

## MISCELLANEOUS ERRORS AND OMISSIONS INSURANCE APPLICATION

THIS APPLICATION IS FOR A CLAIMS MADE POLICY

FOR PURPOSES OF THE *INSURANCE COMPANIES ACT (CANADA)*, THIS DOCUMENT WAS ISSUED IN THE COURSE OF LLOYD'S UNDERWRITERS' AND LIBERTY MUTUAL INSURANCE COMPANY'S INSURANCE BUSINESSES IN CANADA.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY. DO NOT LEAVE ANY SPACE BLANK. INDICATE "N/A" IF A QUESTION IS INAPPLICABLE. IF THE SPACE PROVIDED IS INSUFFICIENT TO ANSWER A QUESTION FULLY, PLEASE ATTACH DETAILS ON A SEPARATE SHEET.

PLEASE ENSURE THAT THE FOLLOWING ARE PROVIDED WITH THE APPLICATION:

- Standard contract
- Descriptive or promotional materials
- Profile or resume of key personnel

### GENERAL INFORMATION

1. Name of Applicant: \_\_\_\_\_  
\_\_\_\_\_
2. Address: \_\_\_\_\_  
\_\_\_\_\_
- Web Site Address: \_\_\_\_\_
3. Coverage Requested:  
 Errors & Omissions:       \$1,000,000     \$2,000,000     Other: \_\_\_\_\_  
 Deductible:                     \$5,000                     Other: \_\_\_\_\_  
 Employment Practices Liability:     \$100,000     \$250,000

### APPLICANT INFORMATION

4. Company Structure:  Sole Proprietor  Corporation  Partnership  Joint Venture  Franchise  Other \_\_\_\_\_
5. Year established \_\_\_\_\_ Company is Canadian registered  YES  NO
6. Number of Employees: Full-time: Cdn \_\_\_\_\_ US \_\_\_\_\_ Part-time: Cdn \_\_\_\_\_ US \_\_\_\_\_
7. Please describe in detail the activities for which coverage is requested: \_\_\_\_\_
8. Is the Applicant engaged in any business or profession other than as described in 7 above?  YES  NO  
If YES, please explain and include the estimated income: \_\_\_\_\_
9. Is the Applicant controlled, owned or associated with any other company, firm or corporation?  YES  NO  
If YES, please explain: \_\_\_\_\_

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10. Please provide the following information:

FULL NAME OF ALL PRINCIPALS/PARTNERS/EMPLOYEES	PROFESSIONAL QUALIFICATIONS	DATE QUALIFIED	HOW LONG IN PRACTICE?	HOW LONG AS PRINCIPAL/PARTNER?

(attach separate sheet if necessary)

11. Is a license required in order for the Applicant to practice?  YES  NO  
 If YES, please state the license number: \_\_\_\_\_

12. To what professional association(s) does the Applicant belong? \_\_\_\_\_

13. Estimated gross revenue for the last twelve (12) months or last fiscal year: \$ \_\_\_\_\_  
 Estimated gross revenue for the next twelve (12) months or next fiscal year: \$ \_\_\_\_\_  
 Estimated fees/commissions for the next twelve (12) months or next fiscal year: \$ \_\_\_\_\_

14. Does the Applicant have clients that are domiciled outside of Canada?  YES  NO  
 If YES, where are they domiciled? \_\_\_\_\_

15. What percentage (%) of the Applicant's gross revenues emanate from these clients?  
 U.S. : \_\_\_\_\_ % OTHER (please list countries): \_\_\_\_\_ %  
 \_\_\_\_\_ %  
 \_\_\_\_\_ %

16. Please indicate the Applicant's five (5) largest jobs or projects during the last three (3) years. Please provide the following details:

- Project/client name
- Nature of the services performed for the client, and
- Revenues obtained from those services

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

17. Does the Applicant use a written contract with clients?  In all cases  Sometimes  Never  
**Please attach a copy of the Applicant's standard contract or examples of previous contracts.**

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

19. Does the Applicant provide professional services to business entities in which it retains an ownership interest?  YES  NO

**PREVIOUS INSURANCE / CLAIM INFORMATION**

20. During the last five (5) years, has the Applicant carried Errors and Omissions insurance?  YES  NO  
 If YES, please complete the following for all previous policies:

INSURER	TERM	LIMIT	DEDUCTIBLE	PREMIUM

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21. When was the first date on which the Applicant purchased continuous claims made coverage? \_\_\_\_\_
22. Has the Applicant ever been declined, non-renewed or cancelled by any insurer for Errors and Omissions insurance?  YES  NO  
If YES, please explain: \_\_\_\_\_
23. Has any disciplinary action been taken against the Applicant or any of the Applicant's employees?  YES  NO  
If YES, please explain: \_\_\_\_\_
24. In the last five (5) years, has the Applicant ever had a claim made against them?  YES  NO  
If YES, please provide the following details on a separate sheet:
- a) Date of claim
  - b) Claimant's name
  - c) Nature of claim
  - d) Amount of indemnity payment and amount of defense costs
  - e) Final dispositions or current status of claim
25. Is the Applicant aware of any situation or circumstance which may reasonably result in a claim?  YES  NO  
If YES, please describe in detail: \_\_\_\_\_
26. Has the Applicant, its partners, directors or officers ever had an Employment Practices Liability claim (whether insured or not)?  YES  NO  
If YES, please provide the following details on a separate sheet.
27. Is the Applicant, its partners, directors or officers aware of any situation which might give rise to an Employment Practices claim?  YES  NO  
If YES, please describe in detail: \_\_\_\_\_

For example, but not by way of limitation, an employment practices claim would result from a current or former employee's dissatisfaction with an employment relationship or application process by complaining of discrimination, harassment or unfair treatment.

**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.**

**NOTICE CONCERNING PERSONAL INFORMATION**

By purchasing insurance from Creechurch International Underwriters Ltd. (Creechurch), a customer provides Creechurch with his or her consent to the collection, use and disclosure of personal information, including that previously collected, for the following purposes:

- the communication with underwriters;
- the underwriting of policies;
- the evaluation of claims;
- the detection and prevention of fraud;
- the analysis of business results;
- purposes required or authorized by law.

For the purposes identified above, personal information may be disclosed to Creechurch's related or affiliated companies and service providers.

Further information about Creechurch's personal information protection policy may be obtained by contacting their privacy officer at 416-601-2155.

**WARRANTY STATEMENT**

The undersigned warrants that to the best of his or her knowledge, the statements set forth in this Application are true. The undersigned also warrants that they have not suppressed or misstated any material facts.

If the information provided in this Application should change between the date of the Application and the effective date of the policy, the undersigned warrants he or she will immediately report such changes to the Insurer.

Signing of this Application does not bind the undersigned to purchase this insurance, nor does it bind the Insurer to complete this insurance. However, should the Insurer bind and issue a policy, this Application shall serve as the basis of such contract and will be attached to and form part of the policy.

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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 or action subsequently emanating therefrom is excluded from coverage under the proposed insurance.

SIGNED: \_\_\_\_\_  
(Authorized Representative)

DATED: \_\_\_\_\_

NAME (Please Print): \_\_\_\_\_

TITLE/POSITION: \_\_\_\_\_