

PROFESSIONAL LIABILITY

CONTACT INFORMATION TO BE COMPLETED IN FULL

APPLICANT FIRM		
MAILING ADDRESS		
BRANCH OFFICE(S)		
CONTACT PERSON		
PHONE	FAX	EMAIL

PROPERTY

AGE OF BUILDING	OFFICE SQUARE FOOTAGE	CONSTRUCTION
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LOSS HISTORY FOR PAST THREE YEARS

TYPE	AMOUNT	DATE	INSURER	DESCRIPTION
			TOTAL	

E&O

EFFECTIVE DATE OF COVERAGE	DATE FIRM ESTABLISHED
NUMBER OF SUSPENDED OR DISBARRED LAWYERS IN PAST FIVE (5) YEARS	
ARE THERE ANY CIRCUMSTANCES GIVING RISE TO A CLAIM AGAINST THE FIRM, AND/OR PRESENT AND FORMER LAWYERS IN THE PAST FIVE (5) YEARS? IF YES, HAVE THEY BEEN REPORTED TO THE APPROPRIATE LAW SOCIETY AND/OR EXCESS INSURERS? <small>* WITHOUT LIMITATION OF ANY OTHER REMEDY AVAILABLE TO THE INSURER, IT IS AGREED THAT IS THERE BY KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCES OR SITUATION, ANY CLAIM OR ACTION SUBSEQUENTLY EMANATING THERE FROM IS EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE</small>	
IS ANY MEMBER OF THE FIRM AWARE OF ANY ONE CLAIM THAT HAS BEEN PAID, OR INCIDENT WHICH MAY GIVE RISE TO A CLAIM, IN EXCESS OF CAD \$500,000 AND HAS BEEN REPORTED WITHIN THE PAST YEAR?	
DO MORE THAN 10% OF BILLINGS EMANATE FROM THE USA?	
NUMBER OF LAWYERS WHO ARE/WILL BE A MEMBER OF THE FIRM AT EFFECTIVE DATE OF COVERAGE	
LIMIT OF EXCESS PROFESSIONAL LIABILITY INSURANCE	

PREVIOUS COVER DETAILS FOR PAST THREE (3) YEARS

DATE	INSURER	LIMIT

PRACTICE SPLIT

SEGMENT	%	SEGMENT	%	SEGMENT	%
Administrative Law		Environmental Law		Litigation Law	
Bankruptcy/Insolvency Receivership		Family Law		Real Estate/Mortgage Transactions	
Bodily Injury/Property Damage Plaintiff		Immigration Law		Securities Law	
Class Action		Intellectual Property Law		Tax Matters	
Criminal Law		International Law		Wills/Estates/Trusts	
Commercial/Corporate Law		Labour Law		Other	

DECLARATIONS AND UNDERSTANDINGS

- A. I/WE HEREBY DECLARE FOR AND ON BEHALF OF THE APPLICANT FIRM AND ITS MEMBERS THAT THE ABOVE STATEMENTS AND PARTICULARS ARE TRUE AND COMPLETE AND THAT I/WE HAVE NOT OMITTED, SUPPRESSED OR MISSTATED ANY MATERIAL FACTS AND I/WE AGREE THAT THIS APPLICATION FORM SHALL BE THE BASIS OF THE POLICY OF INSURANCE ISSUED.
- B. I/WE UNDERSTAND AND ACCEPT THAT THE INSURANCE APPLIED FOR PROVIDES COVERAGE ON A "CLAIMS MADE" BASIS AND THAT COVERAGE UNDER THE POLICY, IF ISSUES, SHALL NOT APPLY TO ANY CLAIM OR INCIDENT FIRST REPORTED AFTER THE EXPIRATION, CANCELLATION OR TERMINATION OF THIS POLICY.
- C. SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT FIRM NOR THE INSURER TO COMPLETE THE INSURANCE APPLIED HEREIN.

SIGNATURE OF PARTNER OR NAMED APPLICANT	
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PRINT NAME	DATE
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