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## INSURANCE FOR PROFESSIONALS APPLICATION FORM

### INSTRUCTIONS:

- Please complete all questions. If a question is not applicable, please answer "N/A".
- If additional space is required for any response, please continue your response in the ADDITIONAL INFORMATION section at the back of this Application Form.
- Please make certain the application is currently dated and signed by a principal, partner or director of the company and should make all the necessary enquiries of their fellow partners, directors and employees to enable all the questions to be answered.
- The term "Applicant" includes all subsidiaries which are more than 50% owned proposed for this insurance.
- **In order to utilize the Submit button to directly submit your application, please download the application first.**

### SECTION 1: COMPANY DETAILS

1.1 Please provide the following details: (If coverage is provided for subsidiary companies, please include all subsidiary information when completing the questions in this Application Form)

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

Address of Applicant: \_\_\_\_\_

City / Prov. / Post Code: \_\_\_\_\_

1.2 The Applicant has continuously been in business since: \_\_\_\_\_

1.3 Please state the number of employees: Professional:  Clerical:  Other:

1.4 Please provide details of partners, active directors / sole practitioners:

Name:	Years in Position:	Years of Experience	Qualifications

1.5 Please provide fees received in the following years:

Revenues emanating from:	Last completed financial year:	Estimate for current financial year	Estimate for next financial year:
Canada:	\$	\$	\$:
United States:	\$	\$	\$
Other Countries:	\$	\$	\$
Total:	\$	\$	\$
Profit / Loss:	\$	\$	\$

Date of the company's financial year end:

## SECTION 2: BUSINESS ACTIVITIES

2.1 Please briefly describe the nature of your business activities:

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2.2 Please indicate the percentage of total revenue derived by activity: *(The total of all activities listed should equal 100%)*

Revenue Breakdown by Activity:	%
	%
	%
	%

2.3 Does the Applicant belong to any association related to these activities:

Yes  No

If "Yes," please list the associations below:

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2.4 In the event the Applicant's product or service failed or delivery was delayed, please describe the worst case scenario. Considering the following: loss of life, injury to people, damage to buildings or other property, or financial loss (consequential or otherwise) for the Applicant's clients"

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## SECTION 3: CONTRACT INFORMATION

3.1 Please give details of the five largest contracts the Applicant has carried out in the past three years:

Name of client	Nature of work	Applicant's Revenue
		\$
		\$
		\$
		\$
		\$

3.2 Approximately how many clients does the Applicant have in total?

3.3 Does the Applicant have written contracts signed by every client?

Yes  No

If "yes", please attach a copy of the standard contract used by the applicant

If "no", please explain the circumstances and why.

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- 3.4 Does the Applicant ever accept contracts with clients in which the Applicant accepts liability for consequential loss or financial damages greater than the value of the contract?  Yes  No

If "yes", explain what percentage of the Applicant's contracts this applies to and the maximum amount the Applicant is liable.

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- 3.5 What is the approximate percentage of current year revenue to be paid to sub-consultants?  %

- 3.6 Does the Applicant require all sub-contractors to carry their own Errors & Omissions and General Liability Insurance?  Yes  No

## SECTION 4: CYBER AND PRIVACY

*Only complete this section if the Applicant requires this coverage*

- 5.1 Does the Applicant have procedures and protocols in place covering compliance with all applicable privacy regulations?  Yes  No
- 5.2 Does the Applicant have IT security procedures and protocols in place that govern the handling and storage of sensitive information?  Yes  No
- 5.3 Does the Applicant ensure that all sensitive personally identifiable data (including credit and debit card information) is encrypted while standing and during transmission?  Yes  No
- 5.4 Does the Applicant have anti-virus software installed and enabled on all desktops, laptops, and servers (excluding database servers) and is it updated on a regular basis?  Yes  No
- 5.5 Does the Applicant have firewalls installed on all external gateways?  Yes  No
- 5.6 Does the Applicant make regular back-ups (at minimum weekly) of all critical data and store the same offsite or in a fire-proof safe or can the Applicant confirm that their outsourced service provider meets this requirement?  Yes  No
- 5.7 If the Applicant accepts payment cards (debit or credit) as form of payment, is the Applicant compliant with the Payment Card Industry (PCI) Data Security Standard?  Yes  No

If there is any additional information with respect to the Applicant's IT security, please explain in the ADDITIONAL INFORMATION section at the end of this application form.

## SECTION 5: COMMERCIAL PROPERTY

*Only complete this section if the Applicant requires this coverage*

- 5.1 Please provide the address of the property to be insured, if different from the address given above:

Insured Address 1:	
Insured Address 2:	

Please continue on a separate page should more than 2 premises are to be insured.

5.2 Please provide the following details with respect to each of the premises to be insured:

	Insured Location 1:	Insured Location 2:
Year built:		
Number of stories:		
Sq. Footage:		
Are Fire Hydrants located within 500m:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the Premises sprinklered:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially
Monitored Alarm:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Building Construction: <i>(i.e. Masonry, Concrete, Brick Veneer, Frame, Fire resistant, Non-combustible)</i>		

5.2 Please provide the amount of insurance required below:

	Insured Location 1:	Insured Location 2:
Building (excluding residential homes):	\$	\$
Tenant's Improvements:	\$	\$
Office Contents / Equipment:	\$	\$
Computer Hardware:	\$	\$
Computer Software / Media:	\$	\$
Property of others:	\$	\$
Laptops / Portable Computers:	\$	\$
Business Interruption:	\$	\$
Other: _____	\$	\$
	<input type="checkbox"/> Flood Coverage <input type="checkbox"/> Earthquake Coverage	<input type="checkbox"/> Flood Coverage <input type="checkbox"/> Earthquake Coverage

5.3 Please provide details below of any third party requiring to be noted as an additional insured on the Policy:

Name of Additional Insured 1:	
Interest of Additional Insured:	
Address:	

Name of Additional Insured 2:	
Interest of Additional Insured:	
Address:	

Name of Additional Insured 3:	
Interest of Additional Insured:	
Address:	

Please continue on a separate page if more than 3 additional insureds are required to be added to the Policy.

## SECTION 6: INSURANCE COVERAGE REQUIREMENTS

6.1 Please provide details of the Applicant's current Errors and Omissions insurance coverage or the cover the Applicant requires if this is the first time applying for this coverage:

	Retroactive Date	Effective Date	Limit	Deductible	Premium:
Current:					
Required:					

6.2 Please provide details of the Applicant's current General Liability insurance coverage or the cover the Applicant requires if this is the first time applying for this coverage:

	Retroactive Date	Effective Date	Limit	Deductible	Premium:
Current:					
Required:					

6.3 What date would the Applicant like to incept coverage? \_\_\_\_\_

## SECTION 7: CLAIMS INFORMATION

Regarding all types of insurance to which this application form relates:

- is the Applicant aware of any loss or damage, whether insured or not, that has occurred to any of the companies to be insured (or to any existing or previous business of the partners or directors of any of the companies to be insured) within the last five (5) years, or
- is the Applicant aware of any circumstances which may give rise to a claim against any of the companies to be insured or any partners or directors thereof, or
- have any claims or cease and desist orders been made against any of the companies to be insured, or partners or directors thereof, or
- have any partners or directors of the companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body?

With reference to questions a, b, c and d above:

Yes  No

If the answer to the above is 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.

## SECTION 8: 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: _____

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