



RENEWAL APPLICATION FORM PROFESSIONAL LIABILITY/ERRORS AND OMISSIONS

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

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

- i) Resumes of Principals, Partners and senior staff members who have joined the Firm in the past year
- ii) A copy of a representative contract and/or letter of agreement (including the scope of services) used by your firm and developed in the past year

ALL QUESTIONS MUST BE ANSWERED (PLEASE PRINT CLEARLY AND LEGIBLY)

- i) If there is no answer write "none" or "not applicable"
- ii) Where space provided is insufficient to fully answer, please use separate sheet(s)

1. Name of Applicant Firm: _____
 Address of Head Office: _____

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

2. Has there been any change with regard to the Applicant being controlled or owned by, or associated with, any other firm, organization or corporation since your last application? Yes No
 If Yes, please provide full details including any applicable ownership interest:

3. Has there been any change in the description of operations provided on your last application? Yes No
 If Yes, please give a full description of your operations; **(include brochures and promotional literature):**

4. Please provide a breakdown of your annual fees by category of services provided:

5. This section must be completed for indication of terms:

(a) Fiscal Year of the Applicant is from: _____ to: _____

(b) Gross Income (fee) for last completed Fiscal Year: \$ _____
 Estimated Gross Income (fee) for current Fiscal Year: \$ _____
 Estimated Gross Income (fee) for next Fiscal Year: \$ _____

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

Country	Percentage of Gross Income
	%
	%
	%

(d) For any income 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
	%
	%
	%

6. What percentage of projects are undertaken using a standard contract developed by your firm?

- None
 1%-25%
 25%-50%
 50%-75%
 75%-100%

Please attach a copy of the standard contract currently in use.

If None, describe fully the terms under which work is accepted.

7. Do such contracts contain:

- (a) A hold harmless agreement in favour of the Applicant? Yes No
- (b) A hold harmless agreement in favour of the client? Yes No
- (c) Any guarantees or warranties? Yes No
- (d) A limitation of liability clause in favour of the Applicant? Yes No

8. List your firm's five largest projects, completed or in progress, within the last twelve months, with a brief description of the services provided, the name of the client and the amount of fees for each project. **(Use Schedule "A")**

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

10. (a) Has there been any change in your principals, partners or senior staff members since your last application? Yes No

If Yes, for all new principals, partners or senior staff members, please provide the following information:

Name	Date Professional Designation Obtained	Duties	Qualifications & Previous Experience

(b) Please advise any principals, partners or senior staff members who have left your organization since your last application:

(c) Please provide a total of all staff, including principals, partners and senior staff: _____

11. Since your last application, has the Applicant or any principal/partner or employed professional been investigated by or suspended from practice by anybody governing the practice of his/her profession? Yes No

If Yes, give details:

12. (a) Has any claim for professional services been made against the Applicant which has not already been reported to Travelers Guarantee Company of Canada? Yes No

- (b) Is the Applicant aware of any fact, error, omission, or circumstance of a type which could give rise to a Claim and which has not already been reported to Travelers Guarantee Company of Canada? Yes No

IF THE ANSWER TO QUESTION 12(a) OR 12(b) IS YES, PLEASE ATTACH FULL DETAILS, INCLUDING DATES, CLAIMANTS, CIRCUMSTANCES AND AMOUNTS INVOLVED.

13. (a) Limit of Liability desired: \$ _____

(b) Deductible desired: \$ _____

DECLARATIONS AND SIGNATURE

14. The undersigned declares that to the best of his/her knowledge and belief the foregoing statements and representations are complete and accurate. Signing of this Application Form does not bind the undersigned to purchase the insurance, but it is agreed that this Application Form 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 the Insurer to issue a policy.

The Applicant undertakes to inform Travelers Insurance Company of Canada of any corrections to be made to the information contained in this Application if, upon the effective date of the renewal policy, the information must be corrected.

All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present application for insurance.

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:

- ANY NEW BROCHURES AND PROMOTIONAL LITERATURE PRODUCED IN THE PAST YEAR?
- YOUR STANDARD CONTRACT OR LETTER OF AGREEMENT?
- RESUMES OF NEW PARTNERS WHO JOINED THE FIRM IN THE PAST YEAR?

SCHEDULE "A"
(Question 8)

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: \$		
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