



MISCELLANEOUS ERRORS AND OMISSIONS INSURANCE APPLICATION

THIS APPLICATION IS FOR A CLAIMS MADE POLICY

ALL QUESTIONS MUST BE ANSWERED FULLY AND COMPLETELY. DO NOT LEAVE ANY SPACE BLANK. INDICATE "N/A" or "NOT APPLICABLE" IF A QUESTION DOES NOT APPLY TO THE APPLICANT'S SITUATION. IF THE SPACE PROVIDED IS INSUFFICIENT TO ANSWER A QUESTION FULLY, PLEASE ATTACH DETAILS ON A SEPARATE SHEET OR MULTIPLE SHEETS AS NECESSARY.

Name of Applicant: \_\_\_\_\_

Address (Head Office): \_\_\_\_\_

Company Website: \_\_\_\_\_

Indicate Business Type:

\_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_ Joint Venture \_\_\_\_\_ Franchise \_\_\_\_\_ Other

Provide a fully detailed description of ALL the Professional activities that the applicant performs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the Applicant engaged in any business or profession other than as described in the previous question above?

\_\_\_\_\_ YES \_\_\_\_\_ NO If YES, please explain and include the estimated income: \_\_\_\_\_

\_\_\_\_\_

Coverage Requested:

Errors & Omissions:

\_\_\_\_\_ \$1,000,000 \_\_\_\_\_ \$2,000,000 \_\_\_\_\_ Other: \$ \_\_\_\_\_

Deductible:

\_\_\_\_\_ \$5,000

Retro-Date Required : \_\_\_\_\_

Applicant & Underwriting Details:

How many years in business? \_\_\_\_\_

Is the company Canadian Registered? \_\_\_\_\_ Yes \_\_\_\_\_ No

Number of Employees: Full-time: Cdn \_\_\_\_\_ US \_\_\_\_\_ Part-time: Cdn \_\_\_\_\_ US \_\_\_\_\_

Is the Applicant controlled, owned or associated with any other company, firm or corporation?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, please explain: \_\_\_\_\_

Partners and Officers (Attach Resume)	Professional Credentials / Qualifications	Degree / Yr of Completion	How many years in practice / operation	How many years as principal / partner	Prov. Licensed to practice in

(attach a separate sheet if more room is necessary)

Is a license required in order for the Applicant to practice? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, please provide the license number: \_\_\_\_\_

Does the applicant belong to any related industry associations? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, please indicate which associations they belong to as members: \_\_\_\_\_

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: \_\_\_\_\_

REVENUES & FINANCIAL INFORMATION:

Estimated gross revenue for:

A) The previous twelve (12) months or last fiscal year: \$ \_\_\_\_\_

B) The next twelve (12) months or next fiscal year: \$ \_\_\_\_\_

Does the Applicant have clients that are domiciled outside of Canada? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, where are they domiciled? \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Does the applicant have a written contract with their clients?  Always  Sometimes / Occasionally  
 Never

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

What percentage (%) of the Applicant's business involves subcontracting of work to others? \_\_\_\_\_%

Does the Applicant provide professional services to business entities in which it retains an ownership interest?  
 Yes  No

If Yes, give details: \_\_\_\_\_

### Previous Insurance and Claims History

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

If Yes, please indicate Insurer: \_\_\_\_\_

Please indicate if such coverage was offered on an occurrence basis or claims made basis:  
 Occurrence  Claims Made

If current coverage is on a claims made basis, what is the retroactive date? \_\_\_\_\_

What is your current policy limit? \$ \_\_\_\_\_

What is your current deductible? \$ \_\_\_\_\_

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

If No, please elaborate why: \_\_\_\_\_

When was the first date on which the Applicant purchased continuous claims made coverage? \_\_\_\_\_

Has the Applicant ever been declined, non-renewed or cancelled by any insurer for Errors and Omissions Insurance in the past 5 years?  YES  NO

If YES, please explain: : \_\_\_\_\_

Has any disciplinary action been taken against the Applicant or any of the Applicant's employees?

Yes  No

If YES, please explain: : \_\_\_\_\_

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

***If yes, please complete the claims history table below***

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 yes, please complete the claims history table below**

Date of Loss	Description / Circumstances	Reserve Amount	Paid	Expense	Status – Open / Closed
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	

**Without Limitation of any other remedy available to the insurer, it is hereby agreed that if there be knowledge of any such fact, circumstance or situation, any claim of action subsequently emanating therefrom is excluded from coverage under the proposed insurance.**

**This application and any supplements attached hereto do not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued by TCB Underwriters Ltd.**

**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 MY APPLICATION FOR INSURANCE AND FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS AND DETERMINE CLAIMS HISTORY OF THE APPLICANT.**

**Signature of the Applicant:** \_\_\_\_\_

**Dated:** \_\_\_\_\_

**Print full Name and Title / Position:** \_\_\_\_\_

**BROKER NAME:** \_\_\_\_\_

**BROKERAGE NAME:** \_\_\_\_\_

**BROKERAGE ADDRESS:** \_\_\_\_\_

**BROKER PHONE NUMBER:** \_\_\_\_\_ **BROKER FAX NUMBER:** \_\_\_\_\_

**BROKER EMAIL:** \_\_\_\_\_