



Professional Liability and Commercial Insurance

Please contact Andrew Spencer at 1-800-663-6828 ext. 7715 or 416-644-7715 if you require assistance when completing this application.

1. **Name of Applicant.** If more than one legal entity, please indicate the relationship between each Firm.

MRIA Corporate Member in Good Standing: Yes No Is the Firm a Gold Seal Holder? Yes No

2. **Form of Business**
Sole Proprietor Incorporated Organization Partnership or Joint Venture

Other (specify) _____ Date firm was established _____

3. Please confirm fully entity name(s) for all predecessor firms or individual proprietorships that have existed in the past 5 years, which are not part of the firm to which this application for insurance applies?

4. **Office Address**

Website _____ Email _____

Number _____ Street _____

City _____ Province _____ Postal Code _____

Bus. Phone Number _____ Fax Number _____

5. a) Please indicate the business services / operations provided and enter the percentage of total income derived from these services: (must total 100%)

Training and Education	%	<input type="radio"/>	Telemarketing / In-bound customer service & Sales for clients (respond to #5c) if you entered a percentage for this service	%
Primary Research (Qualitative & Quantitative)	%	<input type="radio"/>	Product Testing	%
Secondary Research (Market Intelligence)	%	<input type="radio"/>	Please specify Industries below	%

b) Industries served for product testing: _____

c) If revenues are derived from "Telemarketing / In-bound customer services & sales" then please describe the risk management procedures implemented to ensure that the Unsolicited Telecommunications Rules, which include the National DNCL Rules, the Telemarketing Rules, and the Automatic Dialing-Announcing Device (ADAD) Rules created by the CRTC are being met and followed. _____

6. Does the Applicant provide any services other than those services listed in Question #5?
If 'yes', provide details below. Use a separate sheet if necessary.

7. Please provide gross fee revenues from operations / services provided.

		Total Annual Gross Revenues
Last fiscal year-end		\$ _____
Current fiscal year (projected)		\$ _____
Revenue derived from:	Canada: ___ %	United States: ___ % International: ___ %

Please confirm the percentage of services you physically perform outside of Canada?
Please describe in detail your U.S. operations?

8. When entering into a contract with clients domiciled outside of Canada, do you utilize a jurisdiction clause in such contract? If yes what jurisdiction is utilized?

9. a) Describe services, if any, that are provided by subcontractors _____
b) Please provide the percentage of your revenue derived from work by subcontractors _____ %

10. a) Does the Applicant have written contracts or agreements with each client? Yes No
b) What percentage of time is contract not used ___ %. Explain: in what instances are contracts not used?

11. Please indicate the percentage of creative material utilized in the applicant's work that is:

- a) Original material created by the Applicant: _____ %
b) Original material created by third parties: _____ %
 Check here if this question does not apply to the applicant's services/operations.

12. Does the applicant obtain written releases with respect to creative material from the following parties:

- a) Employees: Yes No
b) Models/Actors: Yes No
c) Freelance photographers, writers, composers and musicians: Yes No
d) Others, please list _____ Yes No
 Check here if this question does not apply to the applicant's services/operations.

13. Are hold harmless or indemnification agreements required from creative material providers? Yes No
If yes, please attach a copy of your standard hold harmless or indemnification agreement used.
 Check here if this question does not apply to the applicant's services/operations.

14. Does the applicant develop trademarks? Yes No If 'yes', please answer questions a. and b.

- a) Approximately how many trademarks are developed annually? _____
b) Are trademark searches performed? Yes No
If 'yes', who is responsible for such searches: Applicant or the Applicant's clients? _____
 Check here if this question does not apply to the applicant's services/operations.

15. Does the applicant utilize in-house legal counsel or outside legal counsel when completing clearances of creative material and/or trademark searches? Yes No

Please provide the following:
Name and telephone number of in-house counsel or name of the law firm and the principal contact at the firm.

Check here if this question does not apply to the applicant's services/operations.

16. Has the firm or any of its principals, officers, partners, directors or employees ever been the subject of any disciplinary action by any government body or professional association within the last five years? Yes No
17. 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 the Applicant answered 'Yes' to either question in 17. above, please attach details.

Commercial General Liability Section

Please complete the following questions if you are interested in receiving a quote for Commercial General Liability insurance through the MRIA Program.

1. Does the applicant design, manufacture or test any product or process for creating a product? Yes No
If 'yes', please provide details on a separate sheet.

2. Please provide number of:

Principals	Partners	Officers	Employees
_____	_____	_____	_____

How many of your staff members hold the Certified Marketing Research Professional/CMRP designation? _____
Total Payroll over previous 12 month period \$ _____

Current Commercial General Liability Policy

Name of Insurer	_____
Policy Number	_____
Limit	_____
Deductible	_____
Expiry Date	_____
Premium	_____
Claims	_____

Current Errors & Omissions Liability Policy

Name of Insurer	_____
Policy Number	_____
Limit	_____
Deductible	_____
Expiry Date	_____
Premium	_____
Claims	_____

Requested Liability Insurance

Please select your limit for the policy renewal:

Professional Liability / Errors & Omissions		Commercial General Liability	
<input type="radio"/>	\$500,000	<input type="radio"/>	\$1,000,000
<input type="radio"/>	\$1,000,000	<input type="radio"/>	\$2,000,000
<input type="radio"/>	\$2,000,000	<input type="radio"/>	\$3,000,000
<input type="radio"/>	\$3,000,000	<input type="radio"/>	\$4,000,000
<input type="radio"/>	\$4,000,000	<input type="radio"/>	\$5,000,000
<input type="radio"/>	\$5,000,000	<input type="radio"/>	\$5,000,000

The MRIA Insurance Program offers comprehensive Office Property and Crime coverage to members who purchase Liability insurance through the program.

Standard MRIA Property Insurance Package

Coverage	Standard Program Limits	Indicate if Additional Limits are Required
Office Contents	\$50,000	
Computer Equipment, Data and Media	\$25,000	
Laptop	Not automatically included. \$1.60 / \$100 of coverage	
Business Interruption		
Extra Expenses	\$25,000	
Comprehensive Crime	\$10,000	

Building Details – Location #1

Year built _____

If building is over 30 years, has it been fully gutted/renovated in the last 10 years? Yes No

If 'yes', please provide dates of updates for the following:

Plumbing _____ **Wiring** _____ **Roofing** _____ **Furnace** _____ **Heating** _____

If other updates or renovations have been done, please provide full details on another sheet.

Is the building in a strip mall? Yes No

Is this an enclosed mall? Yes No

Is this a stand alone building? Yes No

Are you the sole occupant? Yes No

Square feet you occupy? _____ # of stories? _____ # of units? _____

Years in present location? _____

Is the building sprinklered? Yes No

Hydrant protected? Yes No Distance to hydrant? _____ Distance to nearest fire hall? _____

Smoke detectors? Yes No # _____ Heat detectors? Yes No # _____

Do you have an Approved ULC Central Station Burglar Alarm System? Yes No

If 'yes', please provide name of monitoring company _____

Do you have an Approved ULC Central Station Fire Alarm System? Yes No

If 'yes', please provide name of monitoring company _____

Construction Details

Please indicate one of the following:

- Fire Resistive Reinforced Concrete with Concrete Roof
- Non Combustible Masonry Walls with Steel Deck Roof
- Masonry – Solid Brick or Concrete Block – with wood joist roof or floor
- Wood Frame, Brick Veneer, Aluminum Siding over fram with wood joist roof or floor

Office Property Insurance History

Existing Insurance Company, if any _____

Existing Policy Number _____

Expiration Date _____

Expiring Premium _____

Have you ever had insurance cancelled or declined? Yes No

If 'yes', please advise:

• by which insurance company? _____

• When? _____

• For what reason? _____

Five Year Loss History for Liability and/or Office Property

Date (DD/MM/YY)	Type	Amount Paid	Amount O/S	Details

Name and address of any Mortgagees/Lien holders:

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

Please fax the completed application to the attention of Andrew Spencer at 1-877-595-1649