



MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION

1. GENERAL INFORMATION

Name of Applicant: _____

Address of principal office of the Applicant _____

Website Address _____

Established _____

Province of Incorporation _____

Type of Company: ☐ Corporation ☐ Partnership ☐ Individual ☐ Other _____

Branch Offices:

(1) Address _____

(2) Address _____

Subsidiaries: *Please list all subsidiary companies for whom coverage is required under the policy, if issued.*

(1) Name and Address _____

(2) Name and Address _____

During the past ten years, has the name of the Applicant been changed or has any other business been purchased or any merger or consolidation taken place?

☐ Yes ☐ No

If yes, please provide full details. _____

Is the Applicant controlled, owned or associated with any other firm, corporation or company?

☐ Yes ☐ No

If yes, please provide full details. _____

Please provide a list of all Predecessor Firms to the Applicant stated in Question 1 above, for whom coverage is required under the policy, if issued. _____

2. NATURE OF BUSINESS

For all company(ies) stated in Question 1:

a. Please describe the nature of operations and professional services rendered by the Applicant, for which coverage is requested:

b. For all company(ies) stated in Question 1, please provide a breakdown of total annual revenues, split amongst the geographical territories as follows:
(Source of annual revenues is to be interpreted as revenues derived from professional services rendered)

Last completed Fiscal Year is from: 20 to 20

| | CANADA | U.S.A. | Overseas* |
|--|--------|--------|-----------|
| Gross Revenue for the last completed fiscal year: | \$ | \$ | \$ |
| Estimated Gross Revenue for the current fiscal year: | \$ | \$ | \$ |
| Estimated Gross Revenue for the next fiscal year: | \$ | \$ | \$ |

c. Please provide an approximate percentage breakdown of revenue derived from the professional services being offered:

Types of Service:

% + % + % + % + % = 100%
(Percentage of Revenue From Each Service)

d. To whom does the Applicant render professional services?

e. Does any one client represent more than 25% of the Applicant annual revenue? ☐ Yes ☐ No
If yes, please provide full details.

f. Please provide details about the Applicant's five (5) largest projects during the past three (3) years detailing:

| Client Name | Services Rendered | Contact Period | Gross Revenue |
|-------------|-------------------|----------------|---------------|
| i. | | | |
| ii. | | | |
| iii. | | | |
| iv. | | | |
| v. | | | |

g. What organizations regulate the practice of your profession on a mandatory basis?

h. What other professional organizations does the Applicant or its members belong to?

i. Please provide a breakdown of the Applicant's staff as follows:

A list of all principals, partners, directors, and officers (Attach Curriculum Vitae): ☐ Full Time ☐ Part Time

3. RISK MANAGEMENT

a. Does the Applicant use a standard, written contract with clients, describing the professional services to be provided: ☐ Yes ☐ No

If 'Yes', please attach a copy of the standard contract. If 'No', please provide details on how services are entered into between the Applicant and their client(s), including details regarding the rights and responsibilities of both parties.

b. What percentage of time is a standard, written contract used? _____%

c. Does the standard written contract contain:

i. a Hold Harmless or Indemnity Agreement to the benefit of the Applicants? ☐ Yes ☐ No

ii. a Hold Harmless or Indemnity Agreement to the benefit of others? ☐ Yes ☐ No

iii. any warranties or guarantees? ☐ Yes ☐ No

iv. a limitation of liability clause? ☐ Yes ☐ No

d. Has or does the Applicant sub-contract the rendering of professional services to sub-contractors? ☐ Yes ☐ No

What percentage? _____%. If 'Yes,' please advise what services have or may be sub-contracted to others. _____

Does the Applicant request proof of professional liability insurance from sub-contractors? ☐ Yes ☐ No

Does the Applicant request indemnification or hold harmless agreements from sub-contractors? ☐ Yes ☐ No

e. Please provide details regarding the Applicant's risk management policies or procedures. _____

4. COVERAGE AND CLAIMS HISTORY

a. As any claim and/or suit been made against any Applicant, its predecessor, or any past or present director, partner, officer, or employee? _____

Is the Applicant or any director, partner, officer or employee thereof aware of or in possession of any knowledge of an act, error, omission or breach of duty committed in the rendering of professional services? _____

Has the Applicant or any of its members, employees, directors or predecessors been the subject of disciplinary proceedings? _____

Question 4a: Requires responses regarding any claim, suit or incident any applicant is aware of or has knowledge of, regardless of whether or not there was any valid and/or collectible insurance applicable to such claim, suit or incident.

- Further, if the response to any part of Question 4a) is yes, please provide:
- Name of Claimant/Potential Claimant
 - Date the Act, Error, Omission or Personal Injury was committed or alleged to have been committed
 - Date of Claim
 - Nature of Claim and Quantum of Claim
 - Any legal opinion obtained as to liability
 - Any legal, adjusting or indemnity payments to date
 - Any legal, adjusting or indemnity reserves established

b. Please detail Professional Liability Insurance purchased by the Applicant for the past five years detailing the present insurance coverage first:

| Client Name | Policy Number | Policy Period | Gross Revenue | Deductible |
|-------------|---------------|---------------|---------------|------------|
| i. _____ | _____ | _____ | _____ | _____ |
| ii. _____ | _____ | _____ | _____ | _____ |
| iii. _____ | _____ | _____ | _____ | _____ |
| iv. _____ | _____ | _____ | _____ | _____ |
| v. _____ | _____ | _____ | _____ | _____ |

Please state date on which uninterrupted Professional Liability Insurance began _____

c. Insurance Required

1. Limit of Liability Each Claim and Annual Aggregate \$ FORM TEXT
Alternatively \$ _____
Alternatively \$ _____
2. Deductible \$ _____ Each Claim
Alternatively \$ _____ Each Claim
Alternatively \$ _____ Each Claim
- d. To any Applicant's knowledge, has any Insurer declined to provide or canceled insurance coverage for any Applicant, its predecessor or any past or present director, partner, officer or employee?

☐ Yes ☐ No

If yes, please provide reason(s) given by such Insurer. _____

5. ACKNOWLEDGMENT

- The undersigned authorized officer on behalf of the Applicant:
- Declares that the statements and disclosures in this application are complete and accurate;
 - Declares that there are no known facts or material to the risk to be insured that have not been disclosed in this application;
 - Undertakes to provide the Company immediate notice of any material changes discovered between the date of this application and the effective date of the policy;
 - Acknowledges that the Company, if it issues, the policy will be doing so in reliance of the completeness and accuracy of the statements and disclosures in this application;
 - Acknowledges that if issued, this application will form part of the policy.
 - Acknowledges that any personal information provided in connection with the coverage applied for, including but not limited to the information contained in this application, has been collected in accordance with all applicable privacy legislation. The undersigned confirms that all necessary consents have been obtained for the collection, use, and disclosure of such information for the purposes of assessing the application for insurance, and if applicable, investigating and settling claims, detecting and preventing fraud, and acting as required or authorized by law.
 - "For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Liberty Mutual Insurance Company's insurance business in Canada."

Signature (Signing Officer)

Title

Date