



[Professional Services]

MISCELLANEOUS E&O APPLICATION

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Broker:	Broker Phone:
Broker Contact:	Broker Email:
Applicant Name:	
Mailing Address:	Postal Code:
Telephone No.:	Email:
Branch Locations:	
Website:	

Additional Documentation to be included with your application:

- Resumes of Directors, Officers, Partners, and Key Personal
- Standard Contract/ Terms of Engagement
- Company Brochure

PART 2 COMPANY DETAILS

Date Company Established (DD/ MM/ YY):

Company Structure: ☐ Sole Proprietor ☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Other

Number of Employees: Professional: Other Technical or Qualified Staff:

Construction Personnel: Administrative (Clerical): Other:

Details of Directors, Officers, or Partners:

Name	Years in Position	Years Experience	Qualifications

Is coverage required for predecessors to the Firm? ☐ Yes ☐ No

If yes, please provide full details:

Is the applicant controlled, owned, or associated with any other company, firm, or corporation? ☐ Yes ☐ No

PART 3 REVENUE BREAKDOWN

Revenue from Applicant's Operations (CDN Dollars)			
Financial Year End	Prior Year: (MM/YY) ____/____	Last Completed Year: (MM/YY) ____/____	Estimate for Next Year: (MM/YY) ____/____
a) Total Gross Fees/ Revenues (=b+c+d+e+f)	\$	\$	\$
b) Fees for Services Rendered in Canada	\$	\$	\$
c) Fees for Services Rendered in the USA	\$	\$	\$
d) Fees for the Rest of the World (Please specify)	\$	\$	\$
e) Fees paid to Sub Consultants	\$	\$	\$
f) Other Revenue: (Please Specify – ie. Sales)	\$	\$	\$

Date of Company Financial Year End: (DD/ MM/ YY)

Annual Payroll: \$

PART 4 COMPANY OPERATIONS

Description of Operations:

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Breakdown of total Revenue by Operation (total must equal 100%):			
Acoustic Consultants:	%	HR/ Employment Agents:	%
Adjudicator:	%	Immigration Consultants:	%
Advertising Agents:	%	Interior Decorating:	%
Air Quality Inspector:	%	Interior Designers (non-structural):	%
Arbitrators (public):	%	Interior Designers (structural):	%
Arbitrators (private):	%	Laboratory Analysis:	%
Auctioneer Agricultural Consultants:	%	Management Consultants:	%
Careers Advisory Service:	%	Marketing Consultants:	%
Cartographer:	%	Photographers:	%

Education Consultants:	%	Public Relations:	%
Energy Consultants:	%	Publishers:	%
Environmental Consultants (feasibility studies etc.):	%	Town Planner:	%
Environmental Consultants (waste management):	%	Trade Show Organizers:	%
Event Organizers:	%	Traffic Consultants:	%
Event Planner:	%	Training Risks (classroom based):	%
Expert Witness:	%	Training Risks (hands on):	%
Financial Consultant:	%	Training Risks (virtual):	%
Food Industry Consultant:	%	Translators:	%
Graphic Designer:	%	Will Writers:	%
Health & Safety Consultants:	%	Zoology Consultant:	%
Horticultural Consultant:	%	Other:	%

Description of Other:

Industries Served (total must equal 100%)			
Agricultural:	%	Media/ News:	%
Aviation:	%	Mining:	%
Construction:	%	Oil & Gas:	%
Education:	%	Pipeline:	%
Finance:	%	Pharmaceutical:	%
Forestry:	%	Technology:	%
Healthcare:	%	Transportation:	%
Hospitality:	%	Other:	%
Manufacturing:	%	Describe Other:	

What is the Applicant's Average Contract Value?	\$	Largest Contract Value?	\$
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Is the applicant anticipating any changes in business operations in the next 12 months? ☐ Yes ☐ No

If yes, please explain:

Is all surveying and measuring equipment maintained and calibrated to manufacturers specifications? ☐ Yes ☐ No ☐ N/A

Does the applicant/ company utilize drones/ UAVs in conjunction with any of the operations? ☐ Yes ☐ No ☐ N/A

If yes, does the applicant carry standalone drone/ UAV coverage? ☐ Yes ☐ No

Does the applicant/ company or any related company engage in actual hands-on (manual) work such as construction, erection, installation, repairs, manufacturing, or fabricating, etc. or sub-contract any of that type of work out? ☐ Yes ☐ No

If yes, please provide a detailed explanation:

Does the applicant have any locations or employees that perform any activities or provide any services outside of Canada? ☐ Yes ☐ No

If yes, please provide complete details including the services provided, location and revenue:

Forthcoming Year (projected)	Services Provided:	Locations:	Revenue:
Prior Year 1:			\$
Prior Year 2:			\$
Prior Year 3:			\$

In the event the applicant's product or service failed or delivery was delayed, please describe the worst-case scenario:

Do you engage in any business or professional activities other than what is described above? ☐ Yes ☐ No

If yes, please explain:

Is the applicant controlled, owned, or associated with any other company, firm, or corporation? ☐ Yes ☐ No

Please give details of the applicant's five largest projects:

Name of Client	Business of Client	Nature of Contract	Revenue Derived from Contract	Total Construction Value	Start Date	Completion Date
			\$	\$		

			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		

How many clients does the applicant have?

Do more than 25% of the applicant's fees emanate from a single client? ☐ Yes ☐ No

What percentage of work is subcontracted to a third party? %

If work is subcontracted, is proof of insurance required? ☐ Yes ☐ No

Please provide details of what work is subcontracted:

Are the subcontractors/ subconsultants hired under a written, standard subcontractor agreement? ☐ Yes ☐ No

PART 5 RISK MANAGEMENT

Does the applicant have a written Quality Assurance/ Quality Control Program? ☐ Yes ☐ No

Do client deliverables undergo an internal peer review? ☐ Yes ☐ No

Does the applicant perform project file audits on a routine basis? ☐ Yes ☐ No

What percentage of the applicants' professional services are performed under the following contract types:

Client drafted agreement:	%	Purchase order:	%
Firm's letter agreement:	%	Professional Association contract:	%
Firm's standard agreement:	%	Verbal agreement:	%

Are all non-standard agreements reviewed by applicant's legal counsel or insurance broker before they are executed: ☐ Yes ☐ No

What percentage of the applicant's contracts use a limitation of liability provisions, where the firm's liability is limited to?

A specific dollar amount which is less than the applicant's insurance limit:	%
A specific dollar amount equal to the applicant's insurance limit:	%
A specific dollar amount that limits the applicant's liability to the amount of fees paid by the client for their services:	%

Does the applicant have:

An in-house continuing education program for professional employees? ☐ Yes ☐ No

Procedures to evaluate and screen potential new clients? ☐ Yes ☐ No

Procedures for monitoring and collecting outstanding fees? ☐ Yes ☐ No

PART 6 CYBER PRE-QUALIFICATION

Applicant regularly backs up critical data to a "cold" or "offline" location that would be unaffected by an issue with their live environment, and they test to ensure those backups are recoverable? ☐ Yes ☐ No

Applicant uses multi-factor authentication (MFA) for cloud-based services (such as cloud-based email accounts) and for all remote access to their network: ☐ Yes ☐ No

Applicant does not allow remote access into their environment without a virtual private network (VPN): ☐ Yes ☐ No

Applicant regularly (at least annually) provides cyber security awareness training, including anti-phishing, to all individuals who have access to their organization's network or confidential/personal data? ☐ Yes ☐ No

Insured has a Business Continuity Plan in place that has been successfully tested to confirm that following an unexpected interruption of your computer systems, all revenue-earning operations can be fully resumed within 12 hour. ☐ Yes ☐ No

PART 7 INSURANCE HISTORY & REQUIREMENTS

Please provide details of your current **Errors & Omissions** insurance policy:

Effective Date: (MM/DD/YYYY)	Retroactive Date: (MM/DD/YYYY)	Limit:	Deductible:	Premium:	Insurer:
		\$	\$	\$	

Please provide details of your required **Errors & Omissions** insurance policy:

Effective Date: (MM/DD/YYYY)	Retroactive Date: (MM/DD/YYYY)	Limit:	Deductible:	Premium:	Insurer:
		\$	\$	\$	

Please provide details of your required **Commercial General Liability** insurance policy:

Effective Date: (MM/DD/YYYY)	Limit:	Deductible:	Premium:	Insurer:
	\$	\$	\$	

PART 8 CLAIMS HISTORY

- a) Are you aware of any loss or damage, whether insured or not, that has occurred to any of the Companies to be insured (or to any existing or previous business of the partners or directors of any Companies to be insured) within the last 5 (five) years, or: ☐ Yes ☐ No
- b) Are you aware of any circumstances which may give rise to a claim against any of the Companies to be insured or any partners or directors thereof, or: ☐ Yes ☐ No
- c) Have any claims or cease and desist orders been made against any of the Companies to be insured, or any partners or directors thereof, or: ☐ Yes ☐ No
- d) Have any partners or directors of the Companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body? ☐ Yes ☐ No

If the answer to the above is "Yes", then please attach full details including an explanation of the background of events, the maximum amount involved/claims, the status of the claim(s) or circumstance(s) and any reserve(s) or payment(s) made by Insurers, and the dates of all developments and payments.

TYPE OF LOSS	DATE OF LOSS	DESCRIPTION OF LOSS	\$ RESERVE OR LOSS AMOUNT PAID BY INSURER	\$ RETAINED LOSS OR DEDUCTIBLE PAID BY YOU
			\$	\$
			\$	\$
			\$	\$

*Please attach any available insurance company loss reports with this application

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the Applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An Applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicant's Signature: _____

Position: _____

Please print name: _____

Date: _____

BROKER DECLARATION

How long have you known this Applicant? _____

Is this account new or renewal to you? _____

Have you personally viewed the Applicant's operations? _____

What is the condition of facilities and equipment? _____

What is the applicant's attitude toward risk management and insurance? _____

Do you recommend this Applicant? _____

Broker's Signature: _____

Position: _____

Please print name: _____

Date: _____