



CARRIER:

United States Liability Insurance Company

Specified Professions Professional Liability Application – All Provinces/Territories

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN SECTION I – INSTANT QUOTE BELOW, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

Additional Coverage(s): General liability Property

I. INSTANT QUOTE INFORMATION

Instant quote is not available for accounts with losses in the past five years. If there is loss history, please complete Section I and submit details in a claim supplement.

Applicant's name: _____

Location address: _____ Same as mailing address

City: _____ Province/Territory: _____ Postal code: _____

Web address: _____ E-mail address: _____ Phone: _____

Applicant is: Corporation Partnership Individual LLC Nonprofit

Description of operations:

List 12 month gross revenues below:

Last year:	Current year (based on 12 months):	Forecast for next year:
\$	\$	\$

- Number of principals, partners, officers and professional employees directly engaged in providing services to clients: _____
- Number of independent/subcontractors: _____
- Does the applicant provide services not disclosed above? Yes No
If "Yes," please detail additional services: _____

II. UNDERWRITING INFORMATION

- Date established: _____
If business has been in operation less than one year, please provide principal, partner or key employee's resume.
- Is the Applicant controlled, owned, affiliated or associated with any other firm, corporation or company? Yes No
 - Is any director, officer or partner either affiliated, employed by or associated with any other firm, corporation or company? Yes No
If "Yes" to either 5a or 5b, please provide names(s) and relationship(s): _____
- Does the applicant have any subsidiaries? Yes No
 - Name(s) of any subsidiaries: _____
 - Are all subsidiaries' receipts and services disclosed on this application? Yes No
- Please answer the following questions regarding the use of independent contractors:
 - Do the independent contractors provide the same services as the applicant? Yes No
If "No," please describe services: _____
 - Do the independent/subcontractors work exclusively for the applicant? Yes No
 - Are all independent contractors required to carry errors and omissions insurance? Yes No
 - Does the applicant desire to provide coverage for independent contractors as insureds under the policy? Yes No
- What percentage of current 12-month gross revenues are derived from the following:
 - Services performed outside Canada: _____% Country where services are performed: _____
 - Clients for which the applicant is more than a 3% shareholder: _____%
 - Clients for which any director, officer, employee, partner or independent contractor of the applicant serves as an officer or on the board of directors: _____%

9. Describe the three largest jobs or projects during the past three years

Name of client	Services provided	Gross billings

10. Is similar professional liability insurance currently in force? Yes No

Carrier _____ Limit _____ Deductible _____ Premium _____ Retroactive date _____

11. a. Describe your contract usage/engagement letter usage: Always used Sometimes used Never used
 b. Does the applicant's contract contain both a hold harmless and indemnification clause? Yes No
 c. Does the applicant's contract clearly define the scope of services that are being performed? Yes No

Attach a statement of details for all "Yes" answers to the following questions:

12. Has any prospective insured ever had their licence revoked or suspended or been fined or disciplined in any way or been the subject of any investigation by any regulating body related to their profession? Yes No
 13. Have you initiated litigation against any of your clients in the past five years? Yes No
 14. During the past five years, has any claim been made or suit brought against the applicant, its predecessor(s) in business, or any of its present or former owners, partners, officers, directors, employees or independent contractors? Yes No
 15. Is any owner, partner, officer, director, employee or independent contractor aware of any circumstance, allegation, contention, or incident which may result in a claim being made against the applicant, its predecessor(s) in business, or any of its present or former partners, owners, officers, directors, employees or independent contractors? Yes No
 16. Has any policy or application for professional liability insurance on your behalf or on the behalf of any of your principals, officers, employees, independent contractors or on behalf of any predecessor(s) in business ever been declined, cancelled or renewal refused? Yes No

III GENERAL LIABILITY AND PROPERTY INFORMATION

17. Is the premises residential or commercial? Residential Commercial
 18. Do you currently maintain an active general liability policy? Yes No
 19. Has the applicant had any general liability or property claims paid, reserved or pending in the last five years? Yes No

If "Yes," please provide details: _____

20. Business personal property limit \$ _____

Building Construction: <input type="checkbox"/> Frame <input type="checkbox"/> Masonry NC <input type="checkbox"/> Joisted masonry <input type="checkbox"/> Modified fire resistive <input type="checkbox"/> Noncombustible <input type="checkbox"/> Fire resistive		
What year was the building constructed? _____	FUS Grade _____	Type of Burglar Alarm <input type="checkbox"/> Local <input type="checkbox"/> Central Station <input type="checkbox"/> None
Business Personal Property Limit: \$ _____		

21. Is 100 percent of the electric wiring on functioning and operating circuit breakers? Yes No N/A – building built after 1978
 22. Is there any aluminum wiring or knob and tube wiring? Yes No N/A – building built after 1978
 23. Are there functioning and operational smoke and/or heat detectors? Yes No

IV. ADDITIONAL INSURED INFORMATION

(AI = Additional insured, M = Mortgagee, W = Waiver of Transfer of Rights of Recovery Against Others to US, P = Primary and Non-Contributory wording)

Name	Interest	Address	AI		M	W	P
			GL	E&O			
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

V. SUPPLEMENTAL APPLICATIONS

Please provide corresponding supplemental applications if applicant's description of services include any of the following:

- Collection Agency Financial Planning Mortgage Field Inspector/Property Preservation Service

If your province/territory requires a countersignature from your authorized retail agent or broker, please provide below.

Agency name: _____ Agent's signature: _____
(Required in Prince Edward Island and Saskatchewan)

The signer of this application acknowledges and understands that the information provided in this Application is material to the Insurer's decision to provide the requested insurance and is relied on by the Insurer in providing such insurance. The signer of this Application represents that the information provided in this Application is true and correct in all matters. The signer of this Application further represents that any changes in matters inquired about in this Application occurring prior to the effective date of coverage, which render the information provided herein untrue, incorrect or inaccurate in any way will be reported to the Insurer immediately in writing. The Insurer reserves the right to modify or withdraw any quote or binder issued if such changes are material to the insurability or premium charged, based on the Insurer's underwriting guides. The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will become a part of the Policy.

Applicant's Signature: _____ Title: _____
(Principal, Partner or Officer)

Print name: _____ Date: _____