

## Errors and Omissions Financial Loss Application

**NOTES: This is a Claims Made policy  
All questions must be answered**

**General Information**

Legal Name of Applicant \_\_\_\_\_

Key Contact \_\_\_\_\_ Position \_\_\_\_\_

Mailing Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Key Broker Contact \_\_\_\_\_

Brokerage Name \_\_\_\_\_

Brokerage Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Applicant's operations (including activities, programs, events, U.S. or international exposures) \_\_\_\_\_

Present Insurer \_\_\_\_\_

Expiry Date (dd/mm/yy) \_\_\_\_\_ Premium \$ \_\_\_\_\_

Is the present insurer(s) offering renewal? YES \_\_\_\_\_ NO \_\_\_\_\_

If "NO", provide full details \_\_\_\_\_

Are they restricting coverage in any way? YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES", provide details \_\_\_\_\_

Is the Applicant controlled, owned or associated with any other company, firm or corporation? YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES", provide details \_\_\_\_\_

Applicant is For Profit Organization \_\_\_\_\_ Not for Profit Organization \_\_\_\_\_

Applicant is a Corporation \_\_\_\_\_ a Partnership \_\_\_\_\_ a Sole Proprietor \_\_\_\_\_

Incorporation Date (dd/mm/yy) \_\_\_\_\_ Act/Jurisdiction \_\_\_\_\_

If incorporated, a copy of the Letters Patent is required \_\_\_\_\_

Total Operations Budget for the next twelve (12) months \$ \_\_\_\_\_

Fiscal Year End (dd/mm/yy) \_\_\_\_\_

Indicate the Applicant's sources of income and the percentage of total revenue generated from each source

	%
	%
	%

When was the first date on which the Applicant purchased continuous claims made coverage? (dd/mm/yy) \_\_\_\_\_

**Liability**

Limit of Liability requested \$ \_\_\_\_\_

Indicate all professional services provided (including counseling, referral services, legal aid services, medical services or other)

To whom does the Applicant provide services?

Indicate all professional association(s) the Applicant belongs to

Indicate any specific licenses the Applicant is required to have to practice

Has any disciplinary action been taken against the Applicant or any of the Applicant's employees? YES \_\_\_\_\_ NO \_\_\_\_\_  
If "YES", provide details

Does the Applicant develop standards used to evaluate the quality of services rendered? YES \_\_\_\_\_ NO \_\_\_\_\_  
If "YES", provide details

Does the Applicant engage in activities such as lobbying, labour negotiations or have any involvement in the activities and operations of any trade union? YES \_\_\_\_\_ NO \_\_\_\_\_  
If "YES", provide details

Are all persons required to obtain legal counsel prior to publically commenting on the Applicant's activities? YES \_\_\_\_\_ NO \_\_\_\_\_

**Provide the following information**

Full Name of all Professionals	Professional Qualifications	Years of Experience

What is the source of the board's legal advice?

**Claims History**

Is the Applicant or any of his/her employees aware of any facts, circumstances or situations which may reasonably give rise to a claim? YES \_\_\_\_\_ NO \_\_\_\_\_  
If "YES", provide details

Indicate all claims incurred in the past 5 years (including all payments plus a reserve for outstanding claims)

Year	Type of Claim	Amount Paid	Reserves for Unpaid Claims
		\$	\$
		\$	\$
		\$	\$
		\$	\$



### **Applicant Acknowledgement**

The undersigned authorized officer of the organization declares that, to the best of his/her knowledge, the statements set forth herein are true. Signing of this application does not bind the Insurer to offer, nor the Applicant to accept Insurance, but, it is agreed that this form shall be the basis of the contract should a policy be issued, and this form will be attached to and become part of the policy.

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this form) has been collected in accordance with applicable privacy legislation and this information shall only be used or shared by the Company to assess, underwrite and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with regulatory or legal requirements.

<b>Applicant Name</b>	_____	<b>Title/Position</b>	_____
<b>Applicant Signature</b>	_____	<b>Date</b>	_____
<b>Broker Name</b>	_____		
<b>Broker Signature</b>	_____		