

Errors and Omissions Application

**NOTES: This is a Claims Made policy
All questions must be answered**

General Information

Legal Name of Applicant _____

Key Contact _____ Position _____

Mailing Address _____ Postal Code _____

Phone _____ Fax _____

Email _____ Website _____

Key Broker Contact _____

Brokerage Name _____

Brokerage Address _____ Postal Code _____

Phone _____ Fax _____

Email _____ Website _____

Applicant's operations (including activities, programs, events, U.S. or international exposures) _____

Present Insurer _____

Expiry Date (dd/mm/yy) _____ Premium \$ _____

Is the present insurer(s) offering renewal? YES _____ NO _____

If "NO", provide full details _____

Are they restricting coverage in any way? YES _____ NO _____

If "YES", provide details _____

Is the Applicant controlled, owned or associated with any other company, firm or corporation? YES _____ NO _____

If "YES", provide details _____

Applicant is For Profit Organization _____ Not for Profit Organization _____

Applicant is a Corporation _____ a Partnership _____ a Sole Proprietor _____

Incorporation Date (dd/mm/yy) _____ Act/Jurisdiction _____

If incorporated, a copy of the Letters Patent is required

Total Operations Budget for the next twelve (12) months \$ _____

Fiscal Year End (dd/mm/yy) _____

Indicate the Applicant's sources of income and the percentage of total revenue generated from each source

	%
	%
	%

When was the first date on which the Applicant purchased continuous claims made coverage? (dd/mm/yy) _____

Liability

Limit of Liability requested \$ _____

Indicate all professional services provided (including counseling, referral services, legal aid services, medical services or other)

To whom does the Applicant provide services?

Indicate all professional association(s) the Applicant belongs to

Indicate any specific licenses the Applicant is required to have to practice

Has any disciplinary action been taken against the Applicant or any of the Applicant's employees? YES _____ NO _____
If "YES", provide details

Does the Applicant develop standards used to evaluate the quality of services rendered? YES _____ NO _____
If "YES", provide details

Does the Applicant engage in activities such as lobbying, labour negotiations or have any involvement in the activities and operations of any trade union? YES _____ NO _____
If "YES", provide details

Are all persons required to obtain legal counsel prior to publically commenting on the Applicant's activities? YES _____ NO _____

Provide the following information

Full Name of all Professionals	Professional Qualifications	Years of Experience

What is the source of the board's legal advice?

Claims History

Is the Applicant or any of his/her employees aware of any facts, circumstances or situations which may reasonably give rise to a claim? YES _____ NO _____
If "YES", provide details

Indicate all claims incurred in the past 5 years (including all payments plus a reserve for outstanding claims)

Year	Type of Claim	Amount Paid	Reserves for Unpaid Claims
		\$	\$
		\$	\$
		\$	\$
		\$	\$



Applicant Acknowledgement

The undersigned authorized officer of the organization declares that, to the best of his/her knowledge, the statements set forth herein are true. Signing of this application does not bind the Insurer to offer, nor the Applicant to accept Insurance, but, it is agreed that this form shall be the basis of the contract should a policy be issued, and this form will be attached to and become part of the policy.

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this form) has been collected in accordance with applicable privacy legislation and this information shall only be used or shared by the Company to assess, underwrite and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with regulatory or legal requirements.

Applicant Name	_____	Title/Position	_____
Applicant Signature	_____	Date	_____
Broker Name	_____		
Broker Signature	_____		