



MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION

1. GENERAL INFORMATION

Name of Applicant:							
Address of principal of	fice of the Applicant						
Website Address							
Province of Incorporati	on						
Type of Company:	Corporation	Partnership	☐ Individual	☐ Other			
Branch Offices:							
(1) Address							
	ist all subsidiary compan	· ·	•	•			
(2) Name and Address							
other business been pu	ars, has the name of the urchased or any merger	or consolidation taken	place?			☐ Yes	□No
if yes, please provide to	ıll details						
	lled, owned or associate	-		•		☐ Yes	□ No
Please provide a list of	all Predecessor Firms to	o the Applicant stated in	n Question 1 above, for	r whom coverage is	required under the po	olicy, 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** 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: ☐ No ☐ Yes 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.

ii. a Hold Harmless or Indemnity Agreement to the benefit of others? iii. any warranties or guarantees? iv. a limitation of liability clause? d. Has or does the Applicant sub-contract the rendering of professional services to sub-contractors? What percentage? Mres Pes Pes Pes Pes Pes Pes Pes Pes Pes P	b. What percentage of time is a s	standard, written contract used?	%			
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What percentage?	iv. a limitation of liability cla	use?			☐ Yes	□N
Does the Applicant request proof of professional liability insurance from sub-contractors?	d. Has or does the Applicant sub-	-contract the rendering of profes	ssional services to sub-contrac	etors?	☐ Yes	□N
Does the Applicant request indemnification or hold harmless agreements from sub-contractors?	What percentage?	_%. If 'Yes', please advise wh	at services have or may be sul	o-contracted to others		
e. Please provide details regarding the Applicant's risk management policies or procedures	Does the Applicant request proof	f of professional liability insuran	ce from sub-contractors?		☐ Yes	□N
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ACKNOV The undersign	-	has any Insurer declined to provide or canceled insurance coverage for any Applicant, its predecessor of		-
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in this ap - Acknowle - Acknowle	-	Company immediate notice of any material changes discovered between the date of this application and	the effective	e date of
- Acknowle	wledges that the Com application;	npany, if it issues, the policy will be doing so in reliance of the completeness and accuracy of the statement	ents and dis	closures
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	application, has been btained for the collec	sonal information provided in connection with the coverage applied for, including but not limited to the in collected in accordance with all applicable privacy legislation. The undersigned confirms that all necestion, use, and disclosure of such information for the purposes of assessing the application for insurance claims, detecting and preventing fraud, and acting as required or authorized by law.	ssary conse	nts have
	irposes of the Insuran ss in Canada."	nce Companies Act (Canada), this document was issued in the course of Liberty Mutual Insurance Comp	any's insura	nce

Title

5.

Signature (Signing Officer)

Date