

## MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION

1. NAME OF APPLICANT: \_\_\_\_\_

2. ADDRESS: \_\_\_\_\_

TELEPHONE:(    ) \_\_\_\_\_ FAX:(    ) \_\_\_\_\_

3. LIMIT OF LIABILITY REQUESTED:

\$500,000.  \$1,000,000  \$2,000,000.  OTHER \_\_\_\_\_

4. DEDUCTIBLE:

\$2,500 .  \$5,000 .  \$10,000.  OTHER \_\_\_\_\_

5. PLEASE DESCRIBE IN DETAIL THE ACTIVITIES FOR WHICH COVERAGE IS REQUESTED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. IS THE APPLICANT ENGAGED IN ANY BUSINESS OR PROFESSION OTHER THAN AS DESCRIBED IN QUESTION 5? \_\_\_\_\_. IF YES, PLEASE ATTACH AN EXPLANATION AND ESTIMATED INCOME.

7. LIST THE TOTAL GROSS INCOME (FEES) FOR THE PAST THREE YEARS DERIVED FROM THOSE ACTIVITIES IN QUESTION 5. IN ADDITION, PLEASE LIST PROJECTED INCOME FOR THE CURRENT YEAR.

YEAR	INCOME
a. _____	\$ _____
b. _____	\$ _____
c. _____	\$ _____
d. _____	\$ _____

8. FOR THE INCOME LISTED IN QUESTION 7.a., PLEASE GIVE THE APPROXIMATE PERCENTAGE DERIVED FROM EACH OF THE ACTIVITIES LISTED IN QUESTION 5.:

ACTIVITY	% OF 7.a. INCOME
_____	_____
_____	_____
_____	_____
_____	_____

9. APPLICANT IS:      CORPORATION        PARTNERSHIP        INDIVIDUAL   

10. YEAR ESTABLISHED: \_\_\_\_\_

11. IS THE APPLICANT CONTROLLED, OWNED OR ASSOCIATED WITH ANY OTHER FIRM, CORPORATION OR COMPANY? YES  NO  IF YES, ATTACH AN EXPLANATION. ARE ANY ACTIVITIES LISTED IN QUESTION 5 PROVIDED TO SUCH BUSINESS ENTERPRISE YES  NO
12. a. NUMBER OF PRINCIPALS, PARTNERS, OFFICERS AND PROFESSIONAL EMPLOYEES DIRECTLY ENGAGED IN PROVIDING SERVICES TO CLIENTS: \_\_\_\_\_
- b. NUMBER OF NON-PROFESSIONAL EMPLOYEES (CLERKS, SECRETARIES ETC.): \_\_\_\_\_
13. PLEASE PROVIDE THE FOLLOWING:

NAME IN FULL OF ALL PARTNERS/ PRINCIPALS/ KEY EMPLOYEES	PROFESSIONAL QUALIFICATIONS	DATE QUALIFIED	HOW LONG IN PRACTICE	HOW LONG AS PARTNER/ PRINCIPAL

14. TO WHAT ASSOCIATION(S) DOES THE APPLICANT BELONG?

\_\_\_\_\_

15. PLEASE INCLUDE A LIST OF THE APPLICANTS FIVE LARGEST JOBS OR PROJECTS DURING THE LAST THREE YEARS.:

PROJECT/CLIENT NAME                      NATURE OF SERVICES PERFORMED                      INCOME

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

16. DOES THE APPLICANT USE A WRITTEN CONTRACT WITH CLIENTS?  
 IN ALL CASES                       SOMETIMES                       NEVER

*PLEASE ATTACH A COPY OF YOUR STANDARD CONTRACT*

17. WHAT PERCENTAGE OF THE APPLICANTS BUSINESS INVOLVES SUBCONTRACTING OF WORK TO OTHERS? \_\_\_\_\_% DOES THE APPLICANT PROVIDE PROFESSIONAL SERVICES TO BUSINESS ENTITIES IN WHICH IT RETAINS AN OWNERSHIP YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

18. HAS SIMILAR INSURANCE EVER BEEN DECLINED OR CANCELLED? YES  NO

19. ATTACH CURRENT ANNUAL REPORT AND DESCRIPTIVE OR PROMOTIONAL MATERIAL

20. PLEASE PROVIDE THE FOLLOWING:

a. NAME OF CURRENT INSURER: \_\_\_\_\_

b. LIMIT: \_\_\_\_\_

c. DEDUCTIBLE: \_\_\_\_\_

d. PREMIUM: \_\_\_\_\_

e. LENGTH OF TIME COVERAGE IN FORCE: \_\_\_\_\_

21. HAVE ANY OF THE INDIVIDUALS LISTED IN QUESTION 13 EVER BEEN THE SUBJECT OF DISCIPLINARY ACTION BY AUTHORITIES AS A RESULT OF THEIR PROFESSIONAL ACTIVITIES? YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

22. DOES ANY PERSON TO BE INSURED HAVE KNOWLEDGE OR INFORMATION OF ANY ACT, ERROR OR OMISSION WHICH MIGHT REASONABLY BE EXPECTED TO GIVE RISE TO A CLAIM AGAINST THEM  
YES  NO  IF YES, ATTACH FULL PARTICULARS

23. ATTACH LIST AND STATUS OF ERRORS AND OMISSIONS CLAIMS MADE AGAINST THE APPLICANT DURING THE LAST THREE YEARS. IF NONE, PLEASE CHECK HERE: NONE

24. IT IS AGREED WITH RESPECT TO QUESTIONS 21, 22, AND 23 ABOVE, THAT IF SUCH KNOWLEDGE OR INFORMATION EXISTS, ANY CLAIM OR ACTION ARISING THEREFROM IS EXCLUDED FROM THIS PROPOSED COVERAGE.

THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND IT WILL BE ATTACHED TO AND MADE PART OF THE POLICY. THE UNDERSIGNED APPLICANT DECLARES THAT TO THE BEST OF THEIR KNOWLEDGE THE STATEMENTS SET FORTH IN THIS APPLICATION ARE TRUE. THE APPLICANT FURTHER DECLARES THAT IF THE INFORMATION SUPPLIED CHANGES BETWEEN THE DATE OF THIS PROPOSAL AND THE TIME WHEN THE COVERAGE IS BOUND, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGE.

FOR THE APPLICANT: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

METRIX PROFESSIONAL INSURANCE BROKERS INC.  
1500 - 1166 ALBERNI STREET,  
VANCOUVER, B.C. V6E 3Z3

## SUPPLEMENTAL CLAIMS INFORMATION

• THIS IS TO BE COMPLETED BY THE APPLICANT WHO HAS BEEN INVOLVED IN ANY CLAIM OR SUIT DURING THE PAST FIVE YEARS OR WHO IS AWARE OF ANY INCIDENTS WHICH MAY GIVE RISE TO A CLAIM

• COMPLETE A SEPARATE SHEET FOR EACH CLAIM OR INCIDENT

• ANSWER ALL QUESTIONS COMPLETELY

• PRINCIPAL OF FIRM MUST SIGN THIS SHEET IN ADDITION TO THE APPLICATION

1. NAME OF FIRM: \_\_\_\_\_

2. NAME OF INDIVIDUAL(S) OF FIRM INVOLVED IN CLAIM: \_\_\_\_\_  
\_\_\_\_\_

3. NAME OF CLAIMANT: \_\_\_\_\_

4. DATE OF ALLEGED ERROR: \_\_\_\_\_

5. DATE CLAIM MADE TO YOUR INSURER: \_\_\_\_\_

6. NAME OF INSURER: \_\_\_\_\_

7. PRESENT STATUS OF CLAIM: PENDING  CLOSED  IN SUIT

8. IF CLOSED, TOTAL LOSS PAID: \$ \_\_\_\_\_ TOTAL EXPENSES PAID: \$ \_\_\_\_\_

9. IF PENDING, AMOUNT ASKED IN SUMMONS: \$ \_\_\_\_\_

CLAIMANTS SETTLEMENT DEMAND: \$ \_\_\_\_\_

DEFENDANTS SETTLEMENT OFFER: \$ \_\_\_\_\_

INSURERS LOSS RESERVE: \$ \_\_\_\_\_

EXPENSES TO DATE: \$ \_\_\_\_\_

10. DETAILED DESCRIPTION OF CLAIM AND EVENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. ALLEGATION UPON WHICH CLAIMANT BASES CLAIM: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. EXPLAIN WHAT ACTIONS HAVE BEEN TAKEN TO PREVENT A RECURRENCE OR SIMILAR CLAIM:  
\_\_\_\_\_  
\_\_\_\_\_

FOR THE APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_