



# **Miscellaneous Professional Liability Application**

**Consultants and Other  
Professionals.**

**Vailo Insurance Services Ltd**

Suite 430 – 250 Newport Drive,  
Port Moody, BC V3H 5H1

**Phone: 604.829.3811**

**Toll Free: 1.877.787.6737**



## Professional Liability Application

### APPLICATION FOR INSURANCE

**PLEASE READ CAREFULLY:** This is an application form for **Claims made policy**. All questions must be answered completely. If there is no answer, write "none" or "n/a" in the space provided. Where space provided is insufficient to fully answer, please use separate page.

**Copies of the following must be enclosed with this application:**

- ( a ) resumes / Cvs of principals, partners and senior staff members
- ( b ) brochures and/or promotional literature of website address

(1) (a) Name of Applicant(s):

(b) Mailing Address:

(c) Website Address:

(d) Date Established (Month/Day/Year):

(e) Applicant is: ☐ Individual ☐ Partnership ☐ Corporation

(f) Location(s) of branch office(s):

(2) (a) Limit of Liability required: ☐ \$1,000,000 ☐ \$2,000,000 ☐ \$5,000,000 ☐ Other:

(b) Deductible: ☐ \$2,500 ☐ \$5,000 ☐ \$10,000 ☐ Other:

(3) Number of Employees: Canada: USA: Other:

(4) Please indicate the Applicant's gross annual revenue:

Previous Year \$	Anticipated \$

(5) Please provide a breakdown of the Applicant's fees by category of service

Type of Service	% ( total must be 100%)

## APPLICATION FOR INSURANCE (continued from previous page)

(6) If the applicant provides their services to clients outside of Canada, please state the percentage and describe the services provided:

Type of Service	Country	% of Revenue

(7) Please provide annual payroll:

Previous Year \$	Anticipated \$

(8) List the company's three largest customers and provide a description of the products/services provided ( including contract value):

Customer Name	Type of Service	Single Largest Contract / Project Value

(9) Does the applicant operate under a written contract? ☐ Yes ☐ No ☐ Majority of the Time

(10) What percentage of the Applicant's business involves subcontracting of work to others: %

(11) Does the Applicant require every independent contractor to carry E&O Insurance? ☐ Yes ☐ No

(12) Is the applicant granted final authority to make business decisions on behalf of their clients? ☐ Yes ☐ No

(13) Does the company ever accept contracts with customers in which you accept liability for consequential loss or financial damages greater than the value of the contract? ☐ Yes ☐ No

(14) Does the Applicant belong to any association related to these activities? If Yes, please list these associations below: ☐ Yes ☐ No

(15) Is any legislation currently in force governing your activities? If Yes, please list these associations below: ☐ Yes ☐ No

(16) What measures does the Applicant take to prevent claims from occurring?


## APPLICATION FOR INSURANCE (continued from previous page)

(17) (a) Please provide the following details of all Professional Liability / Errors & Omissions Insurance carried in the past three years:

Insurer	Expiry Date	Limit	Deductible	Premium
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

(b) When was the first date on which the Applicant purchased continuous claims made coverage?

(c) Has the Applicant ever been declined, non-renewed or cancelled by any insurer for Professional Liability / Errors & Omissions Insurance?

☐ Yes ☐ No If YES, please explain:

(18) In the last five years, has the Applicant ever had a claim made against them?  
If YES, please provide the following details on a separate page, and include:

☐ Yes ☐ No

- (a) Date of Claim
- (b) Claimant's Name
- (c) Nature of Claim
- (d) Amount of Indemnity Payment and Defence Costs

(19) Does the Applicant, or any of the Applicant's employees, have knowledge or information of any act, error, omission or circumstance which might reasonably be expected to give rise to a claim?

☐ Yes ☐ No If YES, please explain:

## COMMERCIAL GENERAL LIABILITY - Complete this section only if you require CGL quotation

**CGL is offered only to Applicants whose E&O insurance is placed with Vailo.**

(20) Please list all locations at which business is conducted, providing details indicated below

Address	Rent or Own	Area (m <sup>2</sup> )	Age	Construction (frame, brick, etc.)	No. Of Stories	Tenants' Legal Liability Limit Requested

If the location(s) is owned, please describe other occupancies (if any):

## COMMERCIAL GENERAL LIABILITY (continued from previous page)

(21) Does the applicant construct, install or manufacture any products?

☐ Yes ☐ No If YES, please explain:

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(22) Please provide a full description of product sales, if any:

Type of Product	Estimated Current Fiscal Year

## COMMERCIAL GENERAL LIABILITY COVERAGE REQUESTED

(23) Please indicate the limits for which quotes are required:

- ☐ \$1,000,000 per occurrence / \$1,000,000 aggregate
- ☐ \$2,000,000 per occurrence / \$2,000,000 aggregate
- ☐ \$5,000,000 per occurrence / \$5,000,000 aggregate
- ☐ Other (please specify) \$

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## EXTENSIONS

(24) (a) ☐ Non-owned Automobile Liability

If non-owned automobile liability is required, please respond to the following questions:

(i) Please indicate the number of employees who regularly drive their own vehicle on company business:

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(ii) Please indicate the approximate number of "rental days" in the next 12 months that your employees will rent a vehicle (short term) for the purpose of conducting company business in:

Canada:

United States:

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## PREVIOUS COMMERCIAL GENERAL LIABILITY INSURANCE

(25) (a) Name of Present Insurer:

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(b) Policy Period:

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(c) Limit and Deductible: \$

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(26) Has any insurer cancelled, declined or refused to renew or issue insurance of the type applied for?

☐ Yes ☐ No If YES, please provide details:

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## CLAIMS HISTORY - Applicable to Commercial Liability Insurance

Please provide details (dates, nature of claim, amounts, status) of all Commercial General Liability Insurance claims that you have experienced in the past three years. Use additional pages if necessary.

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## APPLICANT'S CONSENT TO THE TRANSMISSION OF THE INFORMATION CONTAINED IN THE APPLICATION FORM

I hereby acknowledge that the information collected in the Application form is acquired by my insurance broker to be transmitted to Vailo Insurance Services Ltd. for the sole purpose of obtaining an insurance policy, and will be kept confidential.

Moreover, I authorize Vailo Insurance Services Ltd., its insurers or service providers to:

- Conduct verification, using outside sources, of the information contained in the Application form, in attached documentation and in subsequently provided documentation.
- In the event of a claim, transmit the submitted and verified information to loss adjusters, lawyers or other similar offices for the purpose of investigating, defending, negotiating or settling any claims as required.

## DECLARATION AND SIGNATURE

The undersigned Applicant for this insurance declares that, to the best of their knowledge and belief, the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this Application form. The undersigned further agrees that if any significant change in the condition of the Applicant is discovered between the date of this Application form and the effective date of the policy, which would render this Application form inaccurate or incomplete, notice of such change will be reported immediately in writing to the Insurance Manager.

Although the signing of this Application form does not bind the Applicant to purchase the insurance, the undersigned Applicant agrees that this form and the information furnished pursuant hereto shall be the basis of the contract should a policy be issued and this form will become part of the policy.

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Name of Applicant (please print)

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Signature of Applicant

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Date (dd/mm/yyyy)