



Insurance for Professionals

SECTION 1: COMPANY DETAILS

1.1 Please state the name and address of the principal Company for whom this insurance is required. Cover is also provided for the subsidiaries of the principal Company, but only if you include the data from all of these subsidiaries in your answers to all of the questions in this form:

Insured Company:

Contact Name:

Address:

Postal Code:

Telephone:

Email Address:

Fax:

Website:

1.2 Please state when your company was established: _____

1.3 a) How many directors/officers/partners are there in the Company? _____

b) Please state the details of all Partners/Directors:

Name	Years in Position	Years Experience	Qualifications

c) Please state number of employees:

Professional	Clerical	Other

2.3 Do you belong to any association related to these activities? Yes No

If yes, please list these associations below:

2.4 Is any legislation currently in force governing your activities? Yes No

If yes, please list these associations below:

2.5 In the event that your product or service failed or delivery was delayed please describe the worst case scenario. Consider the potential for loss of life, injury to people, damage to buildings or other tangible property, or financial loss (consequential or otherwise) for your clients:

Only complete this section 2.6 if you also require a quote for commercial general liability

2.6 Please state the following:

a) Your total estimated payroll for the next financial year: _____

b) Your payroll relating to non-manual work away from your premises (such as consulting, programming or similar): _____

Please detail the nature of this work below.

c) Your payroll relating to manual work away from your premises: _____

Please detail the nature of this work below.

d) Your payroll relating to hazardous work away from your premises: _____

Please detail the nature of this work below.

SECTION 3: CONTRACT INFORMATION

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

Name of client	Business of client	Nature of your work undertaken for this contract	Your annual revenue for this contract	Start date	Completion date

3.2 Approximately how many customers do you have? _____

3.3 Do you carry out work only under a written contract signed by every client? Yes No
Please supply a copy of your standard form of contract, or typical examples of contracts used.

If No, please explain in what circumstances, and why.

3.4 Do you ever accept contracts with your customers in which you accept liability for consequential loss or financial damages greater than the value of the contract? Yes No

If yes, explain what percentage of your contracts this is applicable to and what these are capped at.

3.5 What approximate percentage of your revenue, in your current financial year, will be paid to sub-contractors? _____%

3.6 Do you ensure that sub-contractors have their own general liability and errors and omissions insurance? Yes No

3.7 Do any of your contracts contain a service credit or liquidated damages regime? Yes No
If yes, please attach a sample.

3.8 Are all your contracts reviewed by an appropriately qualified legal advisor prior to signature? Yes No

SECTION 4: COMMERCIAL PROPERTY AND BUSINESS INTERRUPTION INSURANCE
Only complete this section if you require this cover

4.1 Please state the address of the premises to be insured (if different from the address given earlier):

PREMISES 1

Address:

	Postal Code:	
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PREMISES 2

Address:

	Postal Code:	
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Please continue on a separate sheet if more than 2 premises are to be insured.

4.2 Please detail below any other party (such as a bank or building society) whose financial interest in the premises should be noted on the policy.

Name of party:

Interest of party:

Address:

	Postal Code:	
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4.3 Are all of the premises:

a) Constructed with external walls of brick, stone or concrete and roofed with slate, tiles, concrete, metal, asbestos or any other non-combustible material? Yes No

b) Free from cracks or other signs of damage that may be due to subsidence, landslip or heave and have not previously suffered damage by any of these causes? Yes No

c) In an area free from flooding and not near the vicinity of any rivers, streams or tidal waters? Yes
No

d) In a good state of repair and occupied solely as offices? Yes No

e) Self contained with a lockable entrance door? Yes No

f) Protected by an intruder alarm that is subject to an annual maintenance contract? Yes No

NOTE: We may refuse to pay a claim if all of the devices for the security of your premises (including locks and the intruder alarm) are not put into full and effective operation whenever the premises are closed for business or left unattended.

g) Heated by a conventional electric, gas, oil or solid fuel heating system? Yes No

h) Fitted with electrical installations which are inspected at least every 5 years by a qualified electrician and any defect remedied? Yes No

i) Lifts, boilers, steam and pressure vessels inspected and approved to comply with all of the statutory requirements? Yes No

j) Fitted with sprinklers either fully or partially? Yes No

NOTE: Assuming you have answered Yes to questions h) and i) above, it is important to keep records of all relevant inspections as we may ask for evidence of these before paying a claim.

If you have answered No to any of the above questions then please give further details:

4.4 Please detail the amounts to be insured below for each premises.

NOTE: The amounts insured you state below should be the full rebuilding or replacement cost in each of the categories. If you understate these amounts you will be under-insuring and we may not pay the full amount of your claim. It is therefore essential that these amounts are as close to the true values of the insured items as possible.

Item	AMOUNT INSURED PREMISES 1	AMOUNT INSURED PREMISES 2
Main Building		
Landlord's fixtures & fittings and tenant improvements:		
Personal computers, printers and ancillary computer equipment at the office:		
All other contents at the office:		
Portable computers and associated equipment at home / away from the office:		
All other contents at home / away from the office:		

4.5 Please state, in respect of portable computers and associated equipment at home / away from the office, the maximum value of any one item (not the total value of all items): _____

4.6 Would you like a quotation for either of the following extensions:

Earthquake: Yes No

Flood: Yes No

4.7 Please detail the amounts to be insured below for business interruption cover. Note that the maximum indemnity period available is 12 months. You should bear in mind how long it will take you to recommence trading at another premises when stating the amount insured and indemnity period.

We provide our business interruption cover on a flexible first loss basis – please specify a total amount insured for business interruption cover. This amount applies regardless of whether your business interruption loss is loss of income, extra expense, loss of research and development expenditure, project delay costs or accounts receivable. This often enables a smaller total amount insured to be specified and therefore often results in a cheaper premium.

ITEM	AMOUNT INSURED	INDEMNITY PERIOD
Business Interruption Cover (flexible first loss):		

SECTION 5: CLAIMS EXPERIENCE AND INSURANCE HISTORY

5.1 Please provide details of your current Errors and Omissions insurance, if applicable, and what you require for the next year of insurance.

	Retroactive Date	Effective Date	Limit	Deductible	Premium	Insurer
Current						
Required					N/A	N/A

5.2 Please provide details of your current Commercial General Liability insurance, if applicable, and what you require for the next year of insurance.

	Effective Date	Limit	Deductible	Premium	Insurer
Current					
Required				N/A	N/A

5.3 Regarding all of the types of insurance to which this application form relates, **AFTER ENQUIRY:**

- a) are you aware of any loss or damage, whether insured or not, that has occurred to any of the Companies to be insured (or to any existing or previous business of the partners or directors of any of the Companies to be insured) within the last 5 (five) years, or
- b) are you aware of any circumstances which may give rise to a claim against any of the Companies to be insured or any partners or directors thereof, or
- c) have any claims or cease and desist orders been made against any of the Companies to be insured, or partners or directors thereof, or
- d) have any partners or directors of the Companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body?

With reference to questions a, b, c and d above: Yes No

If the answer to the above is 'Yes', then please attach full details including an explanation of the background of events, the maximum amount involved/claimed, the status of the claim(s) or circumstance(s) and any reserve(s) or payment(s) made by you and/or by Insurers, and the dates of all developments and payments.

SECTION 6: DECLARATION

I /we declare that after proper enquiry the statements and particulars given above are true and that I /we have not mis-stated or suppressed any material fact.

I / we agree that this Application Form, together with any other material information supplied by me / us shall form the basis of any contract of insurance effected thereon.

I / we undertake to inform Underwriters of any material alteration to these facts occurring before the completion of the contract.

Signed: _____ Full Name: _____

Position held at Insured _____ Date: _____

SPECIAL RISKS ADDENDUM

You only need to complete this Addendum if your activities fall into one or more of these sections.

Please note, this Addendum is to be completed in addition to, not instead of, the main application form.

This Addendum is split into the following sections:

SECTION A ACCOUNTANTS

SECTION B INSURANCE BROKERS AND AGENTS

SECTION C ENVIRONMENTAL CONSULTANTS

SECTION D REAL ESTATE AGENTS

SECTION E HOME INSPECTORS

SECTION A: ACCOUNTANTS

A.1 Please advise the percentage of your revenue received for the following work:

Insolvency: _____%

Taxation: _____%

Audit: _____%

Other: _____%

A.2 Do you act as an agent /manager for any building society, bank, credit union or insurance company? Yes No

If Yes, please provide details below:

SECTION B: INSURANCE BROKERS AND AGENT

B.1 Please advise the percentage of your fees / commission received for the following insurance classes:

Personal Lines (including Auto): _____%

Marine /Aviation: _____%

Commercial Lines: _____%

Other work (Please detail below): _____%

Details of other insurance clauses:

B.2 Do you hold any binding authorities? Yes No

If Yes, please list these binding authorities below detailing the classes of insurance, insurers granting the binding authorities, whether the binding authorities are full or limited and the maximum sums insured / limits of indemnity permitted. If the binding authority is granted by Lloyd's, please break out into the supporting syndicates.

B.3 Please complete the following table:

Financial Year	Premium Income	Commission / brokerage	Fees
Current			
Last			
Previous			

B.4 Do you place any insurance with companies that are not licensed to write coverage in Canada? Yes No

PLEASE NOTE THAT SUCH TRANSACTIONS WILL BE EXCLUDED FROM THE POLICY

SECTION C: ENVIRONMENTAL CONSULTANTS

- C.1 Please advise the percentage of your revenue received for off-site work and / or for work as an ecological consultant: _____%
- C.2 Please advise the percentage of your revenue received for sampling, analysis and audit work without recommendations: _____%
- C.3 Please advise the percentage of your revenue received for sampling, analysis and audit work with recommendations: _____%
- C.4 Please advise the percentage of your revenue received for audit work with recommendations followed by actual contracting on-site: _____%

SECTION D: REAL ESTATE AGENTS

- D.1 Please advise the percentage of your revenue received for commercial sales: _____%
- D.2 Please advise the percentage of your revenue received for work as conveyances or land brokers: _____%
- D.3 Please advise the percentage of your revenue received for property management and leasing: _____%
- D.4 Please advise the percentage of your revenue received for appraisal services: _____%
- D.5 Please advise the percentage of your revenue received for business brokerage services: _____%
- D.6 Please advise the percentage of your revenue received for home inspections: _____%
- D.7 Please advise the percentage of your revenue received for work as a property developer: _____%