



## General Application for Professional Liability Insurance

All questions are to be answered as completely as possible. If a question is not applicable to your situation state N.A. If insufficient space, attach full details.

1. Name of Applicant:

Postal Address:

(Number)

(Street)

(City)

(Prov.)

(Postal Code)

Location of Operations:

2. Applicant is an  Individual  Partnership  Corporation  Employee

Other (give details):

3. Applicant is a  Franchisee  Franchisor

4. How long has applicant been engaged in his/her current occupation or business?

Has applicant operated under a different corporate name in the past?

Yes

No

If yes, give details:

5. Describe the nature of the professional or business activities for which coverage is desired. (**Attach any promotional material available**):

6. Is Applicant engaged in any business or profession other than as described in Item 5?

Yes

No

If yes, please explain:

7. a) Estimated gross receipts (all income, fees and commissions before deduction of expenses) for Applicant's profession or business activity for the coming policy year: \$

b) Does the Applicant provide services or perform activities outside of Canada?

Yes

No

If yes, give full details indicating the services provided as well as the location and gross annual receipts:

8. List the educational and training requirements the Applicant has met as a prerequisite to operating in his/her profession or business. (**Provide dates and name of institution, where possible.**):

9. Where is Applicant and any employees licensed to practice his/her profession?

10. Since graduation, where has Applicant practised his/her profession?

11. Does the Applicant specialize in any branch of his/her profession?

Yes

No

If yes, please describe:

12. Indicate the number of employees actively engaged in any phase of Applicant's profession or business:

Professional:

Clerical:

Other:

13. Complete the following for any person performing professional activities – **we may request the resumes of each:**

Name	Duties	Professional Designation	Years of Experience

14. Does Applicant, or his/her employees, have Professional Liability Insurance through a Professional Association?  Yes  No

If yes, state:

Professional Association	Number	Limits		Primary or Excess
		Per Claim	Aggregate	

15. Is Applicant employed by any person, firm, association, or corporation?  Yes  No

16. a) Does Applicant operate a Quartz Lamp, X-Ray, Infra-Red Ray or Diathermy Machine or other similar equipment, or use Radium, Radioisotopes, or any radioactive material for treatment?  Yes  No

If yes, give details:

b) Does Applicant use Radioisotopes, or any radioactive material for any services?  Yes  No

If yes, give details:

17. Is Applicant involved in any process of manufacture, construction design, testing or servicing of any equipment?  Yes  No

If yes, give details:

18. a) Does Applicant issue guarantees and/or warranties to customers?  Yes  No

**If yes, attach full details and copy of Applicant's form of guarantee or warranty.**

b) Does Applicant agree to hold any person or organization harmless against claims or suits arising out of Professional Liability?  Yes  No

If yes, give full details:

19. Give particulars of all professional liability insurance held by the Applicant for past three (3) years.

Type of Policy		Policy Number	Insurer	Policy Limit	Policy Period
Claims Made	Occurrence				
*					
*					
*					
*					

**\* If the policy is subject to a Retroactive Date, give details:**

