



Miscellaneous Professional Liability Professional Liability Application Form

Pirbright Professions Inc. Insurance program is designed to meet all the insurance needs of a professional business.

Which sections should you complete?

| Section | Title | Should you complete it? |
|---------|--|--|
| 1. | Your Business | All businesses must complete this section |
| 2. | Additional named insured, Subcontractors, and Former Firms | Please complete this section if you this cover |
| 3. | Professional Liability | All businesses must complete this section |
| 4. | Commercial General liability | Please complete this section if you require this cover |
| 5. | Property - Buildings and Contents | Please complete this section if you require this cover |
| 6. | Claims | All businesses must complete this section |
| 7. | Declaration | All businesses must complete this section |

This application form

The purpose of this application form is for us to find out who you are and what you do in order to provide you a quotation through Pirbright Professions Inc. on behalf of our insurance markets. It does not oblige either party to enter into a contract of insurance.

Insurance is a contract of utmost good faith. This means that the information you provide in this application form must be complete, accurate and not misleading. It also means that you must tell us about all facts and matters which may be relevant to our consideration of your application for insurance. Any failure by you in this regard may entitle the insurer to treat this insurance as if it never existed.

If a contract of insurance is agreed between you and the insurer, this application form, and all other information given to us by you or anyone on your behalf, whether it is written, verbal or otherwise, will form the basis of the contract.

Whoever signs this form must be a director, officer, board member or senior manager of the proposer and must make all the necessary enquiries of their fellow directors, officers, board members, senior managers and employees to enable all the questions to be answered completely, accurately and clearly.



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Section 1 - Your Business

You must complete this section.

1.1 Your business

| | |
|---------------------------|----------------------|
| Business name | <input type="text"/> |
| Contact name | <input type="text"/> |
| Main address | <input type="text"/> |
| Postal code | <input type="text"/> |
| Year business established | <input type="text"/> |
| Phone number | <input type="text"/> |
| E-mail | <input type="text"/> |

1.2 Your employees

| | |
|---|----------------------|
| Your total number of employees (including subsidiaries) | <input type="text"/> |
|---|----------------------|

1.3 Additional named insured, subcontractors & subconsultants

Do you require cover (under any section to be insured) for additional named insured, subcontractors, or subconsultants?

Yes No

If **Yes**, you must ensure that all other information you give in this application form incorporates that for the additional named insured, subcontractors, or subconsultants including income and claims information.

You must also complete **section 2 – Additional Named Insured, Subcontractors & Subconsultants**.

1.4 Former firms

Is cover required for anything other than work undertaken by the firm(s) identified on this application form? This may include a predecessor in business or liability of one of your partners or principals relating to work undertaken elsewhere.

Yes No

If **Yes**, please provide details:

1.5 Your income

Your total income: please provide a breakdown according to the legal jurisdiction of your contracts:

| Jurisdiction dd-mmm-yyyy | Last completed financial year Year ending: | Current year Year ending: | Estimate next year Year ending: |
|---------------------------------------|--|------------------------------|------------------------------------|
| Canada | \$ | \$ | \$ |
| United States | \$ | \$ | \$ |
| Worldwide (other than Canada & US) | \$ | \$ | \$ |
| Total | \$ | \$ | \$ |

1.6 Your experience

Please confirm that one or more of the principals has at least three years' experience in the relevant industry:

Yes No

If **No**, please provide CVs for all principals.



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1.7 Membership of professional organizations

Is your business a member of any professional organizations or trade associations?

Yes No

If **Yes**, please provide details:

| |
|--|
| |
|--|

Section 2 – Additional Named Insured, Subcontractors & Subconsultants

Please complete this section if you require cover under any section of cover for additional named insured, subcontractors, subconsultants, or former firms.

We can extend this insurance to include additional named insureds, subcontractors, and subconsultants for which you require cover provided that:

- a. a complete list of the companies is given below (or on a separate sheet if necessary); and

2.1 Additional Insureds, subcontractors & subconsultants

Coverage will only be provided for additional named insureds, subcontractors, or subconsultants for work done on behalf of and for the named insured.

Please provide the following details for all additional named insureds, subcontractors, or subconsultants to be insured.

| Name | Mailing Address | Postal Code | Province |
|------|-----------------|-------------|----------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

2.2 Former firms

Please provide the following details for any former firms to be insured below:

| Name | Mailing Address | Postal Code | Province |
|------|-----------------|-------------|----------|
| | | | |
| | | | |
| | | | |
| | | | |



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Section 3 - Professional Liability

Optional – only complete this section if this insurance cover is required.

3.1 Your business activities

Please split your last completed financial year's income approximately between the following professional disciplines. If this application form is being completed on behalf of a new business, please split your estimated fee income for the forthcoming year.

- | | | |
|--|----------------------|---|
| a. Loss adjusting | <input type="text"/> | % |
| b. Agricultural consultancy | <input type="text"/> | % |
| c. Translation: | | |
| i. technical/scientific/legal | <input type="text"/> | % |
| ii. other | <input type="text"/> | % |
| d. Trade associations (please attach articles of association): | | |
| i. subscriptions | <input type="text"/> | % |
| ii. other | <input type="text"/> | % |
| e. Town planning | <input type="text"/> | % |
| f. Draughtsmen (not including any original design) | <input type="text"/> | % |
| g. Landscape architecture: | | |
| i. non-structural | <input type="text"/> | % |
| ii. golf courses | <input type="text"/> | % |
| ii. structural | <input type="text"/> | % |
| h. Travel agency | <input type="text"/> | % |
| i. Tour operator | <input type="text"/> | % |
| j. Law searchers | <input type="text"/> | % |
| k. Traffic management | <input type="text"/> | % |
| l. Debt recovery | <input type="text"/> | % |
| m. Non-invasive therapy (e.g. aromatherapy, massage) | <input type="text"/> | % |
| n. Other – please give full details: | <input type="text"/> | % |

3.2 Business activities – your description

Please provide a description of your business activities in your own words including any specializations:



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3.3 Future business activities

Do you expect any significant changes to the split of activities shown in section 3.1 in the next 12 months?

Yes No

If **Yes**, please provide details:

| |
|--|
| |
|--|

3.4 Contracts

a. Please give details of the three largest contracts you have carried out in the past three years:

| Name of client and nature of their business | Service provided by you | Total contract value | Income to you from the contract |
|---|-------------------------|----------------------|---------------------------------|
| | | | |
| | | | |
| | | | |

b. Please give details of the largest contract you have lined up for the forthcoming year:

| Name of client and nature of their business | Service provided by you | Total contract value | Income to you from the contract |
|---|-------------------------|----------------------|---------------------------------|
| | | | |

3.5 Subcontractors & subconsultants

Do you use independent subcontractors or subconsultants?

Yes No

If **Yes**:

a. What percentage of your turnover/fees are paid to them?

| | |
|--|---|
| | % |
|--|---|

b. For which work are they used?

| |
|--|
| |
|--|

c. Do you ensure that they have their own professional liability insurance in force equal to or greater than the limits on your existing policy?

Yes No

d. Do you ensure they have qualifications and experience relevant to the work they undertake?

Yes No



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3.6 Previous insurance

Have you ever bought professional liability insurance in the past?

Yes No

If **Yes**, please provide details of your most recent policy:

| Name of insurer | Limit of liability | Deductible | Premium | Renewal date | No. of years continuously held |
|-----------------|--------------------|------------|---------|--------------|--------------------------------|
| | | | | | |

3.7 Cover required

Please tick the limit of professional liability required:

\$500,000

\$1,000,000

\$2,000,000

Other:

\$



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Section 4 - Commercial General Liability and Products Liability

Optional – only complete this section if this insurance cover is required.

4.1 Cover required

a. Please tick the limit of liability required for general liability and products liability:

\$1,000,000 \$2,000,000 \$5,000,000 Other: \$

b. What is the expiry date of your current policy?

Section 5 – Property And contents

Optional – only complete this section if this insurance cover is required.

5.1 Location of premises to be covered

| Location | Full address | Postal Code |
|----------|--------------|-------------|
| 1. | | |
| 2. | | |
| 3. | | |

Please provide us with a presentation if more than three premises are to be insured.

5.2 Occupancy

a. Is this a home based office? Yes No

b. Is the entire building used only for office based activities? Yes No

5.3 Construction details

a. Are all of the buildings in a good state of repair? Yes No



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Section 6 - Claims

You must complete this section. Please complete the claims questions for any risk now to be insured.

6.1 General

In relation to your professional business activities, are you after reasonable inquiry aware of:

- a. any matter which may lead to a claim against you.

This includes:

- i. a shortcoming or problem in your work known to you which you cannot reasonably put right; Yes No
- ii. a complaint about your work or anything you have supplied which cannot be immediately resolved; Yes No
- iii. an escalating level of complaint on a particular project; Yes No
- iv. a client withholding payment due to you after any complaint. Yes No
- b. any loss from the dishonesty or malice of any employee or self-employed freelancer. Yes No
- c. any loss from the suspected dishonesty or malice of any employee or self-employed freelancer. Yes No
- d. any matter which may give rise to a claim against your predecessors in business or any past director, officer, board member, senior manager or employee. Yes No

If you answered **Yes** to any of the above, please provide full details:

6.2 Your directors

Have you or any of your directors at any time either personally or in any business capacity:

- a. been declared bankrupt or become insolvent or made any voluntary arrangement with creditors or been subject to enforcement of a judgment debt? Yes No
- b. been a director or had a controlling interest in any company, firm or business entity which has entered into a voluntary arrangement with creditors or been subject to any application for liquidation, administration, receivership or to enforcement of a judgment debt? Yes No

If the answer to a. and/or b. above is **Yes**, please give full details on a separate sheet.

6.3 Professional liability

Has any claim, whether successful or not been made against you or your predecessors in business or any past or present director, officer, board member, senior manager or employee (whether previously insured or not)? Yes No

6.4 All others covers

In respect of the following insurance covers:

Commercial general liability and products liability, property - contents, property - business interruption

Has any claim or loss, whether successful or not, ever occurred or been made against you or your predecessors in business or any past or present director, officer, board member, senior manager or employee in respect of any risk now to be insured under the insurance covers listed above (whether previously insured or not)? Yes No



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If the answer to 6.3. and/or 6.4. is **Yes**, please give full details below:

| Date | Details | Amount | Remedial action |
|---------------------|---------|--------|-----------------|
| dd- mmm- yyyy | | | |

Please continue on a separate sheet if necessary.

6.7 Previous insurance

Have you ever had any insurance or application cancelled, withdrawn, declined or made subject to special terms?

Yes No

If **Yes**, please provide details:

| Date | Details |
|-----------------|---------|
| dd-mmm- yyyy | |



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Section 7 - Declaration

You must complete this section.

Please read the declaration carefully and sign at the bottom.

7.1 Material information

Please provide us with details of any information which may be relevant to our consideration of your application for insurance. If you have any doubt over whether something is relevant, please provide us with the details in order to review.

7.2 Your information

By signing this application form, you consent to Pirbright Professions Inc. using the information we may hold about you or others related to your policy for the purposes of providing insurance and handling claims, if any, and to process sensitive personal information about you or others related to your policy where this is necessary (for example health information or criminal convictions). This may mean Pirbright Professions Inc. has to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, third party service providers, reinsurance companies, insurer tracing offices and insurance regulatory authorities. Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by Pirbright Professions Inc. as set out above. The information provided will be treated in confidence and in compliance with the Personal Information Protection Act (PIPA). You or others related to your policy may have the right to apply for a copy of this information and to have any inaccuracies corrected.

For training and quality control purposes, telephone calls may be monitored or recorded.

7.3 Declaration

I/We declare that (a) this application form has been completed after proper inquiry; (b) its contents are true and accurate and (c) all facts and matters which may be relevant to the consideration of our application for insurance have been disclosed.

I/We undertake to inform you before any contract of insurance is concluded, if there is any material change to the information already provided or any new fact or matter arises which may be relevant to the consideration of our application for insurance.

I/We understand that non-disclosure or misrepresentation of a material fact or matter will entitle the insurer to void this insurance policy.

I/We agree that this application form and all other information which is provided are incorporated into and form the basis of any contract of insurance.

Signature of director/officer/board member/senior manager.

Date dd-mmm-yyyy

A copy of this application should be retained for your records.

7.4 Queries

Should you have any questions or if you require any additional information, please do not hesitate to contact us. Contact information as follows:

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