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| **Errors and Omissions Application** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **NOTES:** | **This is a Claims Made policy** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **All questions must be answered** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Present Insurer | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Expiry Date (dd/mm/yy) | | | | | | | | | | |  | | | | | | | Premium | | | | | | | | $ |  | | | | | | | | | | | | | | | |
| Is the present insurer(s) offering renewal? | | | | | | | | | | | | | | | | |  | | | | | | | | | | | YES | | | | | |  | | | NO | | |  | | |
| If "NO", provide full details | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | |  | | |  | | |  | | |
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| Are they restricting coverage in any way? | | | | | | | | | | | | | | | | |  | | | | | | | | | | | YES | | | | | |  | | | NO | | |  | | |
| If "YES", provide details | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | |  | | |  | | |  | | |
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| Is the Applicant controlled, owned or associated with any other company, firm or corporation? | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | |  | | | NO | | |  | | |
| If "YES", provide details | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | |  | | |  | | |
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| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| When was the first date on which the Applicant purchased continuous claims made coverage? (dd/mm/yy) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
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| **Liability** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | |  | |  | | |
| Limit of Liability requested | | | | | | $ |  | | | | | | |  | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | |
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| Indicate all professional services provided (including counseling, referral services, legal aid services, medical services or other) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| To whom does the Applicant provide services? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Indicate all professional association(s) the Applicant belongs to | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Indicate any specific licenses the Applicant is required to have to practice | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Has any disciplinary action been taken against the Applicant or any of the Applicant's employees? | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | |  | | | NO | | |  | | |
| If "YES", provide details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Does the Applicant develop standards used to evaluate the quality of services rendered? | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | |  | | | NO | | |  | | |
| If "YES", provide details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Are all persons required to obtain legal counsel prior to publically commenting on the Applicant's | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | |  | | |  | | |
| activities? | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | |  | | | NO | | |  | | |
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| **Provide the following information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Full Name of all Professionals** | | | | | | | | | | **Professional Qualifications** | | | | | | | | | | | | | | **Years of Experience** | | | | | | | | | | | | | | | | | | |
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| What is the source of the board's legal advice? |
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| **Claims History** |

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| --- | --- | --- | --- | --- |
| 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 | | | | |
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| 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** |
|  |  | $ | $ |
|  |  | $ | $ |
|  |  | $ | $ |
|  |  | $ | $ |
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| **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. | | | | | | |
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|  | | | | | |
| **Applicant Name** | |  | **Title/Position** | |  |
| **Applicant Signature** | |  | **Date** | |  |
| **Broker Name** | |  |  |  | | |
| **Broker Signature** | |  |  |  | | |