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and

PROFESSIONAL LIABILITY APPLICATION

APPLICABLE ONLY TO INDIVIDUALS IN PRACTICE

COVERAGE LIMITS REQUIRED :

\$1,000,000

\$2,000,000

1. APPLICANT:

1.1 Name: _____

1.2 Address: _____

Telephone: _____

Telecopier: _____

1.3 Educational Background: _____

1.4 Date when activities began in Private Practice: _____ Total years of experience: _____

1.5 Suggested effective date of the insurance contract (subject to Insurer's approval): _____

2. PROFESSIONAL ACTIVITIES:

2.1 Give a full description of the applicant's activities and for each activity specify the gross revenues earned during the past twelve (12) months, and the forecast for the next twelve (12) months:

DESCRIPTION OF ACTIVITIES (attach brochure if available)	GROSS EARNED	REVENUES ESTIMATED
	\$	\$
	\$	\$
	\$	\$
	\$	\$

2.2 Does the applicant give work to sub-consultants? YES () NO ()

If yes, please describe the work and specify the annual amount of work sub-contracted:

2.3 Does the applicant provide (has provided) professional services or performed activities outside of Canada? YES () NO ()

If yes, please describe such services or activities, the location and the amount of the gross revenues received in the last three years and an estimate for the next twelve months.

- 2.4 Does the applicant provide professional services:
- a) to any Firm or Company in which he has an ownership interest? **YES () NO ()**
If yes, please append full details and show the revenues deriving therefrom.
- b) by which he is employed? **YES () NO ()**
If yes, please specify: _____
- c) with other Foresters? **YES () NO ()**
If yes, do you make sure they have Professional Liability Insurance? **YES () NO ()**
- 2.5 Is the applicant business income with one of its client represent more than 50 % of its gross revenues? **YES () NO ()**
If yes, please explain: _____
- 2.6 Did the applicant ever been the object of a dismissal, suspension or disciplinary sanction? **YES () NO ()**
If yes, please explain: _____
- 2.7 Give the total number of all employees working for the Applicant with a brief job description or title and educational background:

3. PRIOR INSURANCE AND CLAIMS:

- 3.1 During the last five (5) years, has the applicant carried professional liability / errors and omissions insurance? **YES () NO ()**
If yes, please complete the following for all previous insurance and specify if such previous insurance contained exclusions or limitations with respect to the Applicant's prior acts or activities. Indicate the retroactive date if any and the reason why such retroactive date was applied by the previous Insurer.

NAME OF INSURER	POLICY NUMBER	TERM FROM	TO	LIMITS OF LIABILITY	DEDUCTIBLE
				\$	\$
				\$	\$

- 3.2 During the past five (5) years, has any Insurer cancelled, declined or refused to renew a professional liability / errors and omissions insurance policy? **YES () NO ()**
If yes, state in each case , the name of the Insurer and give the reason(s)

- 3.3 A) Has the Applicant:
- ever been the subject of one or more claims(*) with respect to professional services? **YES () NO ()**
 - given notice of a possible claim to an Insurer with respect to professional services? **YES () NO ()**
- B) Has the Applicant aware of any facts or circumstances which could give rise to a claim with respect of professional services? **YES () NO ()**
- C) Has the Applicant made an inquiry with all his staff, before answering questions 3.3 A) and B)? **YES () NO ()**

(*) For the purpose of this application the word "claims" used in question 3.3 shall mean:

- a) a verbal or written claim for money damages;
- b) a verbal or written allegation;

c) a fact or circumstance which could reasonably give rise to a claim for money damages.

For any affirmative answer to question 3.3, give in annex for each case the following details:

DATES, CIRCUMSTANCES, NAMES OF CLAIMANTS AND AMOUNTS INVOLVED, and any other pertinent information.

5. DISCLOSURE, AUTHORIZATION AND SIGNATURE

I hereby declare that to the best of my knowledge, the above statements and particulars in this application are true and complete and that I have not omitted, suppressed or misstated any material facts. I agree that this application, together with any other information supplied by me shall form the basis of any Contract of Insurance effected thereon. I undertake to inform the Insurer of any material alteration to these facts whether occurring before or after completion of the Contract of Insurance.

Furthermore, I understand and accept that this insurance applied for provides coverage on a "claims made" basis and that coverage under the policy, if issued, shall not apply to any known claims or any circumstances that could reasonably give rise to a future claim that is known to me prior to the inception date of the policy nor to any claim or circumstances reported after expiration, cancellation or termination of the policy.

The applicant also gives authorization to the Insurer, its affiliates, agents and representatives to verify, obtain and exchange any personal information in connection with the said insurance.

This consent is valid with respect to any policy extension and/or renewal with the Insurer, or any of its affiliates.

Please answer all questions and leave no blank spaces. If the space provided is insufficient to answer any question fully, kindly append a separate sheet.

IMPORTANT: This type of insurance coverage applies only to claims as defined in question 3.3 notified to the Insurer during the policy period of which the Applicant had no knowledge prior to such policy period.

Therefore, if you presently hold an insurance contract on a "claims made" basis, please make sure that you report known negligent acts or any fact or circumstance which has, or could give rise to a claim.

Please contact your insurance broker if additional information is required.

SIGNING THIS APPLICATION FORM DOES NOT BIND THE APPLICANT NOR THE INSURER TO COMPLETE THE INSURANCE APPLIED FOR THEREIN.

Signature of the Applicant: _____ Date: _____