

Miscellaneous Professional Liability Insurance



PLEASE READ CAREFULLY. THIS IS AN APPLICATION FORM FOR A CLAIMS MADE AND REPORTED POLICY.

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PLEASE ENSURE THAT THE FOLLOWING ARE PROVIDED WITH THE APPLICATION:

- DESCRIPTION OF SERVICES OR CORPORATE BROCHURE / PROMOTIONAL LITERATURE OR WEBSITE ADDRESS
- STANDARD CONTRACT
- RESUMES / CV'S OF PRINCIPALS, PARTNERS AND SENIOR STAFF MEMBER

NAME OF APPLICANT
ADDRESS
WEBSITE ADDRESS

PLEASE INDICATE LIMITS AND DEDUCTIBLES REQUIRED:

LIMIT	\$1,000,000 PER CLAIM / \$1,000,000 ANNUAL AGGREGATE
	\$2,000,000 PER CLAIM / \$2,000,000 ANNUAL AGGREGATE
	\$3,000,000 PER CLAIM / \$3,000,000 ANNUAL AGGREGATE
OTHER LIMITS	\$
DEDUCTIBLES	\$2,500 \$5,000 \$10,000
	\$25,000 OTHER \$

Company Information

COMPANY STRUCTURE:	SOLE PROPRIETOR	CORPORATION	PARTNERSHIP	JOINT VENTURE	FRANCHISE	OTHER
YEAR ESTABLISHED:						
COMPANY IS CANADIAN REGISTERED?				YES	NO	
IS COVER REQUIRED FOR ANY SUBSIDIARIES OR LEGAL ENTITIES PROVIDING SERVICES AS PER THE APPLICANT NAMED ABOVE?				YES	NO	
IF YES, PLEASE PROVIDE DETAILS:						

Company Info continued

TOTAL NUMBER OF EMPLOYEES:

FULL-TIME	CANADA:	U.S.:	PART-TIME	CANADA:	U.S.:
TOTAL PAYROLL		\$			
PLEASE DESCRIBE IN DETAIL THE ACTIVITIES FOR WHICH COVERAGE IS REQUESTED.					
IS THE APPLICANT ENGAGED IN ANY BUSINESS OR PROFESSION OTHER THAN DESCRIBED ABOVE?				YES	NO
<i>IF YES, PLEASE EXPLAIN:</i>					
IS THE APPLICANT CONTROLLED OR OWNED BY, OR ASSOCIATED WITH ANY OTHER FIRM OR BUSINESS ENTERPRISE?				YES	NO

IF YES, PLEASE ADVISE: IF MORE SPACE IS REQUIRED PLEASE COMPLETE AND ATTACH A SEPARATE SHEET.

NAME OF ENTITY	NATURE OF OPERATIONS/RELATIONSHIP	% OF OWNERSHIP IN FIRM
		%
		%
		%

PLEASE COMPLETE THE FOLLOWING TABLE:

NAMES OF PARTNERS, ACTIVE DIRECTORS, INCLUDING SOLE PRACTITIONERS/PRINCIPALS/EMPLOYEES	PROFESSIONAL QUALIFICATIONS	DATE QUALIFIED	HOW LONG IN PRACTICE?	HOW LONG AS PRINCIPAL/PARTNER?

ADDITIONAL EMPLOYEES TO THOSE LISTED IN QUESTION 10(A) IN THE FOLLOWING CATEGORIES:

CLERICAL:	CONTRACT:	OTHER – SPECIFY:
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IS A LICENSE REQUIRED IN ORDER FOR THE APPLICANT TO PRACTICE?	YES	NO
<i>IF YES, PLEASE STATE THE LICENSE NUMBER:</i>		
TO WHAT PROFESSIONAL ASSOCIATION(S) DOES THE APPLICANT BELONG?		
ESTIMATED GROSS REVENUE FOR THE LAST TWELVE (12) MONTHS OR LAST FISCAL YEAR:		
ESTIMATED GROSS REVENUE FOR THE NEXT TWELVE (12) MONTHS OR LAST FISCAL YEAR:		
ESTIMATED FEES/COMMISSIONS FOR THE NEXT TWELVE (12) MONTHS OR LAST FISCAL YEAR:		

Company Info continued

FOR GROSS REVENUE INDICATED, PLEASE INDICATE THE APPROXIMATE PERCENTAGE DERIVED FROM EACH OF THE SERVICES FOR WHICH COVERAGE IS REQUESTED.

SERVICE	PERCENTAGE (%)
	%
	%
	%
	%
	%

DOES THE APPLICANT HAVE CLIENTS THAT ARE DOMICILED OUTSIDE OF CANADA?	YES	NO
<i>IF YES, WHERE ARE THEY DOMICILED:</i>		

WHAT PERCENTAGE (%) OF THE APPLICANT'S GROSS REVENUES EMANATE FROM THESE CLIENTS:

U.S.	%	OTHER (PLEASE LIST COUNTRIES)	%
	%		%
	%		%
	%		%

PLEASE INDICATE THE APPLICANT'S FIVE (5) LARGEST PROJECTS DURING THE LAST THREE YEARS INCLUDING THE CLIENTS NAME; NATURE OF SERVICES PROVIDED; AND THE REVENUES OBTAINED FROM THOSE SERVICES:

CLIENT NAME	CLIENT SERVICE	GROSS REVENUE

Company Info continued

DOES THE APPLICANT USE A STANDARD WRITTEN CONTRACT DESCRIBING THE SERVICES BEING PROVIDED?	YES NO
<p><i>IF YES, PLEASE ATTACH A COPY OF THE STANDARD WRITTEN CONTRACT OR EXAMPLES OF PREVIOUS CONTRACTS.</i></p> <p><i>IF NO, PLEASE EXPLAIN HOW THE APPLICANT DETERMINES AND DOCUMENTS THE RIGHTS AND RESPONSIBILITIES WITH ITS CLIENTS, CUSTOMERS OR OTHER PARTIES REGARDING THE SERVICES TO BE INSURED.</i></p>	

WHAT PERCENTAGE OF TIME IS THIS WRITTEN CONTRACT USED?	%								
DOES THE WRITTEN CONTRACT CONTAIN: A) A HOLD HARMLESS OR INDEMNITY AGREEMENT INURING TO THE APPLICANT'S BENEFIT? B) A HOLD HARMLESS OR INDEMNITY AGREEMENT INURING TO THE BENEFIT OF OTHERS? C) ANY GUARANTEE OR WARRANTIES? D) A LIMITATION OF LIABILITY CLAUSE?	<table style="width: 100%; border: none;"> <tr><td style="text-align: right;">YES</td><td style="text-align: left;">NO</td></tr> <tr><td style="text-align: right;">YES</td><td style="text-align: left;">NO</td></tr> <tr><td style="text-align: right;">YES</td><td style="text-align: left;">NO</td></tr> <tr><td style="text-align: right;">YES</td><td style="text-align: left;">NO</td></tr> </table>	YES	NO	YES	NO	YES	NO	YES	NO
YES	NO								
YES	NO								
YES	NO								
YES	NO								
DOES THE APPLICANT OBTAIN WRITTEN CLIENT ACCEPTANCE AT ALL COMPLETION OF PROJECT STAGES?	YES NO								
DOES THE APPLICANT OBTAIN WRITTEN FINAL ACCEPTANCE OR OTHER SIGN-OFF AGREEMENT FROM ALL CLIENTS UPON COMPLETION OF THE PROFESSIONAL SERVICES PROVIDED?	YES NO								
WHAT PERCENTAGE (%) OF THE APPLICANT'S BUSINESS INVOLVES SUBCONTRACTING OF WORK TO OTHERS?	%								
DOES THE APPLICANT REQUIRE EVERY INDEPENDENT CONTRACTOR TO CARRY E&O INSURANCE?	YES NO								
DOES THE APPLICANT HAVE WRITTEN PROCEDURAL MANUAL FOR EMPLOYEES TO FOLLOW?	YES NO								
DOES THE APPLICANT HAVE A FORMALIZED TRAINING PROGRAM FOR NEWLY HIRED EMPLOYEES?	YES NO								
DURING THE PAST THREE (3) YEARS, HAS THE APPLICANT'S NAME CHANGED, OR HAS THE APPLICANT PURCHASED, MERGED OR CONSOLIDATED WITH ANY OTHER BUSINESS?	YES NO								
<p><i>IF YES, PLEASE PROVIDE FULL DETAILS:</i></p>									

Previous Insurance

DURING THE LAST FIVE (5) YEARS, HAS THE APPLICANT CARRIED ERRORS AND OMISSIONS INSURANCE?	YES	NO
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IF YES, PLEASE COMPLETE THE FOLLOWING FOR ALL PREVIOUS POLICIES:

INSURER	TERM	LIMIT	DEDUCTIBLE	PREMIUM

WHEN WAS THE FIRST DATE ON WHICH THE APPLICANT PURCHASED CONTINUOUS CLAIMS MADE COVERAGE?	
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HAS THE APPLICANT EVER BEEN DECLINED, CANCELLED OR NON-RENEWED BY ANY INSURER FOR ERRORS AND OMISSIONS INSURANCE?	YES	NO
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IF YES, PLEASE EXPLAIN:

HAS ANY DISCIPLINARY ACTION BEEN TAKEN AGAINST THE APPLICANT OR ANY OF THE APPLICANT'S EMPLOYEES?	YES	NO
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IF YES, PLEASE EXPLAIN:

Claims Declarations

IN THE PAST FIVE (5) YEARS, HAS THE APPLICANT EVER HAD A CLAIM MADE AGAINST THEM?	YES NO
<p><i>IF YES, PLEASE PROVIDE THE FOLLOWING DETAILS ON A SEPARATE SHEET:</i></p> <p>A) DATE OF CLAIM B) CLAIMANT'S NAME C) NATURE OF CLAIM D) AMOUNT OF INDEMNITY PAYMENT AND AMOUNT OF DEFENSE COSTS. E) FINAL DISPOSITIONS OF CURRENT STATUS OF CLAIM</p>	
IS THE APPLICANT AWARE OF ANY SITUATION OR CIRCUMSTANCE WHICH MAY REASONABLY RESULT IN A CLAIM AGAINST THEM INCLUDING A CLIENT'S REFUSAL TO PAY FEES FOR SERVICES RENDERED?	YES NO
<p><i>IF YES, PLEASE PROVIDE FULL DETAILS:</i></p>	
DOES THE APPLICANT OR ANY OF ITS PARTNERS, OFFICERS, DIRECTORS OR EMPLOYEES HAVE ANY KNOWLEDGE OR INFORMATION REGARDING BEING CALLED UPON TO MAKE ANY PAYMENTS OR TO FOREGO ANY CLAIMS FOR FEES AS A RESULT OF ANY JOB DISPUTE DURING THE LAST FIVE (5) YEARS?	YES NO
<p><i>IF YES, PLEASE PROVIDE FULL DETAILS:</i></p>	
DOES THE APPLICANT OR ANY OF ITS PARTNERS, OFFICERS, DIRECTORS OR EMPLOYEES HAVE ANY KNOWLEDGE OR INFORMATION OF ANY OF THEIR LICENSES HAVING BEEN SUSPENDED OR THERE HAVING BEEN FINED OR REPRIMANDED DURING THE LAST FIVE (5) YEARS?	YES NO
<p><i>IF YES, PLEASE PROVIDE FULL DETAILS:</i></p>	
HAS THE APPLICANT, ITS PARTNERS, DIRECTORS OR OFFICERS EVER HAD A DIRECTORS' AND OFFICERS' LIABILITY OR AN EMPLOYMENTS PRACTICES LIABILITY CLAIM (WHETHER INSURED OR NOT)?	YES NO
<p><i>IF YES, PLEASE PROVIDE FULL DETAILS:</i></p>	
<p>WITHOUT LIMITATION OF ANY OTHER REMEDY AVAILABLE TO THE INSURERS, IT IS HEREBY AGREED THAT IF ANY APPLICANT POSSESSES KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION, WHETHER OR NOT DISCLOSED ABOVE, ANY CLAIM OR ACTION SUBSEQUENTLY EMANATING THEREFROM IS EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.</p>	

Notice Concerning Personal Information

BY PURCHASING INSURANCE FROM BURNS & WILCOX CANADA, A CUSTOMER PROVIDES BURNS AND WILCOX CANADA WITH HIS OR HER CONSENT TO THE COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION, INCLUDING THAT PREVIOUSLY COLLECTED, FOR THE FOLLOWING PURPOSES:

- THE COMMUNICATION WITH UNDERWRITERS
- THE UNDERWRITING OF POLICIES
- THE EVALUATION OF CLAIMS
- THE DETECTION AND PREVENTION OF FRAUD
- THE ANALYSIS OF BUSINESS RESULTS
- PURPOSES REQUIRED OR AUTHORIZED BY LAW

FOR THE PURPOSES IDENTIFIED ABOVE, PERSONAL INFORMATION MAY BE DISCLOSED TO BURNS & WILCOX CANADA'S RELATED OR AFFILIATED COMPANIES AND SERVICE PROVIDERS.

Warranty Statement and Signature

THE UNDERSIGNED WARRANTS THAT TO THE BEST OF HIS OR HER KNOWLEDGE, THE STATEMENTS SET FORTH IN THIS APPLICATION ARE TRUE. THE UNDERSIGNED ALSO WARRANTS THAT THEY HAVE NOT SUPPRESSED OR MISSTATED ANY MATERIAL FACTS.

IF THE INFORMATION PROVIDED IN THIS APPLICATION SHOULD CHANGE BETWEEN THE DATE OF THE APPLICATION AND THE EFFECTIVE DATE OF THE POLICY, THE UNDERSIGNED WARRANTS HE OR SHE WILL IMMEDIATELY REPORT SUCH CHANGES TO THE INSURER.

SIGNING OF THIS APPLICATION DOES NOT BIND THE UNDERSIGNED TO PURCHASE THIS INSURANCE, NOR DOES IT BIND THE INSURER TO COMPLETE THIS INSURANCE. HOWEVER, SHOULD THE INSURER BIND AND ISSUE A POLICY, THIS APPLICATION SHALL SERVE AS THE BASIS OF SUCH CONTRACT AND WILL BE ATTACHED TO AND FORM PART OF THE POLICY.

SIGNED	PRINT NAME	
TITLE/POSITION		DATE