



[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:







(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:

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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. Note that the maximum indemnity period available is 12 months. You should bear in mind how long it will take you to re-commence trading at another premises when stating the amount insured and indemnity period.

We provide our business interruption cover on a flexible first loss basis – please specify a total amount insured for business interruption cover. This amount applies regardless of whether your business interruption loss is loss of income, extra expense, loss of research and development expenditure, project delay costs or accounts receivable. This often enables a smaller total amount insured to be specified and therefore often results in a cheaper premium.

ITEM	AMOUNT INSURED	INDEMNITY PERIOD
Business Interruption Cover (flexible first loss):		

## 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 \_\_\_\_\_





