

Please complete this application in its entirety, as the responses given are material to the provision of terms. There is space for more details in the Additional Information Section at the end of the application. Coverage(s) may be provided on a claims-made basis.

Named Insured: _____
Street Address: _____
City: _____ Province: _____ Postal Code: _____
Contact: _____ Email: _____ Phone: _____

Section 1: About Your Organization

1. What year was your organization established: _____
2. Is your organization incorporated? Yes ☐ No ☐
3. Has your organization's name changed, or have you purchased, merged, or consolidated with any other business in the past 3 years? If Yes, please provide details.* Yes ☐ No ☐
4. Please indicate what professional associations or trade associations you belong to: _____

5. Do you expect a material change in your operations in the next 12 months? If Yes, please provide details.* Yes ☐ No ☐
6. Please list any subsidiaries or related entities of your organization that are controlled by or control your organization:

Entity Name	Description of Operations	Relationship to Named Insured

Section 2: Operations

1. Please describe your professional services in detail: _____

2. Are you involved in any other business or professional services? If Yes, please provide details.* Yes ☐ No ☐

3. Please indicate when your fiscal year begins: _____

4. Please provide the following gross revenue reported and estimated amounts by geographic region:

Gross Revenue	Canada	United States	Rest of World
Last Completed Fiscal Year			
Current Fiscal Year			
Next Fiscal Year			

5. Please list which countries are included in Rest of World: _____

6. For the revenues you listed in 4., please estimate the percent of revenue generated by each service you offer:

Service	Est. % of Revenue
	100%

7. Do you provide services in relation to any of the following:
- a. Accounting and/or tax? If Yes, please provide details.* Yes ☐ No ☐
- b. Construction and/or environmental? If Yes, please provide details.* Yes ☐ No ☐
- c. Financial and/or insurance? If Yes, please provide details.* Yes ☐ No ☐
- d. Legal? If Yes, please provide details.* Yes ☐ No ☐
- e. Medical and/or healthcare? If Yes, please provide details.* Yes ☐ No ☐
8. Do you make business or financial decisions on behalf of your clients? If Yes, please provide details.* Yes ☐ No ☐

*Please provide further details in the space provided under the Additional Information Section.

9. Do your employees drive their own vehicles on your business? Yes ☐ No ☐
10. If yes to 9., do they report this activity to their automobile insurer? Yes ☐ No ☐
11. If yes to 9., are they required to carry a minimum of \$1m Automobile Third Party Liability on their policy? Yes ☐ No ☐
12. If yes to 9., do you require them to provide proof of their automobile insurance? Yes ☐ No ☐

Section 3: Staffing

1. Please provide the following information for all directors, partners, and/or principals:*

Name	Position/Title	Qualifications	Years of Professional Practice

2. Please indicate the number of employees:

Administrative	Qualified Staff	Other: _____
Directors/Partners/Principals	Other: _____	Other: _____

3. Please indicate the number of independent contracted professionals and/or sub-contractors and their professions:

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4. What services are contracted out to the independent contractors and/or sub-contractors? _____

5. Do you assume liability for the individuals noted in 3. above through their contracts? Yes ☐ No ☐
6. Do you require all independent contractors and/or sub-contractors to carry their own professional liability? Yes ☐ No ☐
7. Do you conduct employment reference checks on all employees and independent contractors? Yes ☐ No ☐
8. Do you have a written procedural manual for employees to follow? Yes ☐ No ☐
9. Do you have a formal training and onboarding program for new hires? Yes ☐ No ☐
10. Are all your employees covered by Provincial Workers' Compensation Plans? Yes ☐ No ☐
11. Do you provide written warnings to employees to create a record of performance issues? Yes ☐ No ☐
12. Do you consult a lawyer prior to dismissing any employee? Yes ☐ No ☐
13. Do you have a current copy of the Employment Standards Act accessible for staff? Yes ☐ No ☐

Section 4: Contracts

1. Please provide the following details for your 5 largest customer contracts:

Client Name	Service Provided	Contract Value	Duration

2. Do you use a standard written contract, approved by legal counsel, detailing the services you are providing? Yes ☐ No ☐
3. When you are required to use your client's contracts, do you have them reviewed by legal counsel? Yes ☐ No ☐
4. When you are required to use your client's contracts, do you ever accept liability for consequential damages or for a loss of profits? Yes ☐ No ☐
5. What percentage (%) of your contracts do not use your standard written contract? _____
6. Does your standard written contract include:
- a. A hold harmless or indemnity agreement in your favour? Yes ☐ No ☐
 - b. A hold harmless or indemnity agreement in your customer's favour? Yes ☐ No ☐
 - c. Any limitation of liability clause(s)? Yes ☐ No ☐
 - d. Any guarantees or warranties? Yes ☐ No ☐
 - e. Any acceptance for consequential damages? Yes ☐ No ☐

*Please provide further details in the space provided under the Additional Information Section.

7. Do you obtain client acceptance and sign-off at the completion of project stages and final completion? Yes ☐ No ☐
8. Do you obtain all change orders and mid-term changes in writing from your clients? Yes ☐ No ☐

Section 5: Products

1. Do you sell, manufacture, or produce any products as part of your operations? Yes ☐ No ☐
2. Please indicate how much revenue comes from the sale of these products: _____
3. Are any of these products sold outside of Canada? Yes ☐ No ☐
4. Are any of these products sold under your organization's name or brand(s)? Yes ☐ No ☐
5. Please indicate what type of products you sell?* _____

Section 6: Claims History

1. Have you ever had a claim against your organisation's insurance policies? If Yes, please provide details including date of loss, amount paid or held in reserve, and description of allegation.* Yes ☐ No ☐
2. Have you or any of your employees ever been investigated or suspended from practice by any governing body of your or their profession? If Yes, please provide details.* Yes ☐ No ☐
3. Are you aware of any incidents or circumstances that could potentially give rise to a claim? If Yes, please provide details.* Yes ☐ No ☐

Section 7: Prior Insurance

1. Have you ever been declined coverage, cancelled or non-renewed for insurance requested in this application? Yes ☐ No ☐

2. Please provide details of your expiring insurance policy:

Coverage	Insurer	Limit	Aggregate	Deductible	Retroactive Date	Premium
General Liability						
Errors & Omissions						

Section 8: Requested Insurance Coverage

1. Please indicate the coverage limit, aggregate, retroactive date, and deductible are requested:

Coverage	Limit	Aggregate	Deductible	Retroactive Date
General Liability				
Errors & Omissions				

2. Confirm coverage has been in place continuously from Retroactive Dates requested? Yes ☐ No ☐

Privacy Policy

By signing this form, you are consenting to the collection, use, disclosure, and retention of your personal information for the purposes of underwriting and rating, policy issuance, processing and remitting premium, reporting claims, complying with applicable laws and governing bodies, reporting and monitoring results and fraud and criminal prevention. Please see www.signalunderwriting.com/privacy-statement for our External Privacy Policy.

Declarations

I/We, the undersigned, do declare and warrant that all statements and responses provided in this application and the attached addenda are to the best of my/our knowledge are true. Further, I/we warrant that no information has been withheld, suppressed or misstated any material facts that the underwriters may come to rely upon. I/We will notify the underwriters as soon as practicable if anything material is to change. I/We hereby agree and accept that this Declaration shall be the basis of such contract and will form part of the policy. Signing this application does not bind the underwriters or insurers to complete the insurance, nor does it bind the me/us to purchase the quoted coverage.

For British Columbia residents: SIGNAL Underwriting Inc. operates as SIGNAL Underwriting Services in British Columbia.

For Quebec and New Brunswick residents: Signing this Declaration confirms your request that all documentation and correspondence pertaining to the insurance coverage be in the English language.

Name (please print)	Title	Date
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Signature

*Please provide further details in the space provided under the Additional Information Section.

Please use this space to provide any additional information from the questions above, from the addenda or anything you feel is material to your operations:

[illegible]

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