



Errors & Omissions Insurance Application

THIS APPLICATION IS FOR A CLAIMS MADE AND REPORTED CERTIFICATE OF INSURANCE. THE CERTIFICATE APPLIES TO THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED AND REPORTED IN WRITING TO THE UNDERWRITERS DURING THE CERTIFICATE OF INSURANCE PERIOD. CLAIM EXPENSES ARE WITHIN AND REDUCE THE LIMIT OF LIABILITY.

Name of Applicant: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

1. Date Established: _____ Website address: _____

2. Please indicate type of Company: Individual Partnership Corporation Other

3. Is the Applicant owned, controlled, associated or affiliated with any other firm or business enterprise?

Yes No (if yes, please explain): _____

4. Please describe in detail the professional services performed by the applicant (please attach an additional sheet if necessary).

5. In the past 12 months, has the Applicant or any of its principals engaged in any business or profession other than as described in the above question?

Yes No (if yes, please explain): _____

6. Are there any material changes in the nature or size of the Applicant's business anticipated over the next 12 months? Or have there been any such changes in the past 12 months?

Yes No (if yes, please explain): _____

7. What percentage of the Applicant's business involves subcontracting work to others? _____ %

a. Does the Applicant require evidence of errors and omissions insurance from subcontractors?

Yes No If no, please explain how the Applicant protects itself from acts or omissions arising out of services performed by its subcontractors. _____

8. Please provide the number of principals, partners, director, officers and professional employees directly engaged in providing professional services to clients: _____

a. Please provide the number of all other non-professional and/or clerical employees: _____

9. Has the Applicant or any director, officer, employee or partner provided professional services on behalf of the Applicant been subject to disciplinary action as a result of professional activities?

Yes No (if yes, please explain): _____

10. Financial Information:

➤ Fiscal year end date: / /

➤ Projected gross revenues for next year: Canada: _____ U.S.: _____

➤ Gross revenues for current year: Canada: _____ U.S.: _____

➤ Gross revenues for last year: Canada: _____ U.S.: _____

11. Please indicate the Applicant's five largest jobs/projects during the past fiscal year:

Client	Services provided	Revenues from service	% of Applicant's total revenue
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

12. Does the Applicant use a written contract with clients?

Yes No If no, please explain how the Applicant limits its liability with clients:

a. Does the standard contract contain hold harmless clauses for the benefit of the Applicant?

Yes No

13. Priors Errors and Omissions Insurance:

Year	Insurance Company	Limit of Liability	Deductible	Premium	Claims Made or Occurrence Policy Form	Policy Period	Retroactive Date (if any)
Current Year							
Previous Year 1							
Previous Year 2							
Previous Year 3							
Previous Year 4							

14. Is any Extended Reporting Period (ERP) currently in place?

Yes No (if yes, please attach a copy of the endorsement including effective and expiration date)

15. Has any errors and omissions or professional liability insurance ever been declined or cancelled?

Yes No (if yes, please explain): _____

16. Has the Applicant been a party to any lawsuit or other legal proceeding within the past five years?

Yes No

If yes, please attach a supplemental claims questionnaire or provide a detailed description which includes the parties involved, the amount at dispute, the nature of the claim(s), the status of the action(s) and how the action(s) was resolved as to the applicant, including all costs incurred; including defense expenses.

17. After inquiry, have any errors or omissions claims been made during the past five years against the Applicant or any past or present principals, partners, directors, officers or professional employees?

Yes No (If yes, please complete a supplemental claims questionnaire)

18. After inquiry, does the Applicant or any principal, partner, director, officer or professional employee have any knowledge or information of any act, error, omission, fact or circumstance which may give rise to a claim being made against them?

Yes No (If yes, please complete a supplemental claims questionnaire)

Please provide the following additional information:

- 1. Latest financial statements and company literature (if there is no company website).**
- 2. A copy of standard contracts utilized with clients.**
- 3. Resumes of key Principals.**

Applicant hereby represents after inquiry, that information contained herein and in any supplemental applications or forms required hereby, is true, accurate and complete, and that no material facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to the Company as soon as practicable any material changes in all such information, after signing the application and prior to issuance of the policy, and acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes.

Further, Applicant understands and acknowledges that:

1. If a policy is issued, the Company will have relied upon, as representations, this application, any supplemental applications, and any other statements furnished to the Company in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part thereof
2. This application will be the basis of the contract and will be incorporated by references into and made part of such policy; and
3. Applicant's failure to report to its current insurance company any claim made against it during the current policy term, or act, omission or circumstances which Applicant is aware of which may give rise to a claim before the expiration of the current policy may create a lack of coverage for each Applicant who had a basis to believe that any such act, error, omission or circumstance might reasonably be expected to be the basis of a claim.
4. The policy applied for provides coverage on a claims made and reported basis and will apply only to claims that are first made against the insured and reported in writing to the Company during the policy period. Claims expenses are within and reduce the limit of liability.

NOTICE: IN CERTAIN STATES, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

The undersigned on behalf of the Applicant declares that the statements set forth are true. The undersigned on behalf of the Insured agrees that if the information supplied on this Application changes between the date of this Application and the effective date of the insurance, they shall, in order for the information to be accurate on the effective date of the insurance, immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding quotations or authorizations or agreements to bind the insurance. Signing of this Application does not bind the Applicant/Insured or the Insurer to complete the insurance contract, but it is agreed that this Application shall be the basis of the contract should a policy be issued, and it will be attached to and become part of the Policy. All written statements and materials (including any information provided in the attached Appendices) furnished to the Insurer in conjunction with this Application are hereby incorporated by reference into this Application and made a part hereof. Any failure to provide accurate answers or any incorrect responses in the sections above may result in the nullification of any insurance policy issued by the Underwriters for this risk.

Applicant: _____

Title: _____

Applicant's Signature: _____

Title: _____

Agent/Broker Name: _____