



Professional Liability

Professional Liability Supplementary Declaration

Your business

(1) Full Name of Company:

Material Information

(2) Since completion of your attached previous term's application form, please answer the following questions about your company:

- (a) Have there been any material changes in the information submitted in your application and/or do you anticipate any changes prior to renewal? Yes No
- (b) Have you notified the insurer of any claims, or are you aware of any claims or circumstances which may give rise to a claim? Yes No
- (c) Have any single categories of the business activities in the submitted application form increased or decreased by more than 10%? Yes No

Your income

(3) Please declare your Gross Fee Income for:

- (a) Last completed financial year \$CAD
- (b) Year end (dd-mmm-yyyy)

Documentation required

(4) Please attach the following:

- (a) Previous Term's Professional Liability application or renewal form.
- (b) Declaration page or Certificate of Insurance evidencing your limits, deductible, inception date and retroactive date.

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.

Declaration

I/We declare that (a) this declaration 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 declaration 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)

Print Name:

Position: