



APPLICATION FOR INSURANCE

PROFESSIONAL LIABILITY INSURANCE FOR FINANCIAL AGENCIES & FIRMS THIS IS AN APPLICATION FOR A "CLAIMS MADE" POLICY

(Words and expressions, other than in the headings, printed in **bold** are defined in the policy form.)

Notice: If issued, the policy will be on a **Claims** made basis, and will be issued in reliance of the completeness and accuracy of the disclosures and statements in this application. The limits of liability and any deductible will apply to any **Defence Costs** payable under the policy.

1. GENERAL INFORMATION

Name of Applicant: _____

Address of principal office of the Applicant: _____

Established: _____

Province of Incorporation: _____

Type of Company: Corporation Partnership Other _____

Telephone No.: _____ Facsimile No.: _____

Website address: _____

BRANCH OFFICE(S):

(1) Address: _____
Telephone No.: _____ Facsimile No.: _____

(2) Address: _____
Telephone No.: _____ Facsimile No.: _____

SUBSIDIARY(IES):

Please list all **Subsidiary** companies for whom coverage is required under the policy, if issued.

(1) Name: _____
Address: _____
Telephone No.: _____ Facsimile No.: _____

(2) Name: _____
Address: _____
Telephone No.: _____ Facsimile No.: _____

For all company(ies) stated above please provide the following:

- A list of all partners, directors and officers involved in the rendering of **Professional Services**. (Attach Curriculum Vitae)
- A list of all employees involved in the rendering of **Professional Services**. (Attach Curriculum Vitae)
- The number of all other employees: Full Time _____ Part Time _____

2. COMPANY INFORMATION

Please attach a copy of the Applicant's latest annual report, including audited financial statements with all notes and schedules, and any other relevant financial materials.

If no annual report is available, please provide a general description of the business of the Applicant for which coverage is requested:

Please provide a list of all Predecessor Firms to the Applicant stated in Question 1 above, for whom coverage is required under the policy, if issued.

3. NATURE OF BUSINESS

For all applicant(s) stated in Question 1:

- Please describe the nature of operations and **Professional Services** rendered by the Applicant for which coverage is requested relative thereto: _____
(Please attach copy of Corporate Brochure, if available)

- b) (a) Last completed Fiscal Year is from: _____ to _____
(Month/Year) (Month/Year)
- (b) Gross Revenue for the last completed Fiscal Year: \$_____
- (c) Estimated Gross Revenue for the current Fiscal Year: \$_____
- (d) Estimated Gross Revenue for the next Fiscal Year: \$_____
- (e) Does the applicant provide services or perform activities outside Canada or for clients who are domiciled outside of Canada?
Yes No
- If Yes, please provide full details: _____
- c) For the Gross Revenue indicated in (b) above, indicate the approximate percentage and revenue derived from each of the **Professional Services** listed below.

Service	Current Year	Prior Year	Activity Performed		Revenue	Coverage Desired	
			Yes	No		Yes	No
Life Insurance, accident & sickness, disability & critical illness,	____%	____%	<input type="checkbox"/>	<input type="checkbox"/>	\$_____	<input type="checkbox"/>	<input type="checkbox"/>
GIC's, annuities & segregated funds *	____%	____%	<input type="checkbox"/>	<input type="checkbox"/>	\$_____	<input type="checkbox"/>	<input type="checkbox"/>
Sale of Mutual Funds *	____%	____%	<input type="checkbox"/>	<input type="checkbox"/>	\$_____	<input type="checkbox"/>	<input type="checkbox"/>
Securities (bonds, preferred shares, equities etc.) *	____%	____%	<input type="checkbox"/>	<input type="checkbox"/>	\$_____	<input type="checkbox"/>	<input type="checkbox"/>
Hedge Funds, Flow Through Shares & PPN's	____%	____%	<input type="checkbox"/>	<input type="checkbox"/>	\$_____	<input type="checkbox"/>	<input type="checkbox"/>
Financial Planning (Fees Only)	____%	____%	<input type="checkbox"/>	<input type="checkbox"/>	\$_____	<input type="checkbox"/>	<input type="checkbox"/>
Other	____%	____%	<input type="checkbox"/>	<input type="checkbox"/>	\$_____	<input type="checkbox"/>	<input type="checkbox"/>
Other	____%	____%	<input type="checkbox"/>	<input type="checkbox"/>	\$_____	<input type="checkbox"/>	<input type="checkbox"/>

* Includes RRSP, RESP and RRIF and any other government registered savings or investment plans.

- d) If Yes to "other" in the table above, please describe the types of investments you provide service for?

- e) Please check each province where the agency/firm is licensed:
- | | | | |
|---------------------------------------|---|-----------------------------------|--|
| <input type="checkbox"/> Alberta | <input type="checkbox"/> British Columbia | <input type="checkbox"/> Manitoba | <input type="checkbox"/> New Brunswick |
| <input type="checkbox"/> Newfoundland | <input type="checkbox"/> Nunavut | <input type="checkbox"/> NWT | <input type="checkbox"/> Nova Scotia |
| <input type="checkbox"/> Ontario | <input type="checkbox"/> PEI | <input type="checkbox"/> Quebec | <input type="checkbox"/> Saskatchewan |
| <input type="checkbox"/> Yukon | | | |
- f) To whom does the Applicant render **Professional Services**?

- Does any one client represent more than 25% of the Applicant annual revenue? Yes No
- If yes, please provide details. _____
- g) What organizations regulate the practice of your profession on a mandatory basis? _____
- What other professional organizations does the Applicant or its members belong to? _____

h) Please attach a list of your ten largest revenue contracts performed during the past five (5) years detailing client, contract period, services rendered and revenue.

- | | |
|----------|-----------|
| 1) _____ | 6) _____ |
| 2) _____ | 7) _____ |
| 3) _____ | 8) _____ |
| 4) _____ | 9) _____ |
| 5) _____ | 10) _____ |

i) Has or does the Applicant sub-contract the rendering of **Professional Services** to sub-contractors? Yes No
if yes what percentage? _____%

If yes, please advise what **Professional Services** have or may be sub-contracted to others: _____

J) Please answer the following questions below pertaining to operational/compliance controls and protocols.

- | | | |
|---|------------------------------|-----------------------------|
| 1) Does the Applicant have a formulized compliance and risk management program? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2) Does the Applicant have a written operational procedural manual for employees to follow? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3) Does the Applicant have a formulized training program for newly hired employees? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4) Does the Applicant request proof of professional liability insurance from sub-contractors? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5) Does the Applicant request indemnification or hold harmless agreements from sub-contractors? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If you answered "Yes" to any of the above, please give a brief description and provide supporting documentation:

4. COVERAGE AND CLAIMS HISTORY

a) Has any **Claim** and/or suit been made against any Applicant, its predecessor, or any past or present director, partner, officer, or employee? _____

b) Is the Applicant or any director, partner, officer or employee thereof aware of or in possession of any knowledge of an act, error, omission or breach of duty committed in the rendering of **Professional Services**? _____

c) Has the Applicant or any of its members, employees, directors or predecessors been the subject of disciplinary proceedings? _____

IT IS ACKNOWLEDGED AND AGREED THAT ANY LOSS ARISING FROM A MATTER DISCLOSED, OR WHICH SHOULD HAVE BEEN DISCLOSED IN 4 a), b) or c) ABOVE, IS EXCLUDED FROM COVER, ALL WITHOUT LIMITING ANY OTHER REMEDY AVAILABLE TO LIBERTY INTERNATIONAL UNDERWRITERS FOR NON-DISCLOSURE.

Further, if the response to any part of Question 4a) is yes, please provide:

- Name of Claimant/Potential Claimant
- Date the Act, Error, Omission or Personal Injury was committed or alleged to have been committed
- Date of **Claim**
- Nature of **Claim**
- Quantum
- Any legal opinion obtained as to liability
- Any legal, adjusting or indemnity payments to date
- Any legal, adjusting or indemnity reserves established

b) Please detail Professional Liability Insurance purchased by the Applicant for the past five years detailing the present insurance coverage first:

<u>COMPANY</u>	<u>POLICY NO.</u>	<u>POLICY PERIOD</u>	<u>POLICY LIMIT</u>	<u>DEDUCTIBLE</u>
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1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

3. _____
4. _____
5. _____

Please state date on which uninterrupted Professional Liability Insurance began: _____

c) **INSURANCE COVERAGE REQUIRED:**

- (1) Limit of Liability: \$_____ per **Claim**/ \$_____ per **Policy Period**
 Alternatively: \$_____ per **Claim**/ \$_____ per **Policy Period**
 Alternatively: \$_____ per **Claim**/ \$_____ per **Policy Period**

- (2) Deductible \$_____ Each **Claim**
 Alternatively \$_____ Each **Claim**
 Alternatively \$_____ Each **Claim**

- d) To any Applicant's knowledge, has any insurer declined to provide or cancelled insurance coverage for any Applicant, its predecessor or any past or present director, partner, officer or employee? Yes No
 If yes, please provide reason(s) given by such insurer: _____

5. ACKNOWLEDGMENT The undersigned authorized officer on behalf of the Applicant:

- Declares that the statements and disclosures in this application are complete and accurate;
- Declares that there are no known facts material to the risk to be insured that have not been disclosed in this application;
- Undertakes to provide the Company immediate notice of any material changes discovered between the date of this application and the date the insurance coverage is bound or purchased;
- Acknowledges that the Company, if it issues the policy will be doing so in reliance of the completeness and accuracy of the statements and disclosures in this application;
- Acknowledges that if issued, this application will form part of the policy.
- Acknowledges that any personal information provided in connection with the coverage applied for, including but not limited to the information contained in this application, has been collected in accordance with all applicable privacy legislation. The undersigned confirms that all necessary consents have been obtained for the collection, use, and disclosure of such information for the purposes of assessing the application for insurance, and if applicable, investigating and settling claims, detecting and preventing fraud, and acting as required or authorized by law.
- **For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Liberty Mutual Insurance Company's insurance business in Canada.**

Signature (Signing Officer)

Title

Date