LPI Professional Liability Application

Tel: 604-276-2474 Fax: 604-276-2943 legearpelling.com #110 - 7340 Westminster Hwy Richmond, BC V6X 1A1



General Application for Professional Liability Insurance

		s are to be an full details.	nswered as completel	y as possible. If a que	stion is not applicable to yo	our situation state	N.A. If insufficient	
1.	Name of Applicant:							
	Posta	l Address:	(Number)	(Street)	(City)	(Prov.)	(Postal Code)	
	Locat	ion of Operat	ions:					
2.	Appli	cant is an	☐Individual	Partnership	Corporation	Employee		
	Otl	her (give deta	uils):					
3.	Appli	cant is a	Franchisee	Franchisor				
4.	How long has applicant been engaged in his/her current occupation or business?							
	Has applicant operated under a different corporate name in the past?						No	
	If yes, give details:							
5.	Describe the nature of the professional or business activities for which coverage is desired. (Attach any promotional material available):							
6.	Is Applicant engaged in any business or profession other than as described in Item 5?						No	
	If yes, please explain:							
7.	a) Estimated gross receipts (all income, fees and commissions before deduction of expenses) for Applicant's profession or business activity for the coming policy year: \$							
	b) Does the Applicant provide services or perform activities outside of Canada?						No	
	If yes, give full details indicating the services provided as well as the location and gross annual receipts:							
8	List the educational and training requirements the Applicant has met as a prerequisite to operating in his/her profession or business. (<i>Provide dates and name of institution, where possible.</i>):							
9.	Where is Applicant and any employees licensed to practice his/her profession?							

□No

Yes

Since graduation, where has Applicant practised his/her profession?

Does the Applicant specialize in any branch of his/her profession?

10.

11.

If yes, please describe:

LPI Professional Liability Application

Tel: 604-276-2474 Fax: 604-276-2943 legearpelling.com #110 - 7340 Westminster Hwy Richmond, BC V6X 1A1



Pro	ofessional:	lerical:	Other:			
Co	mplete the following for an	y person performing profe	essional activities – w	e may request the	e resumes of e	ach:
	Name	Du	Duties		Designation	Years of Experience
Pro	es Applicant, or his/her empofessional Association?	oloyees, have Professional	Liability Insurance t	hrough a	Yes	□No
If y	yes, state: Professional	Association	Number	Lim Per Claim	its Aggregate	Primary Excess
a)	Does Applicant operate a similar equipment, or use					□No
b)	If yes, give details: Does Applicant use Radio	isotopes, or any radioactiv	ve material for any se	rvices?	□Yes	□No
	If yes, give details:					
	Applicant involved in any privicing of any equipment?	rocess of manufacture, con	nstruction design, tes	ting or	∐Yes	□No
If y	yes, give details:					
a)	Does Applicant issue guar	rantees and/or warranties t	o customers?		□Yes	□No
	If yes, attach full details of	and copy of Applicant's fo	orm of guarantee or	warranty.		
b)	Does Applicant agree to h or suits arising out of Prof		ation harmless agains	et claims	∐Yes	□No
	If yes, give full details:					
		ssional liability insurance	L.1.1.1. A. P.	. f		

LPI Professional Liability Application

Tel: 604-276-2474 Fax: 604-276-2943 legearpelling.com #110 - 7340 Westminster Hwy Richmond, BC V6X 1A1



Type of Policy					
Claims	Occurrence	Policy Number	Insurer	Policy Limit	Policy Period
Made					
*					
*					
*					
*					

20.	Give details of all Professional Liabili	v claims brought against the	Applicant during past five (5) years:

Date of Accident		Amount Paid Outstanding		Details	
Do these paid or outstanding amout or previous insurance policies?	ınts reflec	ct any deductible	provision(s) conta	ined in existing	□Yes □No
If yes, to what coverage(s) does/di	d the ded	uctibles apply and	d what is/was the	deductible amount?	
Has the Applicant any knowledge brought against the Applicant?	of any cir	rcumstance which	could result in cl	aim or suit being	□Yes □No
If yes, give details:					
Limits of Insurance desired:	\$	Each Claim	□Errors & C	Omissions	Malpractice
	\$	Aggregate			
	\$	Deductible			

This application will be incorporated in its entirety into any relevant policy of insurance where Insurers have relied upon this information contained herein. Any misrepresentations or concealment in this application for insurance will render insurance coverage null and void from inception. Please therefore check to make sure all questions have been fully answered and that all facts material to your insurance have been disclosed, if necessary by a supplement to the application. I authorize my broker or insurance company to collect, use and disclose any of this personal information including my claims history and credit information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance, underwriting and/or renewing, extending or changing my policies, evaluating claims, detecting and preventing fraud and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf. If there are any changes to the information contained in this application I hereby agree to notify my Insurer of such changes within thirty (30) days of such change. Signing of this application for insurance does not bind the Applicant to purchase the insurance or the Insurer to accept the risk, but it is agreed that this application shall be the basis of the contract should a policy be issued.

Signature of Applicant	Date:		
Signature of Applicant	Date:		
Signature of Broker:	Date:		
Brokerage Firm: Legear Pelling Insurar	nce Agencies Ltd.		
Broker's Tel. 604.276.2474	Broker's Fax. 604.276.2943		

^{*} If the policy is subject to a Retroactive Date, give details: