

By completing this application the applicant is applying for coverage with NORTHBRIDGE GENERAL INSURANCE CORPORATION (THE "INSURER"). PLEASE READ CAREFULLY: THIS IS AN APPLICATION FORM FOR A CLAIMS-MADE POLICY. All questions must be answered completely. If there is no answer, write "none" or "n/a" in the space provided. Where space provided is insufficient to fully answer, please use separate sheet(s).

1. (a) Name of Applicant: _____
- (b) Mailing Address: _____
- (c) Web-Site Address: _____
- (d) Date Established: _____ (If less than 3 years, please attach resumes of all principals, partners and senior staff members.)
- (e) Applicant is: Individual Partnership Joint Venture Corporation Other: _____

2. (a) Limit of Liability desired: _____ (b) Deductible: _____

3. Please describe, in detail, the Applicant's professional services for which coverage is requested:

4. Is the Applicant engaged in any business or profession other than as described in 3 above? If YES, please attach details Yes No

6. (a) Last completed Fiscal Year is from: _____ to: _____ (d) Estimated Gross Revenue for the next Fiscal Year: _____
- (b) Gross Revenue for the last completed Fiscal Year: _____
- (c) Estimated Gross Revenue for the current Fiscal Year: _____

8. For the Gross Revenue indicated in Question 6 (c), please indicate the approximate percentage derived from clients that are domiciled outside of Canada: _____

9. (a) Is the Applicant controlled or owned by or associated or affiliated with, or do You own, any other firm or Business enterprise? If YES, please attach an explanation and indicate if any services described in Question 3 are provided to such firm or business enterprise. Yes No
- (b) During the past three years, has the Applicant's name changed, or has the Applicant purchased, merged or consolidated with any other business? If YES, did the Applicant assume any liabilities (i.e. responsibility for prior acts) of the acquired, merged or consolidated entity? Yes No

10. (a) Complete the following for all partners, principals and key employees performing the services described in Question 3:

NAME	TITLE	PROFESSIONAL QUALIFICATIONS	# OF YEARS IN PRACTICE

(if more space is required please complete on a separate sheet)

- (b) Additional employees to those listed in 10 (a) in the following categories: Clerical: _____ Contract: _____ Other (specify): _____
- (c) What percentage of the Applicant's business involves subcontracting of work to others? _____ %
- (d) Does the Applicant require every independent contractor to carry E&O Insurance? Yes No
- (e) Does the Applicant have a written procedural manual for employees to follow? Yes No
- (f) Does the Applicant have a formalized training program for newly hired employees? Yes No
12. (a) Does the Applicant use a standard written contract, reviewed or created by your attorney? Yes No
- (b) What percentage of time is this written contract used? _____ %
- (c) Does the written contract contain:
 - (i) a detailed scope of the services / deliverables to be provided? Yes No
 - (ii) a Hold Harmless or Indemnity Agreement inuring to the Applicants benefit? Yes No
 - (iii) a Hold Harmless or Indemnity Agreement inuring to the benefit of others? Yes No
 - (iv) a clause that guarantees the Applicant's services? Yes No
 - (v) a clause limiting the Applicant's liability in case of errors? Yes No
 - (vi) a detailed sign-off/acceptance procedures? Yes No

13. (a) Please provide the following details for the Applicant's current Professional Liability / Errors and Omissions Insurance policy:

INSURER	EXPIRY DATE	LIMIT	DEDUCTIBLE	PREMIUM	RETRO DATE

- (b) Has the Applicant ever been declined, non-renewed or cancelled by any insurer for Professional Liability or Errors and Omissions Insurance? If YES, on a separate sheet please explain in detail Yes No
14. Has the Applicant, or any of Your employees, ever been investigated by, or suspended from practice by any governing body of his/her profession? If YES, on a separate sheet please explain in detail Yes No

15. In the last five years, has any claim ever been made against the Applicant or any of the Applicant's employees? Yes No
If YES, please provide full details on a separate sheet, including (1) date of such claim, (2) claimant's name, (3) description of allegations of wrong-doing made, (4) amount of indemnity payment and Defence Costs paid and (5) the final disposition or current status of such claim.

16. Does the Applicant, or any of the Applicant's employees, have knowledge or information of any act, error, omission or circumstance which might reasonably be expected to give rise to a claim? Yes No
If YES, please explain: _____

Without prejudice to any other rights and remedies of the Insurer, the Applicant understands and agrees that if any such fact, circumstance, or situation exists, whether or not disclosed above in response to Question (16), any claim or action arising from such fact, circumstance or situation will be excluded from coverage under the proposed policy, if issued by the Insurer.

17. Declarations:

(a) The Applicant's submission of this Application, and its attachments, does not obligate the Insurer to issue, or the Applicant to purchase a policy. This Application and its attachments shall be the basis of the contract should a policy be issued and shall be deemed to be attached to and form part of the policy. The Insurer is hereby authorized to make any investigation and inquiry in connection with this Application that it deems necessary.

(b) Coverage cannot be bound unless this Application form has been fully completed and signed. The undersigned has the power to complete and execute this Application, including Question 16, on behalf of all persons proposed for this insurance and declares that, after inquiry, the statements set forth herein, together with all materials and information submitted or requested by the Insurer, are true.

18. Material Change:

If there is any material change with respect to the information in this Application, and its attachments, prior to the policy inception date, the Applicant must immediately notify the Insurer in writing, and the Insurer may effect changes in, or withdraw, the quotation.

19. Privacy Disclosure and Consent:

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this form) has been collected in accordance with applicable privacy legislation and this information shall only be used or shared by the Insurer to assess, underwrite and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with regulatory or legal requirements.

COMPLETED AND DULY SIGNED AND DATED.

SIGNED: _____

PLEASE PRINT NAME: _____ TITLE: _____

DATED: _____