

Miscellaneous Professional Liability Renewal Application



PLEASE ANSWER ALL QUESTIONS AND LEAVE NO BLANK SPACES. IF THE SPACE PROVIDED IS INSUFFICIENT TO ANSWER ANY QUESTION FULLY, KINDLY APPEND A SEPARATE PAGE WITH YOUR DETAILED ANSWERS.

Enclose the following with this application:

Attached

- i. If any professional has started working for the Applicant since the last Application was completed provide a copy of his/her resume or provide his/her name, relevant qualifications and years of experience
- ii. Copy of the Applicant's standard written contract *IF* it has changed since it was last submitted

APPLICANT FIRM

1. Name: _____
2. Address: _____
3. Location of Branch Office(s): _____
4. Have there been any changes to the Applicant since the last Application? Yes No
 E.g. change in ownership, management and/or services offered, acquisition(s), additional branches etc.
 If Yes, provide details (updated organization chart, resumes of new owner(s)/management etc.)

BUSINESS ACTIVITIES & FINANCIAL INFORMATION

5. Gross annual revenue: Past year: _____ Est. for current year: _____ Est. for next year: _____
6. Gross annual revenue from: Canada: _____ *US: _____ *Other (specify): _____
*Including services provided outside of Canada and revenue earned from clients domiciled outside Canada.
7. Complete the following table and include a full description of the Applicant's services.

Description of Services	Gross Revenue

8. a) Does any client represent more than 50% of the Applicant's revenue? Yes No
- b) If Yes, advise the percentage _____ % and attach a copy of the contract in place with this client.

PROFESSIONAL PRACTICE

9. Total number of: professional employees: _____ independent contractors: _____ administrative: _____
10. a) For what percentage of services provided is a standard written contract in place? _____ %
 If 100% go to question 11.

- b) When a standard written contract is *not* in place, please describe how the Applicant determines and documents the responsibilities of both Applicant and client and ensures that each party is clear with respect to the services expected:

PRIOR CLAIMS

11. Since the date of the last Application, has the Applicant been the subject of a claim in respect of the liabilities covered by this insurance? Yes No
12. Is the Applicant aware of any act of circumstance which could reasonably be expected to be the basis of a future claim in respect of liabilities to be covered by this insurance? Yes No

If Yes to any of the above, attach details including the allegations, dates, amounts claimed, status of any claim made, resultant payments.

DISCLOSURE, AUTHORIZATION AND SIGNATURE:

I/We hereby declare for and on behalf of the Applicant Firm and each and every one of its members to be insured, that to the best of my/ our knowledge, the above statements and particulars in this application are true and complete and that I/we have not omitted, suppressed or misstated any material facts. I/we agree that this application, together with any other information supplied by me/us shall form the basis of any Contract of Insurance effected therefrom. I/We undertake to inform Insurers of any material alteration to these facts whether occurring before or after completion of the Contract of Insurance. Furthermore, I/we understand and accept that this insurance applied for provides coverage on a "claims made and reported" basis and that coverage under the policy, if issued, shall not apply to any known claim or circumstance that could reasonably give rise to a future claim that is known to myself, the Applicant Firm or its members prior to the inception date of the policy nor to any claim or circumstance reported after the expiration, cancellation or termination of the policy.

I/We also give authorization to Intact Insurance Company, its affiliates, agents and representatives to verify, obtain and exchange any information in connection with the insurance applied for in this application. This consent is valid with respect to any policy extension and/or renewal of coverage with Intact Insurance Company, or any of its affiliates.

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT FIRM NOR THE INSURER TO COMPLETE THE INSURANCE APPLIED FOR HEREIN.

Applicant Name (print): _____ Date: _____

Applicant Signature: _____ Applicant Title: _____