



ERRORS AND OMISSIONS / PROFESSIONAL LIABILITY APPLICATION

PLEASE ANSWER ALL QUESTIONS
IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS

1. Name of Applicant:

2. Address (Head Office):

Branch Office:

Date Established:

Web Site:

Telephone No.:

Fax No.:

3. Indicate:

Corporation

Partnership

Individual

4. Provide a clear and detailed description of the Professional activities that you undertake:

5. Fees:

Previous 12 Mo.

Expiring 12 Mo.

Projected 12 Mo.

Mo/Yr

Mo/Yr

Mo/Yr

Mo/Yr

Mo/Yr

Mo/Yr

\$

\$

\$

State the Professional services performed or expected to be performed by the applicant indicating the approximate percentage of total fees derived from each category.

Category	%
_____	_____
_____	_____
_____	_____

What percentage of the applicant's work involves sub-contracting of work to others? _____

What type of work is sub-contracted? _____

What percentage of the applicant's fees will be earned:

a) In the U.S.A. _____ % b) Overseas _____ %

For work outside of Canada, please provide details with respect to the location, type of work and fees for each project.

6.

Partners and Officers (Attach Resume)	University attended	Degree	Year	Prov. Licensed to practice in

7. Total Number of: Partners and Officers _____ Employed Professionals _____ Other _____

8. Explain fully the educational requirements of your profession:

a) Does the applicant belong to any related associations? Yes No
If Yes, please indicate such memberships:

b) Are there any prerequisites for association eligibility? Yes No
If Yes, please provide details:

9. Is there legislation currently in force governing the practice of the applicant? Yes No

10. Is the applicant controlled by, owned by, or related to any other firm, corporation or company? Yes No
If Yes, give details:

11. Do any of the partners or officers of the Applicant hold an interest in any other corporation with whom the Applicant carries on business? Yes No
If Yes, give details:

12. Does the applicant firm use a written contract with clients? In all cases Sometimes Never

13. Please list your five largest projects done during the past five years:

14. Are more than 25% of your Professional Services provided for one client? Yes No
If Yes, give details:

15. Has the Applicant ever previously purchased professional or errors and omissions liability insurance? Yes No

i) If Yes, please indicate the name of the Insurer: _____

ii) Please indicate if such coverage was offered on an occurrence basis or claims made basis:

Occurrence Claims Made

iii) If current coverage is on a claims made basis, what is the retroactive date? _____

iv) What is your current policy limit? \$ _____

v) What is your current deductible? \$ _____

vi) If you are presently insured, are renewal terms being offered? Yes No

vii) If No, please state reason: _____

16. a) Have any claims ever been made to the knowledge of the Applicant against the Applicant, any business predecessors, or any of the present or former partners or officers? Yes No

b) Is the Applicant aware of any act, error, omission or circumstances which could give rise to a claim against the Applicant or any predecessor in business, or any present or former partner or officer? Yes No

IF THE ANSWER TO EITHER Q.16 a) OR Q.16 b) IS YES, COMPLETE THE ENCLOSED CLAIMS HISTORY FORM.

NOTE: THE POLICY DOES NOT COVER ANY CLAIM OR CIRCUMSTANCE STATED IN 16a) AND/OR 16 b) OR ANY ACT, ERROR, OMISSION OR CIRCUMSTANCE WHICH COULD GIVE RISE TO A CLAIM, OF WHICH THE APPLICANT HAS KNOWLEDGE PRIOR TO THE INCEPTION OF THE POLICY.

17. Has any Partner, Executive Officer, Director or Professional Employee had their licence suspended, been fined or reprimanded during the past five years? Yes No
If Yes, attach details.

18. To the Applicant's knowledge, has any company declined or terminated the insurance for the Applicant, any present partner or officer or for any predecessor in the business, past partners or officers? Yes No
If Yes, provide details:

19. Insurance required:

LIMITS: \$250,000 / 500,000

 \$500,000 / 1,000,000

 \$1,000,000 / 1,000,000

 \$2,000,000 / 2,000,000

 Other _____

DEDUCTIBLES: \$ 2,500

 \$ 5,000

 \$10,000

 \$25,000

 Other _____

20. When is your fiscal year end? _____

We hereby declare that the above statements and particulars are true and that we have not suppressed or misstated any material facts and we agree that this declaration shall be the basis of any binder or contract or insurance with the Insurer, and that the limits and deductibles as stated in the said binder or contract of insurance shall govern.

It is understood and agreed that the completion of this application does not bind the Insurer to the issue of the insurance nor the Applicant to the purchase of the insurance.

It is further understood and agreed that if, following submission of this application to the Insurer and prior to the date requested for coverage to be effective, the Applicant becomes aware of any information which has a bearing on question 16 a) or 16 b) of this application, the Insurer shall be immediately notified in writing of such information.

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd’s Underwriters’ insurance business in Canada.

Signature of Applicant (authorized representative)

Date

SUBMITTED BY: _____

EMAIL: _____

**For contact information visit:
www.markelinternational.ca**

CLAIMS HISTORY

Applicants Name: _____ Date: _____

Claimant: _____

Project Name & Location: _____

Date of Loss: _____ Suit: Yes No

Amount Claimed: _____ Estimated Liability: _____

Indemnity Paid: _____ Expenses Paid: _____

Closed: Yes No

Description of Claim: _____

Applicants Name: _____ Date: _____

Claimant: _____

Project Name & Location: _____

Date of Loss: _____ Suit: Yes No

Amount Claimed: _____ Estimated Liability: _____

Indemnity Paid: _____ Expenses Paid: _____

Closed: Yes No

Description of Claim: _____

Applicants Name: _____ Date: _____

Claimant: _____

Project Name & Location: _____

Date of Loss: _____ Suit: Yes No

Amount Claimed: _____ Estimated Liability: _____

Indemnity Paid: _____ Expenses Paid: _____

Closed: Yes No

Description of Claim: _____
