

Application For Home Inspectors- General (GL) and Professional (E&O) Liability Insurance

Instructions: Complete and send it to service@plbinsurance.ca

1. APPLICANT:

- 1.1 Name: _____

 Date established: _____
 Other trade names presently used: _____
 Email Address: _____
- 1.2 Main Address: _____
 _____ Postal Code: _____
 Telephone: _____ Facsimile: _____
 Website: _____
- 1.3 Branch Office(s) Address(es) [If necessary, please use a separate page]:

- 1.4 Name previous organization(s); partnership(s) or other business name(s) [If necessary, please use a separate page]:
 a) Dissolved: _____ Date dissolved: _____
 b) In the course of being dissolved: _____
 c) Others: _____

2. PROFESSIONAL PRACTICE:

- 2.1 Give a full description of the Applicant's activities and for each activity show the gross revenues earned during the past 12 months, and the Applicant's forecast for the next 12 months:

DESCRIPTION OF ACTIVITIES (attach a brochure if available)	GROSS REVENUES	
	EARNED	ESTIMATED
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
TOTAL	\$	\$

- 2.2 Does the Applicant or any member of the Applicant provide professional services to a client:
- a) In which they have an ownership interest? If YES, on a separate page, please provide all relevant information, such as the name of the client and the nature of the professional services provided to this client. YES NO
- b) by whom they are employed, other than as an independent consultant? If YES, please provide the name of the employer and describe the nature of the work conducted as an employee: YES NO
-
-

- 2.3 Does the Applicant provide professional services or perform activities outside of Canada? If YES, describe these services or activities, the location they are conducted, the place where the client that the Applicant reports to is domiciled; and the amount of the gross revenues earned during the past year on such assignments: YES NO
-
-

- 2.4 Does the Applicant's gross revenues from any one of their clients represent more than 50% of the Applicant's total annual gross revenues? If YES, on a separate page, please provide all relevant information, such as the name of the client and the nature of the professional services provided to this client: YES NO

- 2.5 Are the professional activities of the members of the Applicant governed or regulated by an association, institute or professional organization or professional corporation? If YES, which organization governs the practice of profession of the members of the Applicant?: YES NO
-

- a) Does this organization have a code of ethics governing the disciplines practised by members of the Applicant? YES NO
- a) Does this organization require its members to undergo a specific educational program related to the profession? YES NO

- 2.6 Give the following information for all members of the Applicant performing professional activities on behalf of the Applicant:

PLEASE ATTACH A COPY OF EACH PROFESSIONAL EMPLOYEE'S RESUMÉ

NAME	TITLE OR DUTIES	EDUCATIONAL BACKGROUND	NUMBER OF YEARS OF EXPERIENCE

- 2.7 Are the persons shown in question 2.6, members in good standing of a professional association regulating the practice of their professional activities: YES NO
- 2.8 Has any person shown in question 2.6, ever been the object of a dismissal, suspension or disciplinary sanction as a result of their professional activities? If YES, on a separate page, please describe all relevant information regarding the sanction: YES NO
- 2.9 Are the professional activities of the members of the Applicant governed or regulated by an association, institute or professional organization or professional corporation? If YES, which organization governs the practice of profession of the members of the Applicant Firm?:
-
-

3. PRIOR INSURANCE AND CLAIMS:

3.1 During the last five years, has the Applicant carried Professional Liability (Errors and Omissions) Insurance? If YES, please complete the following for all previous insurance: YES NO

NAME OF INSURER	POLICY NUMBERS	POLICY PERIOD		LIMITS OF LIABILITY	DEDUCTIBLE	ANNUAL PREMIUMS
		FROM	TO			
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$

- 3.2 During the past five years, has any Insurer ever cancelled, declined or refused to renew the Applicant’s or any previous organization’s or partnership’s Professional Liability (Errors and Omissions) 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, including predecessors in business and former 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, 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, 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 claim(s) on a separate page: 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 or a member of the Applicant 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 or a member of the Applicant, 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. COVERAGE AND DEDUCTIBLE (SUBJECT TO THE INSURER’S APPROVAL):

- 4.1 Limits of liability: \$2,000,000 Other \$ _____
- 4.2 Deductible amount each loss: \$10,000 Other \$ _____
- 4.3 Suggested effective date of the insurance contract: _____

5. DISCLOSURE, AUTHORIZATION AND SIGNATURE:

I/We hereby declare for and on behalf of the Applicant and each and every one of its members to be insured, that to the best of my/our knowledge, the above statements 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 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 PL&B Insurance, its affiliates, agents and representatives to verify, obtain and exchange any information in connection with the insurance applied for this application. This consent is valid with respect to any policy extension and/or renewal of coverage with PL&B Insurance, or any of its affiliates.

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT NOR THE INSURER TO COMPLETE THE INSURANCE APPLIED FOR HEREIN.

Signature of individual Applicant or Duly Authorized Officer: _____

Date of Application: _____ Title: _____

IMPORTANT: This type of insurance coverage applies only to claims made and reported to the Insurer during the policy period. Coverage does not apply, however, to claims that arise out of errors, omissions or negligent acts or facts or circumstances that may reasonably give rise to a claim at a future date that are known to the applicant at the time when this application is signed and dated. Therefore, if the applicant is currently insured by an Insurer other than PL&B Insurance and/or its affiliated companies, and that contract of insurance is on a claims made basis, it is incumbent upon the applicant to report all known circumstances which may give rise to an eventual claim to that Insurer. Please refer to your Insurance Broker if you do not understand the foregoing.

Complete this form and send it to service@plbinsurance.ca