SPECIAL RISK
INSURANCE MANAGERS

Send applications to submissions@srim.ca
Toll Free 800 993 6388 | Fax 604 888 1008 | WWW.SRIM.CA

PROFESSIONAL LIABILITY APPLICATION

1. Name of Applicant: _____

   Applicant is: ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ Other: _____

   Address: _____

   Is this a home based operation?: ☐ Yes ☐ No

   Phone: _____ Website: _____

2. Date Established: _____

3. Limits of Liability Desired:

   Errors & Omission: ☐ $250,000 ☐ $500,000 ☐ $1,000,000 ☐ $2,000,000 ☐ $5,000,000 ☐ Other: _____

   Commercial General Liability: ☐ $1,000,000 ☐ $2,000,000 ☐ $5,000,000 ☐ Other: _____

4. Is the applicant controlled or owned by, or associated or affiliated with, or does it own, any other firm or business enterprise?: ☐ Yes ☐ No

   If yes, please explain: _____

5. Have there been any changes to the operation in the past 24 months or expected in the next 12 months?: ☐ Yes ☐ No

   If yes, please explain: _____

6. Please provide fees received in the following years:

Revenues from:	Last completed financial year:	Estimate for current financial year:	Estimate for next financial year:
Canada	$	$	$
United States	$	$	$
Other Countries	$	$	$
Total	$	$	$
Profit/Loss	$	$	$

   If any revenue will be earned from other countries, please list each country: _____

7. Please provide a detailed description of the Applicant's business operations, including all products, services, activities performed, and industries served:

8. Indicate the approximate percentage derived from each of the services performed by the applicant:

Services	Percent of Revenue
	%
	%
	%
	%
	%

9. Indicate the applicant's five largest contracts/projects during the past 3 years

Client	Service(s)	Applicant's Fee	Total Project Cost

10. What percentage of the applicant's work is sub-contracted to others?: _____%

What work is sub-contracted to others? _____

Does the applicant require the sub-contractor to carry E&O insurance?: ☐ Yes ☐ No

11. Provide the following information:

TOTAL AMOUNT OF STAFF:			
Principals & Qualified Employees	**Professional Qualifications/ Designations**	**# of Years in Practice**	**# of Years with Applicant**

Attach brief resumes of the principals.

12. Please list professional associations to which Applicant belongs: _____

13. Has the applicant (or any director, officer, employee or partner provided professional services on behalf of the applicant) been subject to disciplinary action as a result of professional activities?: ☐ Yes ☐ No If yes, please explain:

_____

14. Does the Applicant use a written contract with clients?: ☐ In all cases ☐ Sometimes ☐ Never

    Attach a copy of a standard contract or letter of engagement.

    If not in all cases, please explain how the scope of the services to be provided is agreed upon:

15. Has any errors and omissions or professional liability insurance ever been declined or canceled?: ☐ Yes ☐ No If yes, please explain:

16. Does the Applicant currently carry Errors & Omissions (E&O) or Professional Liability Insurance?: ☐ Yes ☐ No

    If yes, provide the following information regarding any coverage during the past five (5) years:

Company	Dates of Coverage	Limits	Premium	Deductible	Retro Date

17. Is the applicant aware of any errors, omissions or claims (including any circumstances reported to previous insurers which have not developed into claim(s) during the last 10 years?: ☐ Yes ☐ No

    If yes, provide list and status of all errors and omissions claims made during the last 10 years against the applicant, any director, officer, employee or partner of the applicant:

Signing this form, and tendering any payment, does not bind the Company or the applicant to complete the insurance. The insurance application must be signed to be considered for quotation. By signing below, you certify that all information you have provided is correct. You herewith authorize the Company or its representatives to gather any additional information they may deem necessary in order to process this application for quotation or to issue a policy.

Applicants Signature: _____ Date: _____