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## INSURANCE FOR PROFESSIONALS RENEWAL APPLICATION FORM

1. Insured Company: \_\_\_\_\_

2. Please state the current number of employees: \_\_\_\_\_

3. Please state fees received in the following years:

Fees emanating from:	Last complete financial year:	Estimate for current financial year
Canada:	\$	\$
United States:	\$	\$
Other Countries:	\$	\$

4. Have there been any changes in business activities or operations since the last completed application form?  Yes  No

*If yes, please provide complete details below of the changes to your business activities:*

Activity:	% of total fees
	%
	%
	%

5. Are you aware of any claims or circumstances which may give rise to a claim against any of the companies to be insured or any partners or directors thereof?  Yes  No

*If Yes, then please attach full details including an explanation of the background of events, the maximum amount involved/claimed, the status of the claim(s) or circumstance(s) and any reserve(s) or payment(s) made by the Applicant and/or by Insurers, and the dates of all developments and payments.*

### DECLARATION

- I declare that after full enquiry the information provided in this application form is true and complete that I have not misstated or suppressed any material fact.
- I agree that this Application Form, together with any other material information supplied by me shall form the basis this contract of insurance.
- I undertake to inform Underwriters of any material alteration to these facts occurring before the inception of the policy.

Signed: _____	Full Name: _____
Position held: _____	Date: _____