

CMC-CANADA MEMBER GROUP PLAN

APPLICATION FOR BUSINESS INSURANCE

A HIGHER LEVEL of
management consulting



Please Check the Coverage Required:

- Professional Liability (*aka. Errors and Omissions Liability*)
- Commercial General Liability
(*Only available in conjunction with Errors & Omissions Liability coverage*)
- Property
(*Only available in conjunction with Errors & Omissions Liability AND Commercial General Liability coverage*)

1. Full name of applicant: _____
(*This is your company name if you are incorporated. This is your personal and operating name if not incorporated*)

CMC-Canada Membership Number: _____ Designate Member (CMC): YES NO

2. Form of Business:

PLEASE NOTE – The form of business will be referred to as ‘The Firm’ for the purposes of this application.

- Individual Incorporated Organization
- Partnership or Joint Venture Other (*please specify*) _____

3. Date the firm was established: _____

4. Is the firm home-based? YES NO

5. 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:

6. Is the office space that you occupy owned or leased? Owned Leased

7. What is the area (*in square meters*) of the office premises you own or lease? _____
(*If a home-based business, please indicate accordingly*)

8. Website: _____

Phone # _____ Fax # _____ Email _____

Mailing Address _____

City _____ Province _____ Postal Code _____

9. Why are you applying for insurance? _____

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

Services	Description	Percentage (%) of Total Revenue
Production Management		
Marketing Management		
Human Resource Management		
Information Technology Services		
Strategic Management		
Financial Management		
Organizational Management		
Other (please specify)		

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

	Total	Canada	US	Other/Foreign
A. For the last 12 months:	\$	%	%	%
B. Projected for next 12 months:	\$	%	%	%

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

12. Please provide number of: Principals _____ Officers _____ Partners _____ Employees _____

13. 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? YES NO

14. A. Does the applicant have written contracts or agreements with each client? YES NO

- B. If "NO" give the percentage of time contract is not used _____%. Explain in what instances contracts are not used:

15. A. Describe services, if any, are provided by subcontractors: _____

- B. Please provide the percentage of your revenue derived from work by sub-contractors: _____%

16. 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? YES NO

- 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? YES NO

If you answered "YES" to any of the above, please attach details to the end of this application.

CURRENT INSURANCE:

	Name of Insurer	Policy Limit (\$)	Policy Number	Policy Expiration Date	Past Claims (YES / NO)
Professional Liability					
General Liability					
Office Property					

If you answered "YES" to the claims question above, please attach details to the end of this application.

REQUESTED INSURANCE – Please select your Limit:

Professional Liability

\$1,000,000

\$2,000,000

Commercial General Liability

\$2,000,000

\$5,000,000

Please complete the following questions ONLY if you wish to purchase the CMC-Canada Office Property and Crime Insurance Package. Answers to additional questions may be required if you own the Building.

OFFICE PROPERTY AND CRIME INSURANCE:

Please indicate Loss Payee / Additional Insured:

Mortgagee

Lienholder

Lessor

None

Name _____ *Interest* _____

Number _____ *Street* _____ *City* _____ *Province* _____ *Postal Code* _____

Construction Definitions (please select the applicable description):

Fire Resistive

Includes walls, floors and roof of masonry, reinforced concrete or other non-combustible material with high fire resistive rating.

Non Combustible with Masonry Walls

Includes steel deck roof and/or other unprotected structural steel and steel on steel

Masonry

Brick, stone, concrete block or hollow tile walls with wood joist roof. This class includes mill type construction

Masonry Veneer

Frame building with brick veneer, stone or other masonry veneer.

Frame and all other

Includes rough cast, metal clad, wood.

Year Built _____

Number of Storeys _____

If the building is over 30 years old, please provide date of updates for:

Wiring _____ Plumbing _____ Heating _____ Roof _____

Ground Floor Area _____ (Sq Ft) Total Building Area _____ (Sq Ft) Total Area You Occupy _____ (Sq Ft)

List other tenants (if any): _____

Is the building in a(n): Industrial Plaza Stand Alone Building Residence Not Applicable

STANDARD OFFICE PACKAGE:

Coverage Provided	Standard Minimum Program Limits	Indicate Increased Limit Requested (if applicable)
Office Contents	\$25,000	
Electronic Data Processing Equipment <i>Including Computers, Phones, Copiers</i>	\$25,000	
Laptops	\$0	
Business Interruption <i>Business Income & Extra Expenses</i>	\$25,000	
Valuable Papers	\$25,000	
Crime <i>Employee Dishonesty & Computer Fraud</i>	\$10,000	

IMPORTANT NOTICE:

The undersigned declares that to the 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 any parts of the application have been addressed fraudulently, or in such a way as to conceal or misrepresent any material fact or circumstance concerning this insurance or the subject thereof, the entire Policy will be void.

Please note that if the information supplied on this application or attachments thereto changes between the date of this application being submitted and the inception date of the policy, The Applicant is required to immediately notify The Broker of such changes.

Applicant's Signature

Applicant's Name (Printed)

Date

Please FAX this completed application to the attention of Andrew Spencer @ 1.877.595.1649
This application can also be scanned and e mailed to Andrew Spencer via ANDREWS@LMS.CA