form does not bind the Applicant to complete the insurance.