



Travelers Insurance Company of Canada

Miscellaneous Professional Liability

Coverage Application



NOTICE: ALL LIABILITY COVERAGE PARTS FOR WHICH APPLICATION IS MADE APPLY, SUBJECT TO THEIR TERMS, ONLY TO "CLAIMS" FIRST MADE OR DEEMED MADE AGAINST "INSUREDS" DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD, IF APPLICABLE. THE LIMIT OF LIABILITY AVAILABLE TO PAY LOSSES WILL BE REDUCED BY THE AMOUNTS INCURRED, AS "DEFENCE EXPENSES", AND "DEFENCE EXPENSES" WILL BE APPLIED AGAINST THE RETENTION AMOUNT.

GENERAL INFORMATION

The term "Applicant" means all corporations, organizations or other entities, including subsidiaries, proposed for this insurance.

Applicant Information:

Name of Applicant: _____

Address: _____

City, Prov., Postal Code: _____

Web Site Address: _____

Description of Applicant's Operations: _____

Year Applicant's Business was Established: _____

Is the Applicant a subsidiary of a foreign parent? Yes No

Is the Applicant controlled, or owned by, or associated with any other firm, organization or corporation? Yes No

Does the Applicant currently file, or do they anticipate in the next 6 months filing, any documents with any Securities Commission regarding any equity or debt securities? Yes No

If "Yes" to any of the above, please attach an explanation

1. Subsidiary Information and 50% or more owned joint ventures under management control:

Table with 5 columns: Name, % Owned, Year Started, Description of Operations, Entity Type*

*Entity Types: FP = For-Profit (other than Partnership) NP = Non-Profit GP = General Partnership LP = Limited Partnership To enter more information, please attach a separate page or an organization chart

2. Locations of Applicants and Number of Employees* for Each:

Table with 5 columns: Country, # of Locations, Full Time Employees, Part-Time Employees, Independent Contractors

*Employees include Leased, Temporary, Seasonal and Volunteer Employees To enter more information, please attach a separate page to the application

3. In the next 12 months (or during the past 24 months) is the **Applicant** contemplating (or has the **Applicant** completed or been in the process of completing) the following:
- a. Any actual or proposed merger, acquisition, or divestiture? Yes No
 - b. Any creation of a new business, subsidiary or division? Yes No
 - c. Any changes in nature of operations or sources of revenue? Yes No
 - d. Any registration for a public offering or a private placement of securities? Yes No
 - e. Any reorganization or arrangement with creditors under federal, provincial, territorial or state law? Yes No
 - f. Any branch, location, facility, office, or subsidiary closings, consolidations or layoffs? Yes No

If any of the above questions were answered "Yes", please attach an explanation, including the timing, the essential terms of the event, arrangement, and the surrounding circumstances.

FINANCIAL INFORMATION

Please indicate the following as it relates to the Applicant's fiscal year end (FYE): (please indicate negative figures with "(" or "-", as appropriate)	Most Recent FYE (Month/Year) /	Prior FYE (Month/Year) /
1. Current Assets		
2. Total Assets		
3. Current Liabilities		
4. Long Term Debt		
5. Retained Earnings/Fund Balance (Accumulated Deficit/Fund Deficit)		
6. Net Equity/Net Assets (Deficit Equity)		
7. Revenues		
8. Net Income (Net Loss)		
9. Last complete fiscal year is from: _____ to _____		
(a) Gross revenue for last complete Fiscal Year: \$ _____		
(b) Estimated Gross Revenue for current Fiscal Year: \$ _____		
(c) Estimated Gross Revenue for next Fiscal Year: \$ _____		
10. Is the Applicant currently, or has it been in the past 24 months, in violation or has it amended any debt covenant or loan agreement?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
11. Is the Applicant or any Subsidiary currently in arrears in its payments to the Canada Revenue Agency or the provincial ministries of revenue (including source deductions, G.S.T. and P.S.T.)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If "Yes" to any of the above, please attach an explanation		

AUDITOR INFORMATION

- Scope of Financial Statement preparation: Internal Notice to Reader Review Engagement Audit
- 1. Has the **Applicant** changed outside auditors in the last three (3) years? Yes No N/A
 - 2. Have the outside auditors stated there are material weaknesses in the **Applicant's** systems of internal controls? Yes No N/A
 - 3. Have any material recommendations of the auditor not been implemented? Yes No N/A
 - 4. Has any auditor issued a "going concern" opinion for the **Applicant** or any of its subsidiaries financial statements during the past three (3) years? Yes No N/A

If "Yes" to any of the above, please attach an explanation

CURRENT INSURANCE INFORMATION/REQUESTED INSURANCE TERMS

	(a)	(b)	(c)	(d)	(e)	(f)	(g)
Desired Coverage	Coverage Requested	Requested Limit/Retention	Requested Effective Date	Coverage Currently Purchased	Expiring Limit/Retention	Current Insurer/Premium	Date Coverage First Purchased
Misc. Professional Liability	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$		Yes <input type="checkbox"/> No <input type="checkbox"/>	\$		
		\$			\$	\$	
		\$5,000 <input type="checkbox"/>					
		\$10,000 <input type="checkbox"/>					
		\$25,000 <input type="checkbox"/>			\$	\$	

With respect to any Miscellaneous Professional Liability Coverages currently purchased as indicated in the tables above, and for which the Applicant is applying with this application, please answer the following questions:

- Has there been any interruption in coverage since the date coverage was first purchased? Yes No
- As of the Date the **Applicant** first purchased this insurance, were there any facts, circumstances, or situations, which might have resulted in a claim being made against any insured? Yes No
- With respect to the higher limits requested, are there any facts, circumstances, or situations, which could give rise to a claim under the Liability Coverage for which the **Applicant** is applying? Yes No
- With respect to any Liability Coverage being applied for that are not currently purchased, are there any facts, circumstances or situations, which could give rise to a claim under the Liability Coverages for which the Applicant is applying? Yes No
- With respect to any Liability Coverage being applied for, if Requested Limit of Liability exceeds the Expiring Limit of Liability, are there any facts, circumstances, or situations, which could give rise to a claim under the Liability Coverage for which the Applicant is applying? Yes No
- Are there any facts, circumstances, or situations, which could give rise to a claim under the Liability Coverage for which the **Applicant** is applying? Yes No

If "Yes" to any of the above, please attach an explanation

Without prejudice to any other rights and remedies of the Insurer, any claim arising from any facts or circumstances required to be disclosed is excluded from the proposed insurance.

LOSS INFORMATION

Related to the requested Liability Coverage, has any person or entity proposed for this insurance been a party to any professional liability claims, criminal actions, administrative or regulatory proceedings, charges, hearings, demands or lawsuits during the past three years whether or not insured? Yes No

If "Yes", please complete the table below

To the extent that any lawsuit or claim required to be disclosed in response to the questions above constitutes a "Claim" as defined by the Policy, such claim was made prior to the policy period requested hereunder and therefore would be excluded from coverage.

Details	Amount Paid for Defence	Amount Paid for Damages	Covered by Insurance?	Corrective Procedures Implemented
	\$	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	\$	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	\$	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	\$	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>	

1. Describe, in detail, all professional services offered by the **Applicant**:

Professional Services	Coverage Desired?	% of Total Revenue	% of Revenue Sub-Contracted
	Yes <input type="checkbox"/> No <input type="checkbox"/>	%	%
	Yes <input type="checkbox"/> No <input type="checkbox"/>	%	%
	Yes <input type="checkbox"/> No <input type="checkbox"/>	%	%
To enter more information, please attach a separate page to the application			

2. What portion of your Total Revenue comes from clients outside Canada? (please list by country)

Countries outside Canada	Percent of Total Revenue
	%
	%
	%

3. Is a written contract or agreement required for each client?

If "No", please attach an explanation detailing how responsibilities are defined between the Applicant and their Client

Yes No

4. If subcontractors are used, does the **Applicant** require evidence of professional liability insurance?

Yes No

5. Does the **Applicant** provide any services over the Internet? **If "Yes", please attach an explanation**

Yes No

6. List the following information for all Principals/Partners, Officers, Professional Employees:

Name	Title	Professional Designation	Numbers of Years Experience in Practice	Number of Years with the Applicant

To enter more information, please attach a separate page to the application

7. List all professional associations to which the **Applicant** belongs: _____

8. Has the **Applicant** or any Principal, Partner, or employed professional ever been investigated by or suspended from practice by any body governing the practice of his/her profession?

Yes No

If "Yes", please give details

9. Describe the **Applicant's** five largest projects or jobs during the past three years:

Client Name	Services Rendered	Annual Revenue Derived from the Project or Job

A. SIGNATURE PAGE

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE OF THE APPLICANT DECLARES THAT TO THE BEST OF HIS /HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS SET FORTH IN THE ATTACHED TRAVELERS NEW BUSINESS OR RENEWAL APPLICATION FOR INSURANCE ARE TRUE AND COMPLETE AND MAY BE RELIED UPON BY TRAVELERS. IF THE INFORMATION IN ANY APPLICATION CHANGES PRIOR TO THE INCEPTION DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION. THE INSURER IS AUTHORIZED TO MAKE INQUIRY IN CONNECTION WITH THIS APPLICATION.

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE INSURER TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, SHALL BE THE BASIS OF THE INSURANCE AND SHALL BE CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY, IF ISSUED. THE INSURER WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, IN ISSUING THE POLICY.

ELECTRONICALLY REPRODUCED SIGNATURES WILL BE TREATED AS ORIGINAL.

Signature of **Applicant's** Authorized
Representative (President or CEO)

Title: _____

Name (Printed):

Date: _____

IMPORTANT - REQUIRED ATTACHMENTS

As part of this Application, submit the following documents with respect to the **Applicant**:

MISCELLANEOUS PROFESSIONAL LIABILITY

- Copies of standard contracts and engagement/proposal letter used with clients
- Biographical sketches/resumes of all Principals, Partners, and key employees
- Brochures, advertisements, or other descriptive literature about the Applicant firm, its operations, and activities (if not available on website)