



GENERAL APPLICATION FORM PROFESSIONAL LIABILITY/ERRORS AND OMISSIONS

This is an Application Form for insurance relating to claims made against the Insured during the Policy Period.

ALL QUESTIONS MUST BE ANSWERED. IF THERE IS NO ANSWER, WRITE "NONE" OR "NOT APPLICABLE". Where space provided is insufficient to fully answer, please attach a separate sheet(s).

COPIES OF THE FOLLOWING INFORMATION MUST BE ENCLOSED WITH THIS APPLICATION:

- i) Resumes of Principals, Partners and senior staff members**
- ii) Brochures and/or promotional literature**
- iii) A copy of your standard written contract and/or letter of agreement**

1. Name of Applicant Firm: _____

2. Address of Head Office: _____

3. Web-site Address: _____ Year Established: _____

4. Location(s) of Branch Office(s): _____

5. Applicant is: a Corporation a Partnership an Individual

6. (a) Are you controlled or owned by, or associated with, any other firm, organization or corporation? Yes No

(b) Do you own or control any subsidiaries? Yes No

(c) If Yes, to (a) or (b), please provide full details including any applicable ownership percentages:

7. This section must be completed for any indication of terms:

(a) Last completed Fiscal Year is from: _____ to: _____

(b) Gross Revenue for last completed Fiscal Year: \$ _____

Estimated Gross Revenue for current Fiscal Year: \$ _____

Estimated Gross Revenue for next Fiscal Year: \$ _____

(c) What proportion of your Gross Revenue comes from clients outside Canada? (Please give percentage for each country):

Country	Percentage of Gross Revenue
	%
	%
	%

(d) For any revenue generated in the United States, please indicate in which States services are performed and the percentage of revenue generated in each State:

State	Percentage of U.S. Revenue
	%
	%
	%

8. Please provide a full written description of your operations (*attach brochures and promotional literature*):

9. Please provide a breakdown of your annual Gross Revenue by type of service provided:

10. Do you anticipate any changes in the nature of your operations or the sources of your revenue over the next twelve months? Yes No

If Yes, please provide full details: _____

11. On **Schedule "A"**, please list your firm's five largest projects, completed or in progress, undertaken within the last twelve months, with a brief description of the services provided, the name of your client and the Gross Revenue generated by each project.

12. In general, who are your clients (by type of operation/industry and size)?

13. (a) How often do you use a standard, written contract with your clients?

Never Sometimes Most of the time Always

(b) What percentage of time is this written contract:

i) A standard contract developed by your Firm _____ %

ii) A contract developed by your client _____ %

iii) Other (please explain: _____) _____ %

(c) Do your contracts contain:

i) A hold harmless agreement in your favour? Yes No

ii) A hold harmless agreement in favour of your client? Yes No

iii) Any guarantees or warranties? Yes No

iv) A limitation of liability clause? Yes No

(d) If you never use a written contract, describe fully the terms under which work is accepted:

(e) Please **attach** a copy of the standard contract currently in use.

14. Please provide a breakdown of your staff as follows:

Personnel	Number of Staff
Principals/Partners	
Full-time Employees	

14.	Personnel	Number of Staff
	Part-time Employees	
	Contract Employees	
	Other (please describe):	
For all Principals, Partners and Senior Staff, please attach a detailed resume that includes educational qualifications and professional experience. Note that "Contract Employees" does not include independent contractors.		

15. (a) Do you use independent contractors? Yes No

(b) If Yes, how often? _____

(c) What services do these contractors generally perform? _____

(d) How do you ensure that every independent contractor carries Errors and Omissions? _____

16. What loss prevention techniques do you employ to avoid making errors and omissions?

17. List the Professional Associations of which you, your Principals, Partners or Senior Staff are members:

18. (a) Please provide the following details of all Professional Liability or Errors and Omissions Insurance carried in the past 3 years:

Insurer	Expiry Date	Limit of Liability	Deductible

(b) In what year did you first purchase Professional Liability/Errors and Omissions coverage? _____

(c) Has there been any interruption in this coverage? Yes No

If Yes, please explain: _____

19. Has any similar insurance been refused, cancelled or not renewed by an insurer? Yes No

If Yes, please give details: _____

20. Has the Applicant Firm or any Principal, Partner or employed professional ever been investigated by or suspended from practice by any body governing the practice of his/her profession? Yes No

If Yes, please give details: _____

21. (a) Has any claim for professional services been made against the Applicant Firm during the past five years? Yes No
- (b) Is the Applicant Firm aware of any fact, error, omission or circumstance of a type which could give rise to a claim? Yes No

IF THE ANSWER TO QUESTION 21(a) OR 21(b) IS YES, SCHEDULE "B" MUST BE COMPLETED.

THE INSURANCE WILL NOT COVER CLAIMS MENTIONED IN REPLY TO QUESTION 21 (a) OR CLAIMS RESULTING FROM THE FACTS MENTIONED IN 21 (b) OR CLAIMS RESULTING FROM ANY NEGLIGENT ACT, ERROR, OMISSION OR ANY CIRCUMSTANCE KNOWN TO THE APPLICANT PRIOR TO THE EFFECTIVE DATE OF THE POLICY.

22. (a) Limit of Liability desired: \$ _____
- (b) Deductible desired: \$ _____

DECLARATIONS AND SIGNATURE

23. The undersigned warrants that to the best of their knowledge and belief, the statements set forth herein are true and include all material information.

The undersigned further warrants that if the information supplied on this Application Form changes between the date of this Application Form and the effective date of the policy, if issued, the Insurer will be notified immediately. At the sole discretion of Travelers Insurance Company of Canada, any outstanding quotations may be modified or withdrawn.

Signing of this Application Form does not bind the applicant to purchase the insurance, but it is agreed that this Application Form, including all attachments, shall be the basis of the contract should a policy be issued, and this Application Form will be attached to and become a part of the policy. The submission of this Application Form does not obligate Travelers Insurance Company of Canada to issue a policy.

Coverage will not be effective until confirmed by the Insurer or a policy is issued.

N.B. COVERAGE CANNOT BE BOUND UNLESS THIS APPLICATION FORM HAS BEEN FULLY COMPLETED AND DULY SIGNED AND DATED.

Signature

Title

Date

REMINDER

HAVE YOU INCLUDED COPIES OF:

- YOUR BROCHURE AND PROMOTIONAL LITERATURE?
- YOUR STANDARD WRITTEN CONTRACT OR LETTER OF AGREEMENT?
- RESUMES FOR YOUR PRINCIPALS, PARTNERS AND SENIOR STAFF?

SCHEDULE "A"
(Question 11)

Name of Client: (PLEASE PRINT)		Date of Project:
Brief Description of Services Provided:		
Total Fees Received: \$		
Name of Client:		Date of Project:
Brief Description of Services Provided:		
Total Fees Received: \$		
Name of Client:		Date of Project:
Brief Description of Services Provided:		
Total Fees Received: \$		
Name of Client:		Date of Project:
Brief Description of Services Provided:		
Total Fees Received: \$		
Name of Client:		Date of Project:
Brief Description of Services Provided:		
Total Fees Received: \$		

SCHEDULE "B"
(Question 21)

Name of Claimant: (PLEASE PRINT)		Date of Loss:
Particulars:		
Amounts Involved: \$	Status: <input type="checkbox"/> Open <input type="checkbox"/> Closed	
Name of Claimant:		Date of Loss:
Particulars:		
Amounts Involved: \$	Status: <input type="checkbox"/> Open <input type="checkbox"/> Closed	
Name of Claimant:		Date of Loss:
Particulars:		
Amounts Involved: \$	Status: <input type="checkbox"/> Open <input type="checkbox"/> Closed	
Name of Claimant:		Date of Loss:
Particulars:		
Amounts Involved: \$	Status: <input type="checkbox"/> Open <input type="checkbox"/> Closed	
Name of Claimant:		Date of Loss:
Particulars:		
Amounts Involved: \$	Status: <input type="checkbox"/> Open <input type="checkbox"/> Closed	
Name of Claimant:		Date of Loss:
Particulars:		
Amounts Involved: \$	Status: <input type="checkbox"/> Open <input type="checkbox"/> Closed	