



[Professional Liability Application]

PROSURE PROFESSIONALS APPLICATION



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PROSURE PROFESSIONALS APPLICATION

INSURANCE FOR PROFESSIONALS

INTRODUCTION

The purpose of this application form is for us to obtain information relevant to the cover. Completion of this application form does not oblige either party to enter into a contract of insurance.

Insurance is a contract of utmost good faith, which means that the information you provide in this application form must be complete, accurate and not misleading. It also means that you must tell us about all facts and matters which may be relevant to our consideration of your application for insurance. Any failure by you in this regard may entitle us to treat this insurance as if it never existed. If a contract of insurance is agreed between you and us this application form will form the basis of the contract.

HOW TO COMPLETE THIS FORM

Whoever fills out the form must be a principal, partner or director of the applicant and should make all the necessary enquiries of their fellow partners, directors and employees to enable all the questions to be answered.

PART 1 COMPANY DETAILS

- 1.1 Please state the name and address of the principal Company for whom this insurance is required. Cover is also provided for the subsidiaries of the principal Company, but only if you include the data from all of these subsidiaries in your answers to all of the questions in this form:

Insured Company:

Contact name:

Address:

Postal Code::

Telephone:

Email Address:

Fax:

Website:

- 1.2 Please state when your company was established: DD | MM | YY

1.3

b) Please state the details of all Partners/Directors.

Name	Years in position	Years experience	Qualifications

c) Please state the number of employees:

Professional:

Clerical:

Other:

2.3 Do you belong to any association related to these activities?
If yes, please list these associations below:

Yes No

2.4 Is any legislation currently in force governing your activities?
If yes, please provide details below:

Yes No

2.5 In the event that your product or service failed or delivery was delayed please describe the worst case scenario. Consider the potential for loss of life, injury to people, damage to buildings or other tangible property

(Only complete question 2.6 if you also require a quote for Commercial General Liability.)

2.6 Please state the following:

a) Your total estimated payroll for the next financial year:

b) Your payroll relating to non-manual work away from your premises (such as consulting, programming or similar):

Please detail the nature of this work:

c) Your payroll relating to manual work away from your premises:

Please detail the nature of this work:

d) Your payroll relating to hazardous work away from your premises:

Please detail the nature of this work:

(Only complete this section if you require this cover)

4.1 Please state the address of the premises to be insured (if different from the address given earlier):

Premises 1

Address: _____

Postal code: _____

Premises 2

Address: _____

Postal code: _____

Please continue on a separate sheet if more than 2 premises to be insured.

4.2

Name of party: _____

Interest of party: _____

Address: _____

Postal code: _____

4.3 Are all of the premises:

a) Constructed with external walls of brick, stone or concrete and roofed with slate, tiles, concrete, metal, asbestos or any other non-combustible material?

Yes No

b) Free from cracks or other signs of damage that may be due to subsidence, landslip or heave and have not previously suffered damage by any of these causes?

Yes No

c) In an area free from flooding and not near the vicinity of any rivers, streams or tidal waters?

Yes No

d) In a good state of repair and occupied solely as offices?

Yes No

e) Self contained with a lockable entrance door?

Yes No

f) Protected by an intruder alarm that is subject to an annual maintenance contract?

Yes No

NOTE: We may refuse to pay a claim if all of the devices for the security of your premises (including locks and the intruder alarm) are not put into full and effective operation whenever the premises are closed for business or left unattended.

g) Heated by a conventional electric, gas, oil or solid fuel heating system?

Yes No

electrician and any defect remedied?

Yes No

i) Lifts, boilers, steam and pressure vessels inspected and approved to comply with all of the statutory requirements?

Yes No

j) Sprinklers either fully or partially?

Yes No

NOTE: Assuming you have answered YES to questions h) and i) above, it is important to keep records of all relevant inspections as we may ask for evidence of these before paying a claim.

If you have answered NO to any of the above questions then please give further details:



4.4 Please detail the amounts to be insured below for each premises.

NOTE: The amounts insured you state below should be the full rebuilding or replacement cost in each of the categories. If you understate these amounts you will be under-insuring and we may not pay the full amount of your claim. It is therefore essential that these amounts are as close to the true values of the insured items as possible.

ITEM	AMOUNT INSURED PREMISES 1	AMOUNT INSURED PREMISES 2
Main Building:		
Landlord's fixtures & fittings and tenant improvements:		
Personal computers, printers and ancillary computer equipment at the office:		
All other contents at the office:		
Portable computers and associated equipment at home / away from the office:		
All other contents at home / away from the office:		

4.5 Please state, in respect of portable computers and associated equipment at home / away

4.6 Would you like a quotation for either of the following extensions:

Earthquake: Yes No

Flood: Yes No

4.7 Please detail the amounts to be insured below for business interruption cover.

You should bear in mind how long it will take you to recommence trading at another premises when stating the amount insured and indemnity period.

ITEM	AMOUNT INSURED	INDEMNITY PERIOD
Business Interruption Cover:		

PART 5 CLAIMS EXPERIENCE AND INSURANCE HISTORY

5.1 Please provide details of your current Errors and Omissions insurance, if applicable, and what you require for the next year of insurance.

	Retroactive Date	Effective Date	Limit	Deductible	Premium	Insurer
Current	DD MM YY	DD MM YY				
Required		DD MM YY			N/A	N/A

5.2 Please provide details of your current Commercial General Liability insurance, if applicable, and what you require for the next year of insurance.

	Effective Date	Limit	Deductible	Premium	Insurer
Current:	DD MM YY				
Required:	DD MM YY			N/A	N/A

5.3 Regarding all of the types of insurance to which this application form relates, AFTER ENQUIRY:

- 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 directors thereof, or
- 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
- c) have any claims or cease and desist orders been made against any of the Companies to be insured, or partners or directors thereof, or
- 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?

With reference to questions a,b,c and d above: 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/claimed, the status of the claim(s) or circumstance(s) and any reserve(s) or payment(s) made by you and/or by Insurers, and the dates of all developments and payments.

PART 6 **DECLARATION**

- I/we declare that after proper enquiry the statements and particulars given above are true and that I/we have not mis-stated or suppressed any material fact.
- I/we agree that this Application Form, together with any other material information supplied by me/us shall form the basis of any contract of insurance effected thereon.
- I/we undertake to inform Underwriters of any material alteration to these facts occurring before the completion of the contract.

Signed: _____

Full Name: _____

Position held at Insured: _____

Date: DD | MM | YY _____

