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**PROFESSIONAL LIABILITY (ERRORS & OMISSIONS)
INSURANCE APPLICATION**

Please answer all questions.
If there is no answer, write "none" or "not applicable" in the spaces provided.
Where space provided is insufficient to fully answer, please use separate sheet (s).

Please attach the following items:

- a. Resumes of principals, partners, executive officers.
- b. Brochures and/or promotional literature
- c. A copy of a representative contract and/or letter of agreement used by your firm

1. Name of Applicant _____

2. Address of Main Office _____
(number) (street) (city) (province) (postal code)

3. Address(es) of Branch Office(s) _____

(number) (street) (city) (province) (postal code)

4. Date operations began _____

5. Applicant is Corporation Partnership Individual

6. Is the applicant controlled or owned by, or associated with, any other Firm, Organization or Corporation? Yes No

If yes, please provide details _____

7. Please give a full description of your operations: attach brochures and promotional literature if available.

8. What proportion of your income comes from clients outside Canada? (please give percentage for each country)

9. Are standard contracts used and signed by each client? Yes No

If "Yes" please attach a copy of the Contract

If "No" describe fully the terms under which work is accepted _____

10. Do such contracts contain: (check where applicable)

Hold harmless agreement in favour of the applicant? Yes No

Hold harmless agreement in favour of the client? Yes No

Any guarantees or warranties? Yes No

11. List your firm's five largest projects, completed or in progress within the last twelve months, with a brief description of the services provided, the name of the client and the amount of fees for each project.

12. In general, who are your clients (by type of operation and size)?

13. Please provide a breakdown of your annual fees by category of services (in approximate percentages).

14. Please indicate areas of concern which prompted the need for insurance protection _____

15. What safeguards or procedures do you employ to avoid such losses? _____

16. (a) for all senior staff members, please provide the following information:

NAME	DATE QUALIFIED	DUTIES	QUALIFICATION & PREVIOUS EXPERIENCE	WITH APPLICANT SINCE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(b) Total of all other Employees, with breakdown by category

(c) List the Professional Associations of which the Applicant, its Principals, Partners or senior staff are a member

17. Has the applicant or any principal, partner or employed professional ever been investigated by Yes No or suspended from practice by any body governing the practice of his/her profession?

If yes, give details _____

18. Please give the following details of all Errors and Omissions or Professional Liability Insurance carried in the past 3 years

INSURER	PERIOD	LIMIT	DEDUCTIBLE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

19. Has any similar insurance been refused, cancelled or not renewed by an insurer Yes No

If yes, please give details _____

20. (a) Has any claim for professional services been made against the applicant during the past five years? Yes No

(b) Is the applicant aware of any fact, error, omission or situation, which may give rise to such a claim? Yes No

(if the answer to (a) or (b) is yes, please attach details)

NOTE: THE INSURANCE WILL NOT COVER CLAIMS MENTIONED IN REPLY TO 20(a) ABOVE OR CLAIMS RESULTING FROM THE FACTS MENTIONED IN 20(b) OR CLAIMS RESULTING FROM ANY ACT, ERROR, FAULT, OMISSION OR CIRCUMSTANCE KNOWN TO THE APPLICANT BEFORE THE EFFECTIVE DATE OF THE POLICY.

21. (a) Your fiscal year FROM _____ TO _____

(b) Gross income (fees) for last financial year \$ _____

(c) Estimated gross income (fees) for current financial year \$ _____

22. (a) Limits of insurance desired

- \$250,000 aggregate per policy year
- \$2,000,000 aggregate per policy year
- \$500,000 aggregate per policy year
- \$_____ (other)

(b) Deductible

- \$1,000 per claim
- \$2,500 per claim
- \$5,000 per claim
- \$_____ per claim

23. The undersigned declare that to the best of their knowledge and belief the foregoing statements and representations are complete and accurate. Signing of this application does not bind the undersigned to purchase the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued, and this form will be attached to and become part of the policy. The submission of this application does not obligate the insurer to issue a policy.

Coverage will not be effective until confirmed by the Insurer or a policy is issued.

Signature _____

Capacity _____

Date _____

IMPORTANT: Have you included copies of:

- Your brochure and promotional literature?
- Your standard contract or letter of engagement?