

J.D. Smith Insurance Brokers
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**MISCELLANEOUS PROFESSIONAL
 LIABILITY APPLICATION**

1. Applicant (firm) _____
2. Business Address _____ City _____
 Province _____ Postal Code _____
 Telephone (____) _____ Fax (____) _____
 Branch Office (s) _____
3. Date Business Established _____

4. Please describe **in detail** the nature of operations and professional services for which coverage is requested:
 (please provide definitions for uncommon terms):

PLEASE ATTACH A COPY OF CORPORATE BROCHURE

5. a) Is the applicant or any employee a member of any related associations? Yes No
 b) If answer to a) above is "YES", please indicate such membership:

6. Is any LEGISLATION currently in force governing the practice of the Applicant?
 (If yes, please attach full copy of relevant extracts) Yes No

7. Indicate total gross income:
 Present Year \$ _____ Estimated Next Year \$ _____

8. What percentage of your income comes from customers or assignments outside Canada? %

NOTE: coverage under this policy is only for services rendered in Canada.

9. Give, in approximate percentage, the source of your income related to the activities listed in question 4:

ACTIVITY	PERCENTAGE
	%
	%
	%
	%

	%
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b) Do you provide any services related to construction, erection, fabrication, installation, assembly, manufacture, or the supply of equipment or materials:

Yes No

(if yes, please provide full details) _____

10. To whom does the Applicant provide professional services _____

11. Does any one client represent more than 25% of the Applicant's total gross income? Yes No

(if yes, please provide full details) _____

12. Do you have written contracts with your clients? Yes No

If yes, a sample must be attached.

13. Have you, has any partner, or if a corporation, has any owner, office, director, employee or solicitor of the firm been the subject of disciplinary action by a regulatory authority? Yes No

14. Has any policy of application for errors and omissions insurance on your behalf, your partners' behalf or, in the case of a corporation, any of the present executive officers or directors, within the last ten years? Yes No

15. Have any errors and omissions claims been made against you, your partner(s) (if any), or in the case of a corporation, any present executive officers or directors? Yes No

16. Are there any circumstances which may result in an errors and omissions claim being made against you, your partner(s) (if any), or, in the case of corporation, any present executive officers or directors? Yes No

17. Has the applicant ever been investigated by or suspended from practice by any body governing the practice of this profession? Yes No

IF YES TO ANY OF THE ABOVE QUESTIONS, FULL DETAILS MUST BE ATTACHED

18. List all partners/principals/key employees.

Name	Professional Qualifications	Authorized to Practice since	Years of service With Applicant

19. Number of all other employees, not included in 18 above _____

ATTACH PROFESSIONAL RESUMES OF PRINCIPALS AND SUPPORT STAFF

20. Does the Applicant sub-contract professional services to others? Yes No

If yes, what percentage? _____ %

21. Does the Applicant request proof of insurance from sub-contractors? Yes No

22. Please list the Applicants' **five** largest jobs or projects during the last three years

PROJECT/CLIENT NAME	NATURE OF SERVICES PERFORMED

23. List errors and omission carrier for past **three** years (if non, state "None")

24. Coverage Specifications

Limit per claim \$ _____ Deductible \$ _____

Desired Effective Date of Policy _____

The Applicant hereby warrants and represents that to the best of his/her knowledge, the statements and answers to questions made above and attachments hereto are true and the Applicant has not omitted or misrepresented any information. The Applicant agrees that if any significant change in the condition or circumstance of the Applicant is discovered between the date of the Application form and the effective date of the policy, which would render this Application form inaccurate or incomplete, notice of such change will be reported immediately.

The Applicant understands and agrees that the completion of this application does not bind the company to issuance of an insurance policy.

Signed by Authorized Representative

Title

Date

<p>PLEASE REMEMBER TO ATTACH:</p> <ul style="list-style-type: none"> • A COPY OF CORPORATE BROCHURE • PROFESSIONAL RESUMES OF PRINCIPALS AND SUPPORT STAFF • FULL DETAILS OF CLAIMS
