

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. If any professional has started working for the Applicant since the last Application was completed provide a copy of their resumé or provide their name, relevant qualifications and years of experience.
- ☐ ii. Copy of the Applicant's standard written contract *IF* it has changed since it was last submitted.

APPLICANT

1. Name: _____
2. Address: _____
3. Location of branch office(s): _____
4. Date established: _____
5. Have there been any changes to the Applicant since the last Application in any of the following areas: (if Yes, describe):
 - a) Services? Yes ☐ No ☐ _____
 - b) Change in ownership and/or management? Yes ☐ No ☐ _____
 - c) Other? Yes ☐ No ☐ _____

BUSINESS ACTIVITIES AND FINANCIAL INFORMATION

6. Gross annual revenue: past year: _____ est. for current year: _____ est. for next year: _____
7. Percentage annual revenue from: Canada: _____ % *US: _____ % *other (specify): _____ %
*Including services provided outside of Canada and revenue earned from clients domiciled outside Canada.
8. Percentage of revenue derived from services that are provided by independent contractors: _____ %
9. In consideration of the revenue specified in question 6 above, complete the following table and indicate the approximate percentage derived from each. Provide a description of all services that are new.

Services – note which services are provided by employees, independent contractors, or both	% (total must be 100%)
	%
	%
	%

10. a) Does any client represent more than 50% of the Applicant's revenue? Yes ☐ No ☐
- b) If Yes, advise the percentage _____ % and attach a copy of the contract in place with this client.

PROFESSIONAL PRACTICE

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

12. a) For what percentage of services provided is a standard written contract in place? _____ % If 100% go to question 13.
- b) When a standard written contract is not in place, please describe how the Applicant determines and documents the responsibilities of both Applicant and client and ensures that each party is clear with respect to the services expected:

DISCLOSURE - CHANGE IN COVERAGE

Question 13 must be completed if the Applicant is requesting new coverage or is requesting limits of liability that are higher than the Applicant currently has in place.

13. With respect to any new coverage, or any requested limits of liability that are higher than the Applicant currently has in place, 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, please submit all details.

14. Change in coverage request:

It is understood and agreed that if any person or entity proposed for coverage under this insurance has any knowledge of any such facts, circumstances, situation, transactions, events, acts, errors, or omissions, whether or not disclosed, 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: _____