

Application for Professional Liability Insurance and Office Package Policy

By checking this box, I certify that I am a registered member of the Institute of Professional Bookkeepers of Canada

Effective Date of Coverage Requested: _____

PLEASE ANSWER ALL QUESTIONS AND LEAVE NO BLANK SPACES, IF THE PROVIDED IS INSUFFICIENT TO ANSWER ANY QUESTION FULLY,
KINDLY APPEND A SEPARATE PAGE WITH YOUR DETAILED ANSWERS.

Please fax to 604-731-6701 or email to IPBC@johnrossinsurance.com

1. APPLICANT FIRM / INDIVIDUAL:

1.1 Name: _____

Other Trade Names Presently Used: _____ Date established _____

1.2 Main Address: _____

Postal Code: _____ E-Mail Address: _____

Web Address: _____ Telephone: () _____ Facsimile: () _____

2. PROFESSIONAL LIABILITY:

Category of Partner, Associate or Employee	Total No. of Full-time	Total No. of Part-time
Bookkeepers – Owners, Partners and Officers		
CMA, CGA, CA		
Other Employees (clerical / administrative)		
Total:		

2.2 Has any member of Applicant Firm Included in question 2.1 ever been the object of disciplinary Yes No sanction or suspension? If Yes, please explain on a separate page

2.3 Indicate the Applicant's or Firm's Estimated Gross Revenues emanating from all sources: \$ _____

2.4 Indicate the approximate percentage of the Applicant Firm's Gross Revenues for each service offered during the Applicant Firm's last fiscal year:

Category of Service	Percentage of Gross Revenues
Bookkeeping / Tax Return Preparation for Corporations and/or Individuals	%
Review Engagements and/or other Financial Statement Preparation	%
Property and/or Asset Management for Others	%
Others Services (Please provide details):	%
	Total: 100.00%

2.5 a. Computer Related Services: Does the Applicant Firm provide Computer Related Services? If YES, under what name does the Applicant Firm provide such services: YES NO

b. Are these services related to Bookkeeping? : YES NO
If NO, please explain:

2.6 Do you provide any services in the U.S.A or anywhere outside Canada? YES No

PROFESSIONAL LIABILITY LIMIT REQUIRED: \$500,000 \$1,000,000 \$2,000,000

3. PRIOR INSURANCE AND CLAIMS

3.1 During the last five years, has the Applicant Firm carried Professional Liability (Errors and Omissions) Insurance? Yes No

3.2 During the past five years, has any Insurer ever cancelled, declined or refused to renew the Applicant Firm's or any previous organization's or partnership's Professional Liability Insurance? If YES, state in each case, the name of the Insurer and give the reason(s): YES No

3.3 After making an inquiry of all members of the Applicant Firm, including predecessors in business and staff, either individually or otherwise, has anyone, in the past five years, ever been the subject of a claim in respect of the liabilities to be covered by the proposed insurance? IF YES, please attach full details, the date and amount of the claim(s) on a separate page: YES No

3.4 After making an inquiry of all members of the Applicant Firm, including predecessors in business and former staff, either individually or otherwise, has anyone, in the past five years, ever given notice of a possible claim to an Insurer in respect of the liabilities to be covered by the proposed insurance? If YES, please attach full details, the date and amount of the claim(s) on a separate page: YES No

3.5 After making an inquiry of all members of the Applicant Firm, including predecessors in business and former staff, either Individually or otherwise, is anyone aware of any act or circumstance which could reasonably be expected to be the basis of a future claim in respect of the liabilities to be covered by the proposed insurance? If YES, please attach full details, the date and amount of the potential claim(s) on a separate : YES No

For the purposes of this Application form, the word claim, as used in Questions 3.3, 3.4 and 3.5 means:

- (a) a verbal or written demand for money damages from a third party;
- (b) a verbal or written allegation suggesting that the Applicant Firm or a member of the Applicant Firm including predecessors in business and former staff, may have committed an error, omission or negligent act in respect of professional services provided to a third party; and/or
- (c) a fact or circumstance arising out of professional services that is known to the Applicant Firm or a member of the Applicant Firm, which could reasonably be foreseen to give rise to a future claim for money damages.

FOR EACH ANSWER OF "YES" TO QUESTIONS 3.3, 3.4 OR 3.5 ON A SEPARATE PAGE, PLEASE PROVIDE THE DATES, CIRCUMSTANCES SURROUNDING THE MATTER CONTEMPLATED BY AN AFFIRMATIVE RESPONSE TO THOSE QUESTIONS, THE NAMES OF THE CLAIMANT, QUANTUM OF DAMAGES DEMANDED AND THE CURRENT STATUS OF EACH MATTER (CONTINUING, CLOSED, ETC).

4. OFFICE PACKAGE

COVERAGE REQUIRED	LIMIT REQUESTED
OFFICE CONTENTS	<input type="checkbox"/> \$ 40,000 or <input type="checkbox"/> Higher Limit : \$
COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/> \$1,000,000 or <input type="checkbox"/> \$2,000,000

4.1 Please provide information about the building where you are located: Age of the Building /Year Built:

- a) Type of Construction: Fire Resistive Masonry Brick Frame/Wood Other
- b) Is you Building within 300m of a Hydrant and within 8Kms of a fire hall? YES No

4.2 Do you have a Monitored Burglar Alarm? YES No Type of Heating: Natural Gas Electric Steam Boiler Other

DISCLOSURE and AUTHORIZATION

I/we hereby declare for and on behalf of the Applicant Firm and each every one of its members to be insured, that to the best of my/our knowledge, the above statement and particulars in this application are true and complete and that I/we have not omitted, suppressed or misstated any material facts. I/we agree that this application, together with any other information supplied by me/us shall form the basis of any Contract of Insurance effected there from. I/We undertake to inform Insurers of any material alteration to these facts whether occurring before or after completion of the Contract of Insurance. Furthermore, I/we understand and accept that this insurance applied for provides coverage on a "claims made and reported" basis and that coverage under the policy, if issued, shall not apply to any known claim or circumstance that could reasonably give rise to a future claim that is known to myself, the Applicant Firm or its members prior to the inception date of the policy nor to any claim or circumstance reported after the expiration, cancellation or termination of the policy.

I/We also give authorization to Intact Insurance Company, its affiliates, agents and representatives to verify, obtain and exchange any information in connection with the insurance applied for in this application. This consent is valid with respect to any policy extension and/or renewal of coverage with Intact Insurance Company, or any of its affiliates.

Client Name (or an authorized signing Officer where the Client is a commercial or other entity)	Please Print
Signature of Client	Date (dd /mm/ yyyy)