



Bookkeepers and Accountants Professional Liability Application

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 resumé or provide a list of each professional's relevant qualifications and years of experience.
- ☐ ii. Copy of the Applicant's standard written contract(s) and/or Letter(s) of Engagement.

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) i. Does the Applicant provide professional services to any entity listed in question 6.b) i.? Yes ☐ No ☐
ii. 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 services provided 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 Applicant's 3 largest projects during the last 3 years including the client's name, services provided to each and the gross revenue (per year of service) generated from those services.

Name of Client	Services	Gross Revenue

13. Indicate the approximate percentage of revenue derived from each of the following. (*Total must be 100%*)

SERVICES	%	SERVICES	%
Tax Returns	%	Audit Engagements	%
Non-review Preparation of Financial Statements	%	Review Engagements	%
Personal Financial Planning (non-investment)	%	Business Valuations	%
Tax and Estate Planning	%	Investment Consulting	%
Bookkeeping	%	Mergers and Acquisitions Activities	%
Other (specify):	%	Receivership and Trustee in Bankruptcy Services	%

PROFESSIONAL PRACTICE

14. Complete the following for any person(s) performing the services described in question 13 above. If additional space is required attach a separate sheet.

Name	Title	Relevant education/experience/designation(s)	Years of relevant experience

15. Total number of: professional employees: _____ independent contractors: _____ administrative: _____
16. For what percentage of services provided is a standard written contract or Engagement Letter in place? _____% (*Please attach*)
17. 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 ☐
18. In consideration of the services specified in question 13 above, which services are provided by independent contractors?
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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 <input type="checkbox"/> | No <input type="checkbox"/> |
| 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 <input type="checkbox"/> | No <input type="checkbox"/> |
| 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 <input type="checkbox"/> | No <input type="checkbox"/> |

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: _____