

By completing this application the applicant is applying FOR COVERAGE WITH NORTHBRIDGE GENERAL INSURANCE CORPORATION (THE "INSURER").

PLEASE READ CAREFULLY: THIS IS AN APPLICATION FORM FOR A CLAIMS-MADE POLICY. All questions must be answered completely. If there is no answer, write "none" or "n/a" in the space provided. Where space provided is insufficient to fully answer, please use separate sheet(s).

**Include a copy of the Applicant's sample contracts, marketing materials and any general information that would be helpful in evaluating the Applicant.**

## A. General Information

**1. Name Applicant:** \_\_\_\_\_

(i) Mailing Address: \_\_\_\_\_

(ii) Web-Site Address: \_\_\_\_\_

(iii) Date Established: \_\_\_\_\_  
 If less than three years, please attach resumes of all principals, partners and senior staff members.

(iv) Applicant is:                      Individual                      Partnership                      Joint Venture  
    Corporation                      Other: \_\_\_\_\_

(v) Location(s) of branch office(s): \_\_\_\_\_

**2. Limit of Liability desired:**                      \$1,000,000                      \$2,000,000                      Other: \_\_\_\_\_

(i) Deductible:                      \$2,500                      \$5,000                      Other: \_\_\_\_\_

**3. Please describe, in detail, the Applicant's professional services for which coverage is requested**

**4. Is the Applicant engaged in any business or profession other than as described in 3 above?**                      Yes                      No

If YES, please explain:

**5. Does the Applicant own any Subsidiaries for which coverage is requested?**                      Yes                      No

If YES, please provide the following information:

Subsidiary Name	Jurisdiction	Description of professional service
1.		
2.		
3.		

# Application for Miscellaneous Errors & Omissions Liability Insurance

## A. General Information

Day:                      Month:                      Year:                      Day:                      Month:                      Year:

**6. Last completed fiscal year is from:** \_\_\_\_\_ **to** \_\_\_\_\_

(i) Gross Revenue for the last completed Fiscal Year: \_\_\_\_\_

(ii) Estimated Gross Revenue for the current Fiscal Year: \_\_\_\_\_

(iii) Estimated Gross Revenue for the next Fiscal Year: \_\_\_\_\_

**7. For the Gross Revenue indicated in Question 6 (ii), please indicate the approximate percentage derived from each of the services listed in Question 3.**

Service	% (total must be 100%)
1	_____ %
2	_____ %
3	_____ %

**8. For the Gross Revenue indicated in Question 6 (ii), please indicate the approximate percentage derived from clients that are domiciled outside of Canada.**

Country	% of Revenue
1	_____ %
2	_____ %
3	_____ %

**9. Is the Applicant controlled or owned by or associated or affiliated with, or do You own, any other firm or business enterprise?**                      Yes                      No

If YES, please attach an explanation and indicate if any services described in Question 3 are provided to such firm or business enterprise.

(i) During the past three years, has the Applicant's name changed, or has the Applicant purchased, merged or consolidated with any other business?                      Yes                      No

a. If YES, did the Applicant assume any liabilities (i.e. responsibility for prior acts) of the acquired, merged or consolidated entity?                      Yes                      No

**10. (i) Complete the following for all partners, principals and key employees performing the services described in Question 3 (if more space is required please complete on a separate sheet):**

Name	Title	Professional Qualifications	# of years in practice
1			
2			
3			
4			

(ii) Additional employees to those listed in 10 (i) in the following categories:

Clerical: \_\_\_\_\_ Contract: \_\_\_\_\_ Other (specify): \_\_\_\_\_

# Application for Miscellaneous Errors & Omissions Liability Insurance

## A. General Information

- (iii) What percentage of the Applicant's business involves subcontracting of work to others? \_\_\_\_\_ %
- (iv) Does the Applicant require every independent contractor to carry E&O Insurance? Yes No
- (v) Does the Applicant have a written procedural manual for employees to follow? Yes No
- (vi) Does the Applicant have a formalized training program for newly hired employees? Yes No
- (vii) List all professional associations to which the Applicant belongs:

### 11. Please provide the following details for the Applicant's five (5) largest projects during the last three years:

Client Name	Nature of Service	Gross Revenue
1		
2		
3		
4		
5		

### 12. Does the Applicant use a standard written contract, reviewed or created by your attorney?

Yes No

- (i) What percentage of time is this written contract used? \_\_\_\_\_ %
- (ii) Does the written contract contain:
- (a) a detailed scope of the services / deliverables to be provided? Yes No
- (b) a Hold Harmless or Indemnity Agreement inuring to the Applicants benefit? Yes No
- (c) a Hold Harmless or Indemnity Agreement inuring to the benefit of others? Yes No
- (d) a clause that guarantees the Applicant's services? Yes No
- (e) a clause limiting the Applicant's liability in case of errors? Yes No
- (f) a detailed sign-off/acceptance procedures? Yes No

### 13. Please provide the following details for the Applicant's current Professional Liability / Errors and Omissions Insurance policy:

Insurer	Expiry Date	Limit	Deductible	Premium	Retro Date
(i) Has the Applicant ever been declined, non-renewed or cancelled by any insurer for Professional Liability / Errors and Omissions Insurance?				Yes	No
If YES, please explain _____					

### 14. Has the Applicant, or any of Your employees, ever been investigated by, or suspended from practice by any governing body of his/her profession?

Yes No

If YES, please explain: \_\_\_\_\_

# Application for Miscellaneous Errors & Omissions Liability Insurance

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## A. General Information

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**15. In the last five years, has any claim ever been made against the Applicant or any of the Applicant's employees?** Yes No

If YES, please provide full details on a separate sheet, including (1) date of such claim, (2) claimant's name, (3) description of allegations of wrong-doing made, (4) amount of indemnity payment and Defence Costs paid and (5) the final disposition or current status of such claim.

**16. Does the Applicant, or any of the Applicant's employees, have knowledge or information of any act, error, omission or circumstance which might reasonably be expected to give rise to a claim?** Yes No

If YES, please explain: \_\_\_\_\_

**Without prejudice to any other rights and remedies of the Insurer, the Applicant understands and agrees that if any such fact, circumstance, or situation exists, whether or not disclosed above in response to Question (16), any claim or action arising from such fact, circumstance or situation will be excluded from coverage under the proposed policy, if issued by the Insurer.**

## B. Declarations, Material Change, and Privacy Disclosure and Consent

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### 1. Declarations

- (a) The Applicant's submission of this Application, and its attachments, does not obligate the Insurer to issue, or the Applicant to purchase a policy. This Application and its attachments shall be the basis of the contract should a policy be issued and shall be deemed to be attached to and form part of the policy. The Insurer is hereby authorized to make any investigation and inquiry in connection with this Application that it deems necessary.
- (b) Coverage cannot be bound unless this Application form has been fully completed and signed. The undersigned has the power to complete and execute this Application, including Question 16, on behalf of all persons proposed for this insurance and declares that, after inquiry, the statements set forth herein, together with all materials and information submitted or requested by the Insurer, are true.

### 2. Material Change

If there is any material change with respect to the information in this Application, and its attachments, prior to the policy inception date, the Applicant must immediately notify the Insurer in writing, and the Insurer may effect changes in, or withdraw, the quotation.

### 3. Privacy Disclosure and Consent

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 Insurer 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.

### COMPLETED AND DULY SIGNED AND DATED.

Signature: \_\_\_\_\_

Print Name \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_