

# PROFESSIONAL LIABILITY & COMMERCIAL GENERAL LIABILITY RENEWAL APPLICATION

1. Please answer all questions. If any section does not apply, please indicate with “Not Applicable” OR “None”.
2. If there is insufficient space to complete your answer for a particular question please use and attach as many additional pages as required to include any supplementary information.

## APPLICATION FORMS PART OF THE POLICY

The Applicant(s) submission of this application including any additional information does not obligate the Applicant to buy insurance nor are we obligated to sell or offer insurance upon any specific terms requested. If insurance is effected, this Applicant’s application, including any additional information provided, all will attach to and form part of the policy that is issued.

**Completion of this form does not bind coverage. Applicant’s written acceptance of an insurance company’s quotation and company’s written agreement to be bound are required to bind coverage and issue policy.**

## Part A. General Information:

1. Applicant Name:
2. Applicant Address:
3. Website: www.

## PART B. Business Details:

4. Has there been any change in the description of “professional Services” since your last Application?  
 Yes  No  
 If “yes” please provide details of any changes or attach further details of the change(s):

5. Fiscal Year:            to

Gross Revenue from <i>last</i> fiscal year	Gross Revenue from <i>current</i> fiscal year	Anticipated Gross Revenue for <i>next</i> fiscal year
\$	\$	\$

6. Geographical Revenue Breakdown:

	Canadian Revenue	U.S.A. Revenue	Foreign/International Revenue
Last Complete Financial Year	\$	\$	\$
Current Financial Year (estimate)	\$	\$	\$

7. Has there been any change with regard to the Applicant being controlled or owned by, associated or affiliated with, any other firm or business enterprise since your last application?  Yes  No

If "yes" please provide details:

8. Employees:

a. Full time:

b. Part time:

c. Contract:

d. Any employees in U.S.A?  Yes  No. If "yes" please indicate how many:

e. Any foreign/international employees?  Yes  No. If "yes" please indicate how many:

9. Any changes or amendments to Applicants usage or verbiage of their standard contract since your last application?  Yes  No If "yes" please advise:

10. What percentage of the time is written contracts used for services or projects undertaken?  Yes  No

11. Does Applicant require evidence for every independent contractors carry their own E&O insurance?

Yes  No If "no" please advise:

PART C. Past Activities:

12. Since the date of your last application, has the Applicant or anyone eligible for coverage under any policy(ies) with the Applicant been investigated by, suspended from ability to render professional services by a governing body of his/her/its profession?  Yes  No

13. Has any claim for Professional Services been made against the Applicant, employee(s) or anyone else eligible for coverage under any policy(ies) hereunder any since the date of your last application?  Yes  No

14. Does the Applicant or any of the Applicant's employees, or anyone else eligible for coverage under any policy(ies) hereunder, aware of or have knowledge of or information of any fact, circumstance or situation which would reasonably give rise to a claim?  Yes  No

If you have answered "yes" to any of the above questions (12, 13 & 14) please provide additional details:

**FALSE INFORMATION**

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Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading any insurance company, information concerning any fact material thereto, commits a fraudulent act, which is a crime and may subject such person to criminal and civil penalties.

**DECLARATIONS**

The Applicant or an authorized representative of the Applicant:

- a. Declares, after inquiry, that the statements and representations set forth in this application, and all materials submitted to or requested by the Insurance Company in conjunction with this application are true; and
- b. Acknowledges that these statements, representations and materials are relied upon by the insurance company and that they shall be deemed material to the acceptance of the risk assumed by the insurance company, should an insurance policy be effected; and
- c. Agrees that if the information supplied in connection with this application changes between the date of this application and the effective date of any insurance policy(ies) effected pursuant to this application, the Applicant or authorized representative of the Applicant will immediately notify the coverholder of the insurance company of any such changes. The insurance company may withdraw, or modify any outstanding indication, quotations, authorizations or agreements to effect the insurance.

Signing of this application does not oblige the Applicant nor the insurance company to effect an insurance policy, but, it is agreed that all materials submitted to or requested by the insurance company are hereby incorporated by reference into this application. This application and any materials submitted are deemed attached to and forming part of any policy(ies) effected pursuant to this application. Terms and conditions offered by Burns & Wilcox Canada, ULC or the insurance company may differ from those required or applied for by the Applicant.

**NOTE: "e-signatures" cannot be accepted.**

Applicant signature:	_____	Date:	_____
Name (please print):	_____		
Title (please print)	_____		
Brokerage Name:	_____	Broker:	_____
Broker address:	_____	Telephone:	_____
	_____	Email:	_____