



ProSurancePlus™ Canada Application Form

Please complete the main Application Form plus the Special Risks Addendum (if applicable to you)

The Errors and Omissions and Employee Benefits Liability parts of the policy to which this application form relates provides cover on a claims made basis.

This means that the Errors and Omissions and Employee Benefits Liability parts of the policy will only respond to claims and/or circumstances which are first made against the Insured and notified to the Insurer during the policy period.

The Errors and Omissions and Employee Benefits Liability parts of the policy will not provide cover for:-

- Events that occurred prior to the retroactive date of the policy (if specified).
- Claims made after the expiry of the policy period even though the act giving rise to the claim may have occurred during the policy period.
- Claims notified or arising out of facts or circumstances notified under any previous policy or noted on the current application form or any previous application form.
- Claims made, threatened or intimated prior to the commencement of the policy period.
- Facts or circumstances in your knowledge prior to the policy period, which you knew had the potential to give rise to a claim under the policy.

It is very important that you advise us of the correct values to be insured. If the amounts insured are not adequate this will result in the amount that we pay you in the event of a claim being reduced.

DISCLOSURE

You must disclose to the Insurer all information which is material to it in deciding whether to issue insurance cover to you, including any facts or conduct which might lead to a claim being made against you. Failing to do so could affect your rights to indemnity.

If you do not understand any part of this document, please contact your Broker BEFORE YOU SIGN IT. You will be bound by the answers, which are given, and by the information provided by you in this application form. It is in your interest to make sure that all information is correct and properly understood.

When in doubt disclose

ATTACHMENTS

Before you return this form, have you included the following (please indicate by ticking the boxes):

Company brochure / additional information:

Resumes of persons performing professional activities:

Claims information (if relevant):

Application for insurance effected by CFC Underwriting Ltd on behalf of certain Underwriters at Lloyd's of London through:-

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: | |
| | |
| Telephone: | Fax: |
| Email Address: | Website: |

1.2 Please state when your company was established _____

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

ii) Please show the details of all Partners/Directors:

| Name | Years in position | Years experience | Qualifications |
|------|-------------------|------------------|----------------|
| | | | |
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iii) Do you currently hold a directors and officers liability insurance policy? Yes / No
 If yes, please state the limit of liability of this policy below.

| |
|-----|
| CAD |
|-----|

iv) Please state the number of employees:

Professional _____ Clerical _____
 Other _____

1.4 Please state your fees received in respect of the following years (in CAD):

| Date of financial year end: ____ / ____ (dd/mm) | Last complete financial year | Estimate for current financial year | Estimate for next financial year |
|---|------------------------------|-------------------------------------|----------------------------------|
| (a) Canadian revenue: | | | |
| (b) USA revenue: | | | |
| (c) Other territory revenue: | | | |
| TOTAL revenue: | | | |
| OPERATING PROFIT/ (LOSS) | | | |

Section 2: Activities

2.1 Please briefly describe below the nature of your business activities. (If you have a brochure, or company literature, please attach to this form).

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2.2 Please provide a full breakdown of your total revenue by activity. (The total of all activities listed here should equal 100%).

| Activity | Percentage of your total revenue |
|----------|----------------------------------|
| | % |
| | % |
| | % |
| | % |
| | % |
| | % |
| | % |
| | % |
| | % |
| | % |
| | % |

2.3 Do you belong to any association related to these activities? Yes / No
If yes, please list these associations below.

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2.4 Is any legislation currently in force governing your activities? Yes / No
If yes, please provide details below.

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2.5 Is the failure of any of your products or services liable to result in any of the following outcomes:

- | | |
|---|----------|
| a) Loss of life or injury to a person? | Yes / No |
| b) Destruction or damage to physical property? | Yes / No |
| c) Immediate and large financial loss? | Yes / No |
| d) Significant cumulative financial loss? | Yes / No |
| e) Insignificant financial loss (more of a nuisance)? | Yes / No |

If you have answered YES to any of the above then please explain below, and also describe the worst thing that could happen to your customers' operations if your product / service were to fail.

| |
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Section 2: Activities (continued)
(Only complete this page 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:

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| |

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.

| |
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c) Your payroll relating to manual work away from your premises. Please detail the nature of this work below.

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d) Your payroll relating to hazardous work away from your premises. Please detail the nature of this work below.

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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 | Total value of project | Income to you for your contract | Start date | Completion date |
|----------------|--------------------|--|------------------------|---------------------------------|------------|-----------------|
| | | | | | | |
| | | | | | | |
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| | | | | | | |

3.2 Approximately how many customers do you have? _____

Yes / No

3.3 Do you carry out work *only* under a written contract signed by every client?

Please supply a copy of your standard form of contract, or typical examples of contracts used.

If no, 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 errors and omissions and general liability insurance?

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: | |
| | Postcode: |

Premises 2

| | |
|----------|-----------|
| Address: | |
| | Postcode: |

Please continue on a separate sheet if more than 2 premises 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: | |
| | Postcode: |

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) Sprinklered, either fully or partially? Yes / No
 - j) Lifts, boilers, steam and pressure vessels inspected and approved to comply with all of the statutory requirements? 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 below.

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Section 4: Commercial Property and Business Interruption Insurance (continued)

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) of this type of property.

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

Earthquake Flood

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 re-commence trading at another premises when stating the amount insured and indemnity period.**

You have two options for the type of cover you buy:

Option 1: Traditional – please specify the amount insured for each item in the table below:

| ITEM | AMOUNT INSURED | INDEMNITY PERIOD |
|-----------------------------|----------------|------------------|
| Loss of income: | | Months |
| Increased costs of working: | | Months |
| Outstanding debts: | | Not applicable |

Option 2: Flexible First Loss – please specify a total amount insured for business interruption cover. This amount applies regardless of whether your business interruption loss is loss of income, increased costs of working or outstanding debts.

This option often enables a smaller total amount insured to be specified than for option 1 and therefore often results in a cheaper premium.

| ITEM | AMOUNT INSURED | INDEMNITY PERIOD |
|--|----------------|------------------|
| Flexible First Loss (loss of income, increased costs of working and outstanding debts combined): | | Months |

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 | | | | | | |

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 | | | | | |

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 of the Companies to be insured or any partners or directors suffered any losses, or
- e) 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?

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 |

PLEASE CHECK OVERLEAF TO SEE IF YOU NEED TO COMPLETE THE SPECIAL RISKS ADDENDUM

SPECIAL RISKS ADDENDUM

PLEASE NOTE THIS ADDENDUM IS TO BE COMPLETED IN ADDITION TO, NOT INSTEAD OF, THE MAIN ProSurancePlus™ APPLICATION FORM

THIS ADDENDUM IS SPLIT INTO THE FOLLOWING SECTIONS:

| | |
|------------------|--|
| SECTION A | ACCOUNTANTS |
| SECTION B | ARCHITECTS, ENGINEERS AND SURVEYORS |
| SECTION C | INSURANCE BROKERS AND AGENTS |
| SECTION D | INSURANCE ADJUSTERS |
| SECTION E | AGRICULTURAL CONSULTANTS |
| SECTION F | EMPLOYMENT AGENTS |
| SECTION G | ENVIRONMENTAL CONSULTANTS |
| SECTION H | INVESTIGATORS |
| SECTION I | PUBLIC RELATIONS CONSULTANTS |
| SECTION J | QUALITY ASSURANCE CONSULTANTS |
| SECTION K | REAL ESTATE AGENTS |
| SECTION L | TESTING LABORATORIES |
| SECTION M | HOME INSPECTORS |

YOU ONLY NEED TO COMPLETE THIS ADDENDUM IF YOUR ACTIVITIES FALL INTO ONE OR MORE OF THESE SECTIONS

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.

A.3 Do you receive commission from any organisation for introducing clients or investors to that organisation?

Yes / No

If yes, please provide details below and advise if you inform those clients and investors that you receive commission.

Section B: Architects, Engineers and Surveyors

B.1. Please advise the percentage of your revenue received for the following type of work (total should equal 100%):

| | |
|---------------|---|
| Architectural | % |
| Town Planning | % |

| | |
|------------------------------|---|
| Hydraulic / Fire Engineering | % |
| Plumbing Engineering | % |

| | |
|---------------------------------------|---|
| Structural Engineering | % |
| Mechanical Engineering | % |
| Drafting Engineering | % |
| Interior Design | % |
| Electrical Engineering | % |
| Civil Engineering | % |
| Foundation / Underpinning Engineering | % |
| Corrosion Engineering | % |
| Acoustic Engineering | % |
| HVAC Engineering | % |
| Aeronautical Engineering | % |
| Chemical Engineering | % |
| Nuclear Engineering | % |
| Geotechnical / Soil Engineering | % |

| | |
|--------------------------------|---|
| Environmental Engineering | % |
| Marine Engineering | % |
| Feasibility Studies | % |
| Expert Witness | % |
| Design and Construct | % |
| Project / Construction Manager | % |
| Interior Design | % |
| Land Surveying | % |
| Quantity Surveying | % |
| Marine Surveying | % |
| Building Surveying | % |
| Other work (Detail below) | % |
| | |

B.2. Please advise the percentage of your revenue received in the following areas of work (total should equal 100%):

| | |
|----------------------|---|
| Domestic Buildings | % |
| Commercial Buildings | % |
| Industrial Buildings | % |
| Public Buildings | % |
| Mines | % |
| Bridges | % |
| Tunnels | % |
| Dams | % |
| Railways | % |
| Roads / Highways | % |

| | |
|----------------------------|---|
| Marine Structures | % |
| Water / Sewerage Systems | % |
| Bulk Handling Structures | % |
| Amusement Structures | % |
| Airports | % |
| Petrochemical / Refineries | % |
| Other work (Detail below) | % |
| | |

B.3. Do you or have you provided building envelope services on multi-unit residential projects in British Columbia?

Yes / No

If yes, please provide details below including the percentage of your revenue received for work in this area.

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

Section C: Insurance Brokers and Agents

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

| | |
|------------------------------------|---|
| Personal Lines (including Auto) | % |
| Commercial Lines | % |

| | |
|------------------------------|---|
| Marine / Aviation | % |
| Other work (Detail below) | % |
| | |

C.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.

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

C.3. Please advise complete the following table:

| Financial Year | Premium Income | Commission / brokerage | Fees |
|----------------|----------------|------------------------|------|
| Current | CAD | CAD | CAD |
| Last | CAD | CAD | CAD |
| Previous | CAD | CAD | CAD |

C.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 D: Insurance Adjusters

D.1. Please advise the percentage of your revenue received for personal lines (including auto) work.

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

D.2. Please advise the percentage of your revenue received for work as a third party administrator (TPA).

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

Section E: Agricultural Consultants

E.1. Please advise the percentage of your revenue received for horticultural work.

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

E.2. Please advise the percentage of your revenue received for work as a tree surgeon.

%

Section F: Employment Agents

F.1. Please advise the percentage of your revenue received for placing executives / specialists or other high-level positions.

 %

F.2. Please advise the percentage of your revenue received for placing staff who have access to your client's money or valuable goods.

 %

Section G: Environmental Consultants

G.1. Please advise the percentage of your revenue received for **off**-site work and / or for work as an ecological consultant.

 %

G.2. Please advise the percentage of your revenue received for sampling, analysis and audit work **without** recommendations.

 %

G.3. Please advise the percentage of your revenue received for sampling, analysis and audit work **with** recommendations.

 %

G.4. Please advise the percentage of your revenue received for audit work **with** recommendations followed by actual contracting on-site.

 %

Section H: Investigators

H.1. Please advise the percentage of your revenue received for divorce-related investigations.

 %

H.2. Please advise the percentage of your revenue received for investigations and interviews for evidence of means.

 %

H.3. Please advise the percentage of your revenue received for debt collection work or work as a mercantile agent.

 %

H.4. Please advise the percentage of your revenue received for missing persons investigations.

 %

H.5. Please advise the percentage of your revenue received for insurance-related investigations.

 %

Section I: Public Relations Consultants

- I.1. Please advise the percentage of your revenue received for work with in the entertainment industry or with media stars.

 %

Section J: Quality Assurance Consultants

- J.1. Please advise the percentage of your revenue received for work with clients who produce hazardous products.

 %

- J.2. Please advise the percentage of your revenue received for work on engineering processes or robotic assembly processes.

 %

- J.3. Please advise the percentage of your revenue received for work in the area of human resources / personnel.

 %

- J.4. Please advise the percentage of your revenue received for work in assisting a client to achieve ISO 9000 standards.

 %

Section K: Real Estate Agents

- K.1. Please advise the percentage of your revenue received for commercial sales.

 %

- K.2. Please advise the percentage of your revenue received for work as conveyances or land brokers.

 %

- K.3. Please advise the percentage of your revenue received for property management and leasing.

 %

- K.4. Please advise the percentage of your revenue received for appraisal services.

 %

- K.5. Please advise the percentage of your revenue received for business brokerage services.

 %

- K.6. Please advise the percentage of your revenue received for home inspections.

 %

- K.7. Please advise the percentage of your revenue received for work as a property developer.

 %

Section L: Testing Laboratories

L.1. Please advise the percentage of your revenue received for the following type of work split by factual and interpretive reporting. The total for the whole table should equal 100% (table continues overleaf).

| Factual Reporting | | Interpretive Reporting | |
|---|---|---|---|
| Acoustics Testing | % | Acoustics Consulting Services | % |
| Asbestos / Other Fibres Testing | % | Asbestos / Other Fibres Consulting Services | % |
| Ballistics / Explosives Testing | % | Ballistics / Explosives Consulting Services | % |
| Chemical Testing | % | Chemical Consulting Services | % |
| Construction Testing | % | Construction Consulting Services | % |
| Electrical / EMC Testing | % | Electrical / EMC Consulting Services | % |
| Engineering Materials / Machinery Testing | % | Engineering Materials / Machinery Consulting Services | % |
| Engineering Services Testing | % | Engineering Services Consulting Services | % |
| Environmental (Air / Water) Testing | % | Environmental (Air / Water) Consulting Services | % |
| Environmental (Land) Testing | % | Environmental (Land) Consulting Services | % |
| Environmental Samples Testing | % | Environmental Samples Consulting Services | % |
| Food / Food Production Testing | % | Food / Food Production Consulting Services | % |
| Forensic / Medical / Veterinary Testing | % | Forensic / Medical / Veterinary Consulting Services | % |
| Fossil Fuel Burning Appliances Testing | % | Fossil Fuel Burning Appliances Consulting Services | % |
| Fuels, Oils and Lubricants Testing | % | Fuels, Oils and Lubricants Consulting Services | % |
| Health and Safety Testing | % | Health and Safety Consulting Services | % |
| Hygiene Testing | % | Hygiene Consulting Services | % |
| Information Technology Testing | % | Information Technology Consulting Services | % |
| Optical Testing | % | Optical Consulting Services | % |
| Personal Protective Equipment Testing | % | Personal Protective Equipment Consulting Services | % |
| Pharmaceutical Testing | % | Pharmaceutical Consulting Services | % |
| Radiation and Radiochemistry Testing | % | Radiation and Radiochemistry Consulting Services | % |

| | |
|------------------------------------|---|
| Surveying Services Testing | % |
| Textiles / Other Materials Testing | % |
| Tobacco Products Testing | % |
| Toys / Childcare Products Testing | % |
| Other Testing (Detail below) | % |
| | |

| | |
|--|---|
| Surveying Services Consulting Services | % |
| Textiles / Other Materials Consulting Services | % |
| Tobacco Products Consulting Services | % |
| Toys / Childcare Products Consulting Services | % |
| Other Consulting Services (Detail below) | % |
| | |

Section M: Home Inspectors

- M.1. Are you a RHI (Registered Home Inspector) as recognised by The Canadian Association of Home & Property Inspectors (CAHPI) or one of its provincial/regional organizations?
Yes / No
- M.2. Are you a National Certificate Holder as recognised by the Canada Mortgage and Housing Corporation (CMHC)?
Yes / No
- M.3. If you are neither of the above please detail below your training, qualifications, experience and attach samples of your standard client contracts and written reports.

Section N: 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 Special Risks Addendum to the 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 |