



TRISURA®

PROFESSIONAL LIABILITY INSURANCE AND COMMERCIAL BUSINESS OFFICE PACKAGE INSURANCE APPLICATION

CANADIAN REGISTERED SMALL BUSINESS ACCOUNTANT'S ASSOCIATION

YOU MUST BE A MEMBER OF THIS ASSOCIATION TO ACCESS THIS INSURANCE PROGRAM

Please forward application to: The PROLINK Insurance Group Inc.
480 University Avenue, Suite 800
Toronto, Ontario M5G 1V2

Attn: David Taylor
Email: davidt@lms.ca

General Information

1. (a) Name of Applicant: _____
- (b) Firm Name: _____
- (c) Address: _____
- (d) Applicant is: Sole Proprietor Corporation Partnership Other: _____
- (e) Telephone: () _____ Fax: () _____
- (f) Email Address: _____ *(please note your certificate of insurance will be sent via email)*
- (g) Membership #: _____

Professional Liability Information

2. (a) Professional designation held: RA CA CMA CGA CPA MBA
- (b) Gross revenue for the last completed Fiscal Year: \$ _____
- (c) For the work performed, indicate the approximate percentage of revenue derived from each of the following (total must be 100%):

Service	%	Service	%
Audit Engagements – for public companies		Mergers & Acquisitions Activity	
Audit Engagements – for all others		Non-Review Engagements	
Bookkeeping Services		Receivership or Trustee in Bankruptcy	
Business Valuations		Review Engagements	
Financial Consulting		Tax and Estate Planning	
Investment Consulting		Tax Return Preparation - Corporate	
Management Consulting		Tax Return Preparation - Personal	
Other: _____			

- (d) Is the Applicant involved in Management Consulting Services? Yes No

If Yes, provide full details of the services provided:

- (e) Is the Applicant involved in rendering services outside of Canada? Yes No

If Yes, what percentage of revenue is derived from services provided outside Canada? _____ %

Past Activities

3. Has the Applicant, or any of the Applicant's employees, ever been investigated by, or suspended from practice by, any governing body of his/her profession? Yes No

If Yes, explain: _____

4. In the past five years, has the Applicant ever had a claim made against it arising out of the performance of professional services? Yes No

If Yes, please provide the following details on a separate sheet:

- (a) Date of Claim (b) Claimant's Name (c) Nature of Claim (d) Current Status of Claim
 (e) Amount of Damages / Defence Costs incurred by or on behalf of the Applicant in respect thereof

5. (a) Professional Liability (please circle the appropriate category):

Limit of Liability (Per claim/ Aggregate)	Annual Receipts \$0 to \$30,000	\$30,001 to \$80,000	\$80,001 to \$160,000	\$160,001 to \$250,000	\$250,000 to \$500,000
\$500,000 / \$1,000,000	\$550	\$630	\$750	\$790	\$835
\$1,000,000 / \$2,000,000	610	875	1,015	1,065	1,125
\$2,000,000 / \$4,000,000	825	1,170	1,350	1,420	1,500

- (b) If higher limits of insurance are required for the above CGL coverage, please specify limit: \$ _____

Commercial Business Office Package Insurance

Note: This Basic Package and coverage must be purchased in conjunction with Professional Liability (Errors & Omissions) insurance. Higher limit options are available upon approval of the Insurer.

6. (a) Commercial General Liability:

	Option A	Option B
Bodily Injury & Property Damage	\$1,000,000	\$2,000,000
Including but not limited to:		
Advertising Injury	\$250,000	\$250,000
Personal Injury	\$1,000,000	\$1,000,000
Non-owned Automobile	\$1,000,000	\$2,000,000
Tenants Legal Liability, All Risks	1,000,000	2,000,000
Medical Payments, per Person	5,000	5,000
Medical Payments, per Occurrence	25,000	25,000
Total Annual Premium	\$250	\$350

- (b) If higher limits of insurance are required for the above CGL coverage, please specify limit: \$ _____

7. (a) Office Contents Insurance:

Coverage:	Coverage Description	Coverage / Limit
Property	All Risk, Replacement Cost for Business Contents, including EDP	\$25,000
Applicable Deductibles	All Losses	\$1,000
	Sewer Backup	\$2,500
	Flood	\$10,000
Total Annual		

Premium		\$ 165
----------------	--	--------

(b) If higher limits of insurance are required for the above office contents, please specify limit: \$_____

THE APPLICANT DOES HEREBY PROVIDE THE FOLLOWING WARRANTY TO THE INSURER

8. Does the Applicant, any of the Applicant's employees or any other person proposed for this insurance have knowledge or information of any fact, circumstance or situation which could reasonably give rise to a claim which would fall within the scope of the proposed insurance? Yes No

If Yes, provide details: _____

It is understood and agreed that if knowledge of any such facts, circumstances or situations exists, whether or not disclosed, any claim or action subsequently arising or developing therefrom shall be excluded from coverage under any policy issued by Trisura Guarantee Insurance Company.

PRIVACY DISCLOSURE AND CONSENT

The undersigned authorized representative acknowledges that any personal information provided in connection with the insurance applied for, including but not limited to the information contained in this Application, has been collected in accordance with all applicable privacy legislation. The undersigned confirms that all necessary consents have been obtained for the collection, use, and disclosure of such information for the purposes of any investigation and inquiry in connection with this Application for insurance and, if applicable, investigating and settling claims, detecting and preventing fraud, and acting as required or authorized by law.

FALSE INFORMATION

Any person who, knowingly and with intent to defraud any insurance company or other person, files an Application for insurance containing any false information, or conceals information concerning any fact material thereto for the purpose of misleading any insurance company or other person, commits a fraudulent insurance act which is a crime.

DECLARATIONS AND SIGNATURE

The undersigned authorized representative of the Applicant:

- (i) declares, after inquiry, that the statements and representations set forth in this Application, and all materials submitted to or requested by the Insurer in conjunction with this Application, are true;
- (ii) acknowledges that these statements, representations, and materials are relied on by the Insurer and that they shall be deemed material to the acceptance of the risk assumed by the Insurer under the insurance applied for, should the insurance be effected; and
- (iii) agrees that if the information supplied in connection with this Application changes between the date of this Application and the effective date of any insurance effected pursuant to this Application, the undersigned will immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding indications, quotations and/or authorization or agreement to effect the insurance.

Signing of this Application does not obligate the Applicant or the Insurer to effect the insurance, but it is agreed that all materials submitted to or requested by the Insurer in conjunction with this Application are hereby incorporated by reference into this Application and made a part hereof. Terms and conditions, including limits of coverage, offered by the Insurer may differ from those applied for by the Applicant. It is further agreed that this Application and all materials submitted to or requested by the Insurer in conjunction with this Application are the basis of and are deemed attached to and incorporated into any policy effected pursuant to this Application.

PLEASE NOTE: COVERAGE CANNOT BE BOUND UNLESS THIS APPLICATION HAS BEEN FULLY COMPLETED AND DULY SIGNED AND DATED.

Applicant	Date
Signature	Title

Coverage and Premium Summary:

Line of Coverage	Limit of Liability	Premium
Errors & Omissions (E&O)	\$	\$
Commercial General Liability	\$	\$
Office Package (Property)	\$	\$
Total Premium		\$
Applicable Premium Tax		\$
Grand Total Payable		\$

Note the following applicable tax rates by Province:

Province	Provincial Tax Rate
Quebec	9%
Newfoundland	15%

Please forward application to: The PROLINK Insurance Group Inc.
480 University Avenue, Suite 800
Toronto, Ontario M5G 1V2
Attn: David Taylor

Please provide full payment by cheque, along with the required application, payable to 'The PROLINK Insurance Group Inc.' dated the day coverage is required.