

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.

**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: \_\_\_\_\_
  - ii. Nature of the relationship 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) Limits: \_\_\_\_\_ 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. Gross annual revenue from: Canada: \_\_\_\_\_ \*US: \_\_\_\_\_ \*other (specify) \_\_\_\_\_  
\*Including services provided outside of Canada and revenue earned from clients domiciled outside Canada.
11. Complete the following table and include a full description of the Applicant's services.

Description of Services	Gross Revenue

12. Indicate the Applicant's three largest projects over the last three 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

### PROFESSIONAL PRACTICE

13. Complete the following for any person(s) performing the services described in question 11 above.  
If additional space is required attach a separate sheet.

Name	Title	Relevant education/experience	Years of relevant experience

14. Total number of: professional employees: \_\_\_\_\_ independent contractors: \_\_\_\_\_ administrative: \_\_\_\_\_

15. 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 ☐

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

17. Does the standard contract contain:

- a) a clear description of services: Yes ☐ No ☐
- b) any guaranties or warranties: Yes ☐ No ☐
- c) a limitation of liability clause in favour of the Applicant: Yes ☐ No ☐ If "Yes", what is the limit? \_\_\_\_\_
- d) a hold harmless clause in favour of the Applicant: Yes ☐ No ☐

18. If question 16 was answered 100% go to question 19. 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:

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### PRIOR INSURANCE AND CLAIMS

19. 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 of Policy	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. \_\_\_\_\_

22. After making an inquiry of all members of the Applicant Firm, including predecessors in business and former staff, either individually or otherwise:

- a) has anyone, in the past five years, ever been the subject of a claim in respect of the liabilities to be covered by the proposed insurance? Yes ☐ No ☐  
b) has anyone, in the past five years, ever given notice of a possible claim to an Insurer in respect of the liabilities to be covered by the proposed insurance? Yes ☐ No ☐  
c) is anyone aware of any act or circumstance which could reasonably be expected to be the basis of a future claim in respect of the liabilities to be covered by the proposed insurance? Yes ☐ No ☐

**If "Yes" to any of the above, attach details including the allegations, dates, amounts claimed, status of any claim made, resultant payments.**

#### **COMMERCIAL GENERAL LIABILITY – Complete this section only if you require a CGL quotation.**

**CGL is offered only to Applicants whose E&O insurance is placed with Intact Insurance Company.**

23. Please list all locations at which business is conducted, providing details indicated below:

Address	Rent or Own	Tenants' Legal Liability Limit Requested
_____	_____	_____
_____	_____	_____
_____	_____	_____

24. Please provide a full description of product sales, if any:

Type of Product	Estimated Current Fiscal Year
_____	_____
_____	_____

25. Are the employees covered by Workers' Compensation Board (WCB)? Yes ☐ No ☐

If "No", please explain: \_\_\_\_\_

#### **COMMERCIAL GENERAL LIABILITY COVERAGE REQUESTED**

26. Please indicate the limits for which quotes are required:

- ☐ \$1,000,000 per occurrence  
☐ \$2,000,000 per occurrence  
☐ \$5,000,000 per occurrence  
☐ Other (please specify) \_\_\_\_\_

#### **OPTIONAL COVERAGES**

27. (a) ☐ Non-owned Automobile Liability Limit: \_\_\_\_\_

If non-owned automobile liability is required, please respond to the following questions:

- (i) Please indicate the number of employees who regularly drive their own vehicle on company business:

- (ii) Please indicate the approximate number of "rental days" in the next 12 months that your employees will rent a vehicle (short term) for the purpose of conducting company business in:

Canada: \_\_\_\_\_ United States: \_\_\_\_\_

- (b) ☐ Employee Benefits Liability Limit: \_\_\_\_\_

## PREVIOUS COMMERCIAL GENERAL LIABILITY INSURANCE

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28. (a) Name of Present Insurer: \_\_\_\_\_  
(b) Policy Period: \_\_\_\_\_  
(c) Limit and Deductible: \_\_\_\_\_

29. Has any insurer cancelled, declined or refused to renew or issue insurance of the type applied for? Yes ☐ No ☐

If "Yes", please provide details:

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## CLAIMS HISTORY – Applicable to Commercial General Liability.

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30. Please provide details (date, nature of claims, amounts, status) of all Commercial General Liability Insurance claims that you have experienced in the past three years. Use additional pages if necessary.

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## DISCLOSURE, AUTHORIZATION AND SIGNATURE

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I/We hereby declare for and on behalf of the Applicant Firm and each and every one of its members to be insured, that to the best of my/ our knowledge, the above statements and particulars in this application are true and complete and that I/we have not omitted, suppressed or misstated any material facts. I/we agree that this application, together with any other information supplied by me/us shall form the basis of any Contract of Insurance effected therefrom. I/We undertake to inform Insurers of any material alteration to these facts whether occurring before or after completion of the Contract of Insurance. Furthermore, I/we understand and accept that this insurance applied for provides coverage on a "claims made and reported" basis and that coverage under the policy, if issued, shall not apply to any known claim or circumstance that could reasonably give rise to a future claim that is known to myself, the Applicant Firm or its members prior to the inception date of the policy nor to any claim or circumstance reported after the expiration, cancellation or termination of the policy.

I/We also give authorization to Intact Insurance Company, its affiliates, agents and representatives to verify, obtain and exchange any information in connection with the insurance applied for in this application. This consent is valid with respect to any policy extension and/or renewal of coverage with Intact Insurance Company, or any of its affiliates.

### **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: \_\_\_\_\_

**IMPORTANT:** This type of insurance coverage applies only to claims made and reported to Intact Insurance Company (Intact) during the policy period. Coverage does not apply, however, to claims that arise out of errors, omissions or negligent acts or facts or circumstances that may reasonably give rise to a claim at a future date that are known to the Applicant at the time when this application is signed and dated. Therefore, if the Applicant is currently insured by an insurer other than Intact, it is incumbent upon the Applicant to report all known circumstances which may give rise to an eventual claim to that insurer. Please refer to your insurance broker if you do not understand the foregoing.