



Please forward application to:  
The PROLINK Insurance Group Inc.  
800-480 University Avenue  
Toronto, Ontario M5G 1V2  
Telephone 800-663-6828  
Facsimile 416-595-1649

# Application

## Errors and Omissions and Commercial General Liability Insurance Board of Canadian Registered Safety Professionals

Please answer all questions. If there is no answer, write "none" or "not applicable" in the space provided. Where space provided is insufficient to fully answer, please use separate sheet(s).

Please attach the following items:

- (a) résumés of persons performing professional activities;
- (b) brochures and/or promotional literature.

### THE APPLICANT

1. Name of Firm: \_\_\_\_\_  
\_\_\_\_\_

2. Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

3. Location of Branch Offices: \_\_\_\_\_

4. Date operations began: \_\_\_\_\_

5. Please provide a complete description of the Applicant's activities and provide definitions for uncommon terms.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. To whom does the Applicant provide services: \_\_\_\_\_  
\_\_\_\_\_

7. (a) Please indicate the Applicant's gross annual fees or income:  
(i) Previous Year: \$ \_\_\_\_\_  
(ii) Anticipated for Next Year: \$ \_\_\_\_\_

(b) Does the Applicant provide services or perform activities outside Canada or for clients who are outside Canada?  
YES  NO

If yes, please provide full details for our review and acceptance and indicate the services provided as well as the location and the gross annual fees or income from the past year and anticipated for the next year.

(c) Please provide a breakdown of the Applicant's fees by category of services:

Type of Service	% (total must be 100%)
_____	_____
_____	_____
_____	_____

8. (a) Please indicate areas of concern which prompted the need for insurance protection: \_\_\_\_\_

(b) What safeguards or procedures does Applicant employ to avoid such losses? \_\_\_\_\_

9. (a) Please indicate the total number of employees:

Professional \_\_\_\_\_ Clerical \_\_\_\_\_ Other (specify) \_\_\_\_\_

(b) Complete the following for any person performing professional activities.

Name	Duties	Education	Years of Exp.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. Does the Applicant belong to any related association? YES  NO

If yes, list such associations: \_\_\_\_\_

11. Has the Applicant ever been investigated by or suspended from practice by any governing body of his/her profession? YES  NO

If yes, please provide details.

12. Is any legislation currently in force governing the practice of the Applicant? YES  NO

## COMMERCIAL GENERAL LIABILITY

13. Form of Business:  Individual  Partnership or Joint Venture  Corporation or Other Organization

14. List all locations at which business is conducted, providing details indicated below.

Location/Address	Occupancy	Square Metres	Owned or Leased?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

15. Provide a complete description of the Applicant's:

(a) Products manufactured, distributed or sold: \_\_\_\_\_

(b) Construction activities: \_\_\_\_\_

(c) Work conducted away from the Applicant's premises in connection with repair, service, maintenance or installation of products sold or distributed: \_\_\_\_\_

16. Provide details of any aircraft or watercraft owned, operated or maintained by the Applicant:

\_\_\_\_\_  
\_\_\_\_\_

17. Describe any work or service performed on behalf of the Applicant by other contractors. Provide estimates of the annual cost of such work. Provide details of insurance which the Applicant contractually requires these contractors to maintain, and the method by which they are requested to provide evidence of such insurance.

\_\_\_\_\_  
\_\_\_\_\_

**INSURANCE COVERAGE - If you are renewing your policy with ENCON, do not complete this section.**

18. (a) Has the Applicant ever previously purchased professional or errors and omissions liability insurance? YES  NO

(b) If yes, please give the following details for the last three years:

Insurer	Period	Expiring Premium	Limit	Deductible
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____

(c) With respect to (b) above, please indicate if such coverage was offered on an occurrence basis or claims-made basis:

\_\_\_\_\_

If claims-made, what was the retroactive date of the policy (dd/mm/yy)? \_\_\_\_\_

19. Has insurance coverage ever been declined or cancelled or the renewal thereof been refused? YES  NO

If yes, please attach details.

**LOSS EXPERIENCE - If you are renewing your policy with ENCON, do not complete this section.**

20. (a) In the past, has the Applicant or any of his/her employees ever been the recipient of any allegations of professional negligence in writing or verbally? YES  NO

(b) Is the Applicant or any of his/her employees aware of any facts, circumstances or situations which may reasonably give rise to a claim, other than as advised above? YES  NO

If yes, please attach details.

WITHOUT LIMITATION OF ANY OTHER REMEDY AVAILABLE TO THE INSURER, IT IS AGREED THAT IF THERE BE KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION, ANY CLAIM OR ACTION SUBSEQUENTLY EMANATING THEREFROM IS EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

**LIMITS REQUESTED**

21. **Errors and Omissions**

Per claim: \_\_\_\_\_ Per policy period: \_\_\_\_\_ Deductible: \_\_\_\_\_

22. **Commercial General Liability**

(a) Limit(s) of Liability requested: \_\_\_\_\_

(b) Property Damage Deductible(s) requested: \_\_\_\_\_

Please note that the proposed insurance will be effective at a date determined by the insurers.

## **APPLICANT'S CONSENT TO THE TRANSMISSION OF THE INFORMATION CONTAINED IN THE APPLICATION FORM**

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I hereby acknowledge that the information collected in the Application form is acquired by my insurance broker to be transmitted to ENCON Group Inc. for the sole purpose of obtaining an insurance policy, and will be kept confidential.

Moreover, I authorize ENCON Group Inc., its insurers or service providers to:

- conduct verification, using outside sources, of the information contained in the Application form, in attached documentation and in subsequently provided documentation;
- in the event of a claim, transmit the submitted and verified information to loss adjusters, lawyers or other similar offices for the purposes of investigating, defending, negotiating or settling any claims, as required.

For more information on ENCON's privacy policy, please contact [privacy-officer@encon.ca](mailto:privacy-officer@encon.ca).

## **DECLARATIONS AND SIGNATURE**

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The undersigned Applicant for this insurance declares that, to the best of his/her knowledge and belief, the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this Application form. The undersigned further agrees that if any significant change in the condition of the Applicant is discovered between the date of this Application form and the effective date of the policy, which would render this Application form inaccurate or incomplete, notice of such change will be reported immediately in writing to the Insurance Manager.

Although the signing of this Application form does not bind the Applicant to purchase the insurance, the undersigned Applicant agrees that this form and the information furnished pursuant hereto shall be the basis of the contract should a policy be issued and this form will become part of the policy.

\_\_\_\_\_  
Name of Applicant (please print)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

NOTE:

Did you remember to include:

- (a) résumés of persons performing professional activities;
- (b) brochures and/or promotional literature.