

**INSTRUCTIONS**

Complete all sections in full. Attach supporting documents where indicated. Incomplete applications may delay quoting. Completion of this application does not bind coverage.

**SECTION A — APPLICANT DETAILS**

LEGAL NAME OF APPLICANT  OPERATING / TRADE NAME (IF DIFFERENT)

BUSINESS ADDRESS  CITY  PROVINCE / STATE  POSTAL / ZIP

PRIMARY CONTACT NAME  TITLE  PHONE  EMAIL

WEBSITE  YEAR ESTABLISHED  FINANCIAL YEAR END (MM/DD)

CORPORATE STRUCTURE  
 Sole Proprietor  Partnership  Corporation  LLP  LLC  Non-Profit  Other (describe below)

IF 'OTHER', DESCRIBE CORPORATE STRUCTURE

PROFESSIONAL CATEGORY (CHECK PRIMARY)

<input type="checkbox"/> Management / Business Consulting	<input type="checkbox"/> IT / Technology
<input type="checkbox"/> Human Resources	<input type="checkbox"/> Marketing / PR / Communications
<input type="checkbox"/> Accounting / Finance	<input type="checkbox"/> Real Estate Advisory
<input type="checkbox"/> Engineering / Technical	<input type="checkbox"/> Training / Education
<input type="checkbox"/> Other (describe below)	

IF 'OTHER', DESCRIBE PROFESSION / SERVICES

**PERSONNEL (EXCLUDE SUBCONTRACTORS AND INDEPENDENT CONTRACTORS)**

ROLE / CATEGORY	# FULL-TIME	# PART-TIME	NOTES / KEY NAMES
Principals / partners	<input type="text"/>	<input type="text"/>	<input type="text"/>
Professional staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Administrative / support	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (specify in notes)	<input type="text"/>	<input type="text"/>	<input type="text"/>

TOTAL EMPLOYEES (#)  ESTIMATED CURRENT YEAR PAYROLL (\$)  KEY PERSON / 'KEYMAN' EMPLOYEE NAME(S)

**PROFESSIONAL DESIGNATIONS, LICENCES & ASSOCIATIONS**

LIST ANY DESIGNATIONS, LICENCES, OR PROFESSIONAL ASSOCIATION MEMBERSHIPS HELD

**SECTION B — OPERATIONS**

**DESCRIPTION OF SERVICES**

Nature of services, typical deliverables (e.g. reports, plans, training, implementation), and whether advice is implemented by applicant or client.

Is, or has, the applicant engaged in any business or profession other than described above?  Yes  No

IF YES — PROVIDE FULL DETAILS OF OTHER BUSINESS ACTIVITIES

**REVENUES**

	LAST COMPLETE FY	CURRENT FY ESTIMATE	NEXT FY ESTIMATE
Canada / domestic revenue (\$)			
USA revenue (\$)			
Other territory revenue (\$)			
Total gross revenue (\$)			
Profit / (Loss) (\$)			

OTHER TERRITORY REVENUE — DESCRIBE COUNTRY / REGION

**FINANCIAL HEALTH**

Did the applicant have positive net income in the past 12 months?  Yes  No

Does the applicant have positive overall net equity?  Yes  No

IF NO TO EITHER — DESCRIBE STEPS BEING TAKEN TO ADDRESS

**SECTION B — OPERATIONS (continued)**

**REVENUE BY SERVICE / AREA OF PRACTICE (MUST TOTAL 100%)**

SERVICE / AREA OF PRACTICE DESCRIPTION	% OF REVENUE

**CLIENT PROFILE**

PRIMARY INDUSTRIES / SECTORS SERVED (CHECK ALL THAT APPLY)

- |  |  |
|--|--|
| <input type="checkbox"/> Financial services / banking<br><input type="checkbox"/> Technology / software<br><input type="checkbox"/> Government / public sector<br><input type="checkbox"/> Manufacturing / industrial<br><input type="checkbox"/> Other (describe below) | <input type="checkbox"/> Healthcare / life sciences<br><input type="checkbox"/> Real estate / construction<br><input type="checkbox"/> Legal / professional services<br><input type="checkbox"/> Retail / consumer |
|--|--|

ACTIVE CLIENT COUNT (APPROX.)

TYPICAL CLIENT SIZE (E.G. SME, MID-MARKET, ENTERPRISE)

DESCRIBE ANY CLIENTS IN REGULATED INDUSTRIES AND THE NATURE OF SERVICES PROVIDED

**SECTION B — OPERATIONS (continued)**

**LARGEST CLIENT CONCENTRATION**

LARGEST SINGLE CLIENT REPRESENTS APPROXIMATELY

- Under 10%    
  10–25%    
  26–50%    
  Over 50%

IF OVER 25% — DESCRIBE THE CLIENT RELATIONSHIP

**FIVE LARGEST PROJECTS / CLIENTS IN THE PAST 3 YEARS**

CLIENT NAME	SERVICES PROVIDED	GROSS REVENUE (\$)

Does the applicant provide any financial, investment, valuation, capital raising, or tax planning / advisory services for a fee?  Yes  No

IF YES — PROVIDE FULL DETAILS INCLUDING SCOPE AND ANY REGULATORY AUTHORISATIONS HELD

**BUSINESS CHANGES & AFFILIATIONS (PAST 3 YEARS, OR ANTICIPATED)**

Has the applicant's name been changed, or has it purchased, merged, or consolidated with another business?  Yes  No

Is the applicant controlled by, affiliated with, or does it own any interest in another firm or enterprise?  Yes  No

Are any material changes in the nature or size of the applicant's business anticipated over the next 12 months?  Yes  No

IF YES TO ANY — PROVIDE FULL DETAILS

**SECTION C — RISK CHARACTERISTICS**

- Does the applicant, in the course of providing professional services:
- Implement or execute its own recommendations on behalf of clients?  Yes  No
  - Make decisions on behalf of clients, or have authority to bind clients to contracts or obligations?  Yes  No
  - Control, manage, or have custody of client funds, assets, or property?  Yes  No
  - Provide services where a failure could reasonably result in bodily injury or property damage?  Yes  No
  - Perform any physical, on-site, or manual work as part of its services?  Yes  No
  - Certify, approve, or sign off on compliance, safety, regulatory, or financial matters?  Yes  No
  - Provide services that are regulated or require professional licensing?  Yes  No
  - Provide services to any governmental entities?  Yes  No
  - Provide services to employee benefit or pension plans?  Yes  No
  - Provide services to any bank, savings institution, or other financial institution?  Yes  No

IF YES TO ANY — PROVIDE FULL DETAILS, SPECIFYING WHICH ITEM(S) APPLY

- Does the applicant:
- Develop, design, or materially modify software or technology products?  Yes  No
  - Host, manage, or control client data or systems (including cloud-based environments)?  Yes  No
  - Have access to sensitive personal, financial, medical, or confidential client information?  Yes  No
  - Provide cybersecurity, IT security, or data protection advisory services?  Yes  No
  - Have any director, officer, employee, or partner serving on the board of a client?  Yes  No

IF YES TO ANY — PROVIDE FULL DETAILS, SPECIFYING WHICH ITEM(S) APPLY

**SECTION D — SUBCONTRACTORS & INDEPENDENT CONTRACTORS**

Does the applicant use subcontractors or independent contractors?  Yes  No

TYPES OF SERVICES PERFORMED BY SUBCONTRACTORS	% SUBCONTRACTED
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

- Regarding subcontractors — does the applicant:
- Require subcontractors to carry their own professional liability (E&O) and CGL insurance?  Yes  No
  - Use written contracts with all subcontractors?  Yes  No
  - Sign reciprocal hold harmless agreements with subcontractors?  Yes  No
  - Collect certificates of insurance from all subcontractors?  Yes  No

MINIMUM PLI LIMIT REQUIRED PER SUBCONTRACTOR (\$) — AND ANY OTHER DETAILS

**SECTION E — CONTRACTS & QUALITY MANAGEMENT**

- Client contracts — does the applicant:
- Use written contracts or engagement agreements for all client engagements?  Yes  No
  - Include a limitation of liability clause (capping or restricting the applicant's liability)?  Yes  No
  - Include an exclusion of consequential or indirect damages?  Yes  No
  - Include an indemnity or hold harmless provision in favour of the applicant?  Yes  No
  - Have contracts reviewed by legal counsel prior to execution?  Yes  No

IF NO TO ANY, OR APPLICANT ASSUMES ADDITIONAL LIABILITY UNDER CONTRACT — DESCRIBE

- Guarantees & quality controls — does the applicant:
- Maintain a written procedural manual for employees to follow?  Yes  No
  - Have a formalized training programme for newly hired employees?  Yes  No
  - Have peer review or sign-off procedures before work is delivered to clients?  Yes  No
  - Have document retention policies and procedures in place?  Yes  No
  - Have a formal client complaint handling and dispute escalation procedure?  Yes  No
  - Provide performance guarantees or financial outcome guarantees to clients?  Yes  No
  - Have contractual penalties for delay or underperformance?  Yes  No

IF YES TO GUARANTEES / PENALTIES, OR NO TO ANY QUALITY CONTROL ITEM — PROVIDE FULL DETAILS

**SECTION F — PRIOR INSURANCE**

No previous professional liability insurance       Currently hold professional liability insurance

INSURER	EXPIRY DATE	LIMIT (\$)	DEDUCTIBLE (\$)	ANNUAL PREMIUM (\$)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

RETROACTIVE DATE OF CURRENT / MOST RECENT POLICY	ANY GAPS IN PRIOR COVERAGE? DESCRIBE BELOW
<input type="text"/>	<input type="text"/>

COVERAGE GAP DETAILS OR ADDITIONAL INSURANCE NOTES

Has coverage ever been declined, cancelled, or non-renewed?  Yes  No

IF YES — PROVIDE FULL DETAILS

**SECTION G — CLAIMS HISTORY**

The applicant confirms that reasonable steps have been taken to ensure responses reflect the full knowledge of its principals and professional staff.

Has the applicant, or any past or present principal, partner, director, officer, or professional employee:

- Ever had a claim made against them alleging a negligent act, error, or omission in professional services?  Yes  No
- Ever reported any circumstance to an insurer that may give rise to a claim?  Yes  No
- Ever been subject to disciplinary action as a result of professional activities?  Yes  No
- Ever had a cease and desist order made against them or the applicant?  Yes  No
- Ever been found guilty of, or investigated for, any criminal, dishonest, or fraudulent activity?  Yes  No

If YES to any — complete the table below for each matter. Attach additional sheets if required.

DATE	DESCRIPTION OF ALLEGATION / MATTER	AMOUNT CLAIMED (\$)	STATUS	AMOUNT PAID (\$)	MITIGATION / REMEDIAL ACTION
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Is the applicant aware of any of the following:

- Any act, error, omission, or circumstance that might reasonably be expected to give rise to a claim?  Yes  No
- Any current or pending dispute, complaint, arbitration, regulatory inquiry, or investigation?  Yes  No
- Any client dissatisfaction or allegation that could reasonably escalate into a formal claim?  Yes  No
- Any fee dispute, demand for refund, or withholding of payment relating to professional services?  Yes  No

IF YES TO ANY — PROVIDE FULL DETAILS, SPECIFYING WHICH ITEM(S) APPLY

**SECTION H — COVERAGE REQUESTED**

PROFESSIONAL LIABILITY LIMIT REQUESTED (EACH CLAIM / ANNUAL AGGREGATE)

 \$500,000     \$1,000,000     \$2,000,000     \$3,000,000     \$4,000,000     \$5,000,000

DESIRED EFFECTIVE DATE

RETROACTIVE / PRIOR ACTS DATE

**SECTION I — DECLARATION**

The undersigned declares that the statements and information contained in this application, and any supplementary materials submitted in connection with it, are true, accurate, and complete in all material respects. The applicant understands and agrees that this application shall form the basis of and be incorporated into any policy issued. The applicant acknowledges that the insurer will rely upon the representations made herein when underwriting and issuing coverage. Any material misrepresentation, misstatement, or failure to disclose relevant information may render the policy void from inception or result in the denial of coverage, subject to applicable law. The applicant further acknowledges that defence expenses incurred shall reduce the limits of liability available to pay judgements or settlements, and shall be applied against the deductible amount.

FULL NAME (PRINT)

TITLE / POSITION

DATE (MM / DD / YYYY)

SIGNATURE OF AUTHORIZED REPRESENTATIVE