PROFESSIONAL LIABILITY

APPLICATION FORM

SHORE

Application Form

Important information

Your duty to make a fair presentation of the risk

- Please answer all questions giving full and complete answers. It is the duty of the applicant to provide all information that is requested in the application form and any additional material facts.
- A material fact is such known fact and/or circumstance that may influence the evaluation of the risk by the Insurer and may influence the acceptance of this application for insurance.
- If you have any doubts about what a material fact is, please do not hesitate to contact your Broker. If you fail to disclose a material fact, it may affect how claims are settled under the policy or it may render the policy invalid.
- The application form must be completed, signed, and dated by a person who must be of legal capacity and authorised.

BUSINESS DETAILS

01. Full company or partnership name including subsidiary companies:

02. Registered address:

03. What year was the business established:

04. Total number of employees:

BUSINESS ACTIVITIES

05. Please describe the products and services your business provides:

ANNUAL REVENUE

06. What was your total revenue in the last complete financial year by region:

Canada: $

Rest of World: $

United States: $

Total revenue: $ 0

Revenue Breakdown

07. Please provide a breakdown by percentage of total revenue derived from each service you provide:

%

%

%

%

%

08. Are you involved in any process of manufacture, construction, alteration, repair, installation, sale, or supply of products?

Yes ☐ No ☐

If you answered **yes**, please give details:

CONTRACTS UNDERTAKEN

09. Please give details of the three largest contracts undertaken in the past 3 years:

	Client Name:	Services provided:	Your revenue:
1.			$
2.			$
3.			$

10. Do you always require a written contract for all work performed? Yes ☐ No ☐

If you answered **no**, please give details:

11. Do you employ independent sub-contractors or sub-consultants? Yes ☐ No ☐

If you answered **yes** to question 12, please state:

a. The percentage of revenue paid to sub-contractors in the last financial year? %

b. Are sub-contractors required to carry their own E&O and general liability insurance? Yes ☐ No ☐

c. If you answered **yes** to question 12 b.

What is the minimum limit of liability sub-contractors must carry? $

CLAIMS HISTORY

12. In the last 5 years, have you received or sustained, or is there currently pending, any claims, complaints or incidents which may be covered under the proposed insurance and/or do you have knowledge of any fact, circumstance, situation, event, or transaction which may give rise to a claim or loss under the proposed insurance? Yes ☐ No ☐

If you answered **yes**, please give details:

REQUIRED INSURANCE

13. Please state the insurance cover and limits you would like to be quoted:

	Retroactive date:	Limit of liability:	Deductible:
☐ Professional Liability:		$	$
☐ General Liability:		$	$
☐ Property Insurance:		$	$
☐ Cyber Insurance:		$	$
☐ Legal Expense:		$	$

DECLARATION

I hereby declare that the answers contained within this proposal are true and complete and that I have supplied a fair presentation of the risk. I agree that this proposal and declaration and truth and completion of the answers herein shall be the basis of contract between me and the underwriters/insurers.

Signature of applicant:

Name and title:

Date:

DD MM YYYY

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