

CAMC Membership Application

for
Errors & Omissions
and
Comprehensive General Liability Insurance

Please ✓ Coverage Required

Errors and Omissions

Comprehensive General Liability only available in conjunction with Errors & Omissions Liability coverage

1. Name of Applicant _____

CAMC Membership Number _____ Designate Member (CMC) Y___ N__

2. Form of Business

Individual _____ Incorporated Organization _____ Partnership or Joint Venture _____

Other (*please specify*) _____

3. Date firm was established _____

4. Please confirm fully entity name(s) for all predecessor firms, or individual proprietorships that have existed in the past 5 years, that are now part of the firm to which this application for insurance applies? _____

5. Is the office space, which you occupy owned or leased? _____

6. What is the area (in square meters) of the office premises you own or lease? _____

7. Office Address, including Postal Code Web-Site _____

(_____)
Bus Phone

(_____)
Fax

Email

8. Please indicate area(s) and describe nature of business management consulting practice. Please indicate percentage of total income derived from these services:

<input checked="" type="checkbox"/>	Services	Description	%age of Total Revenue
	Production Management		
	Marketing Management		
	Human Resource Management		
	Information Technology Services		
	Strategic Management		
	Financial Management		
	Organizational Management		
	Other, please specify		

9. Please provide gross fees and revenues from operations/services provided.

(a) Projected for next year: \$ **Total** % **Canada** % **US** % **Other Foreign**

(b) For the last 12 months: \$ % % %

Note that, if coverage granted, the Applicant must report any US or Foreign sales not indicated above, which may arise after this application is completed.

10. Please provide number of: principals officers partners employees
11. Has the firm or any of its principles, officers, partners, directors, or employees been the subject of any disciplinary action by any government body or professional association with in the last five years? Y N
12. (a) Does the applicant have written contracts or agreements with each client? Y N
- (b) Percentage of time contract is not used % and explain in what instances contracts are not used: _____

13. (a) Describe services, if any, are provided by subcontractors: _____

(b) Please provide the % of your revenue derived from work by sub-contractors _____%

14. (a) In the past, has the Applicant or any of his/her partners, officers, employees or subsidiaries ever been the recipient of any allegations of professional negligence in writing or verbally which may reasonably give rise to a claim? Y__ N__

(b) Is the Applicant or any of his/her employees aware of facts, circumstances, or situations, which may reasonably give rise to a claim, other than as advised above? Y__ N__

If yes, to either question, please attach details

Previous Errors and Omissions Insurance

15. (a) Have you or other members of the firm previously purchased Errors and Omissions Liability Insurance Y__ N__

(b) If yes please provide the following details:

Insurer	Policy Period	Retroactive Date	Expiring Premium	Limit of Insurance	Deductible

Notice

The Defense Cost provision of this policy stipulates that the Limits of Liability may be completely exhausted by legal defense. In such event, The Company shall not be liable for any judgment, settlement or claim cost or legal defense cost which are in excess of the Limits of Liability stated in the Declaration Page of the Policy.

The Deductible in the Policy, if issued, applies to claim costs and legal defense as well as to judgments and settlements.

The undersigned declares that to best of his/her knowledge and belief the statements set forth herein are true. Although the signing of this application does not bind The Applicant, it is agreed that, should a policy be issued, this application will be attached to and made part of The Policy.

If the information supplied on this application or attachments thereto changes between the date of this application and the inception date of the policy, the Applicant will immediately notify the Company of such changes.

Separate Errors and Omissions and Comprehensive General Liability rating applies

Signature of Applicant

Date

Print Name