

General Application for Professional Liability Insurance



Intact Insurance Company

Suite 1500, 700 University Avenue, Toronto, Ontario M5G 0A1

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

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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:**

20. Give details of all Professional Liability claims brought against the Applicant during past five (5) years:

Date of Accident	Amount		Details
	Paid	Outstanding	

21. Do these paid or outstanding amounts reflect any deductible provision(s) contained in existing or previous insurance policies? Yes No

If yes, to what coverage(s) does/did the deductibles apply and what is/was the deductible amount?

22. Has the Applicant any knowledge of any circumstance which could result in claim or suit being brought against the Applicant? Yes No

If yes, give details:

23. Limits of Insurance desired: \$ Each Claim Errors & Omissions Malpractice
 \$ Aggregate
 \$ Deductible

I/We declare that during the last five years no insurer has cancelled, declined or refused to issue me/us any form of liability insurance and that this application discloses the hazards known to exist at the date of this application.

I/We declare that the statements made herein are in every respect true and correct and hereby apply for a contract of insurance to be based upon the truth of the said statements.

I may have provided personal information in this document and by other means and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, renewals, changes of coverage, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

Signed by: _____

Date: _____

Position: _____

Broker: _____

Signing of this form does not bind the Applicant to complete the insurance.