

Please complete all questions in ink or on-screen. If you are completing a physical form and there is insufficient space, please supply the information on a separate sheet of headed paper indicating the question to which the answer refers. This proposal Form must be signed and dated by a Partner or Director of the Firm.

Name and Address Details

Name of Firm (including any subsidiaries
for whom cover is required)

Establishment date(s)

Principal address

Country of registration

Tel

Mobile

Email

Web

Registration Number

Partners/Directors and Consultants Details

Name	Status: Partner / Director /Consultant	Age	Qualifications (if appropriate)	How long in this capacity in the Firm?

Staff Details



3.1 Please state numbers of:

Partners/Directors	Qualified staff	Other staff	Self-employed persons

Business Activities

4.1 Please provide a full description of your Firm's activities for which you require cover?

4.2 Please categorise the activities outlined above and indicate the approximate percentage of the gross fees or revenue this represents for the forthcoming period:

Activity	Canada %	USA	Elsewhere %

Fee Income Projections



- 5.1 Please state for the whole Firm the total annual gross income for the last financial year, the estimated gross income for this financial year and forecast gross revenue for next financial year:

	Canada	USA	Elsewhere	Total
Previous year's income	\$	\$	\$	\$
Current year's income	\$	\$	\$	\$
Next year's forecast income	\$	\$	\$	\$

Specialist Sub-consultants

- 6.1 If any of the fees for the current financial year are paid by your Firm to any independent and/or specialist consultants please provide the following:

Name of Firm/Individual	Professional discipline	Fees paid (Last financial year)

- 6.2 Do you require them to carry Professional Indemnity Insurance for a limit not less than the amount of cover requested by this proposal?

N.B. If they do not carry PI Insurance and you require them to be indemnified under your policy for work done on behalf of your Firm, special arrangements must be made with insurers. In such cases a copy of the individuals CV will be required and additional premium may be charged.

Contracts outside Canada

- 7.1 Does the Firm plan to undertake or has it undertaken any work for clients outside Canada
If YES please give details based on your forecasts:

Country	Start date	Client (if known)	Fees	Extent of service provided

- 7.2 Does the Firm intend to work or has it worked other than from its Canada office?
- 7.3 Does the Firm intend to enter into agreements where the jurisdiction is other than Canada Courts?

If the answer to 7.1, 7.2 or 7.3 is YES, please provide details on an attachment.

Internal Control Procedures

- 8.1 Does your Firm insist on satisfactory written references from former employers for the three years immediately preceding the engagement of any employee responsible for money, accounts or goods?
- 8.2 Will any Director, Partner or Employee be authorised to sign cheques on their sole signature in respect of the Firm's or Clients' accounts?

If YES please state name, position and limit:

8.3 Does the Firm have compliance and procedure manuals related to all aspects of its operation?

If No what system of quality control is in place to ensure that professional standards are achieved and maintained?

8.4 Does the Firm use standard terms and conditions of business or letter of letter of appointment?

If YES, please enclose copies.

8.5 Does the Firm issue any brochure, leaflet etc. describing the Firm's services?

If YES, please enclose copies.

Compliance (Please complete if you are a regulated business)

- 9.1 Which regulatory body authorises and regulates your business?
- 9.2 Do you have a written Compliance Monitoring Programme (CMP) in place?
- 9.3 Have you engaged the services of an external compliance adviser to provide ongoing support with the CMP?
- 9.4 Who in the firm is responsible for maintaining Canadian Financial regulatory Compliance?

Current Insurance Arrangements

If the Firm currently has Professional Indemnity or Director Liability Insurance, please provide the following details:

Name of Insurer/s	
Limit of Indemnity	
Excess	
Retroactive Date	
Policy Expiry Date	

Previous Applications for Insurance

Has an Insurer ever:

- a) Declined to insure this Firm or any Partner?
- b) Imposed special terms?
- c) Cancelled or voided an insurance?

If any answer is YES please give full details:

New Insurance Arrangements



12.1 For what Limit of Indemnity do you require a quotation?

- a) In accordance with Canadian Financial regulatory requirement?
- b) Please provide options:

12.2 Which level of excess are you prepared to carry?

- a) In accordance with Canadian Financial regulatory requirement?
- b) Please provide options:

Claims

13.1 Have any claims alleging professional negligence, error or omission (successful or otherwise) been made against the Firm or its present or former Partners/Directors and /or predecessors in business during the past 10 years?

If YES, please give full details including amounts:

Date of Claim	Details	Amount Claimed	Amount Paid	Defence Costs (if known)	Insurers' Reserve (if known)

13.2 Are any of the Partners/Directors AFTER ENQUIRY of all staff and consultants aware of any circumstances or events which may give rise to a claim against the Firm or its present or former Partners/Directors and/or predecessors in business?

If YES please give full details:

Important Notice Concerning Disclosure of Material Information



It is essential that every proposer or insured, when seeking a quotation, taking out or renewing an insurance, discloses all material facts to Insurers. A material fact is one that is likely to influence the judgement of an Insurer in fixing the premium or in determining whether to accept the risk. If your proposal is a renewal it should include any changes in facts previously advised to insurers. If you have any doubt about facts considered material you should disclose them. Failure to disclose could prejudice your rights to indemnity in the event of a claim or cause Insurers to void your policy.

Declaration

I/We declare that the statements made and particulars given in the Proposal are true and I/We have not misstated or suppressed any material fact.

I/We undertake to inform Insurers of any material alteration to these facts occurring before completion of the contract of insurance.

Date

Signature of Partner/Director

Name of Partner/Director (Capitals)

A copy of this proposal should be retained by you for your own records

