

**SECTION 1: APPLICANT INFORMATION**

1. **Name of Applicant:** \_\_\_\_\_

*If different from above, state name under which business/practice is conducted:* \_\_\_\_\_

2. **Indicate from the following which best describes your company:**  Corporation  Partnership  Individual

3. **Address of Main Office:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

4. **Address of Branch:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

5. **Provide a full description of your operations:** \_\_\_\_\_

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6. **Are your operations controlled, owned or associated with any other firm, corporation or company?**  YES  NO

*If "YES", provide full details:* \_\_\_\_\_

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7. **Provide the following information:**

Full Name of all Partners/Principals	Qualifications	Date Qualified	Length of Time in Practice	Length of Time as Partner/Principal

8. **Indicate the total number of employees:**

**Professional:** \_\_\_\_\_ **Sales Representative:** \_\_\_\_\_ **Clerical:** \_\_\_\_\_ **Other:** \_\_\_\_\_

a. **Total number of partners, principals and employees who act in the capacity of manager(s):** \_\_\_\_\_

*Please provide details on the duties rendered by those employees where Professional or Errors and Omissions coverage would apply. Complete this information on a separate document and attach with the submission of this application..*

9. **Explain fully the educational requirements for your profession:** \_\_\_\_\_

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10. Does the Applicant belong to any related associations?  YES  NO

If "YES", indicate such memberships: \_\_\_\_\_

11. Are there any specific prerequisites for association eligibility?  YES  NO

If "YES", provide details: \_\_\_\_\_

12. Has the Applicant ever been investigated by, or suspended from practice by anybody governing the practice of his/her profession?  YES  NO

If "YES", provide full details of such investigation or suspension: \_\_\_\_\_

\_\_\_\_\_

13. Is any legislation currently in force governing the practice of the Applicant?  YES  NO

If "YES", attach full copy of relevant extracts and attach it to the submission of this document.

14. Please provide details of all Errors and Omissions or Professional Liability Insurance carried in the past three years:

Insurer	Period	Limit	Deductible	Premium

a. Indicate the type of Errors and Omissions or Professional Liability Insurance carried:  Claims-Made  Occurrence Basis

15. Has the Applicant had similar insurance declined, cancelled or refused during the past five years?  YES  NO

If "YES" please provide details: \_\_\_\_\_

\_\_\_\_\_

16. During the past five years, have the Applicant, partners, principals or employees had one or more claims because of professional services, or are the Applicant, partners, principals or employees aware of any facts or circumstances or allegations which may give rise to a claim?  YES  NO

If "YES" please provide details: \_\_\_\_\_

\_\_\_\_\_

17. Indicate your business:  Gross Annual Fees  Income  Commissions For the past year: \$ \_\_\_\_\_

Amount anticipated for next year: \$ \_\_\_\_\_

a. What proportion of your fees, income or commissions is derived from services provided outside Canada? Provide percentage for each country. If more room is required, attach as additional sheet and submit with this application.

Country: \_\_\_\_\_ Percentage: \_\_\_\_\_ Country: \_\_\_\_\_ Percentage: \_\_\_\_\_

Country: \_\_\_\_\_ Percentage: \_\_\_\_\_ Country: \_\_\_\_\_ Percentage: \_\_\_\_\_

## IMPORTANT NOTICE TO APPLICANT:

This is an application for insurance and the insurer is not obligated to accept the applicant for coverage. If a policy is issued, one signed copy of the application will be attached to the policy or certificate. Signature on the application form and submission of a premium payment does not bind the insurer to complete an insurance transaction with the applicant. This policy provides Errors and Omissions insurance that applies on a claims-made basis. The following provides a general description of this coverage and is subject to the terms and provisions of the actual policy.

- A. The policy will not cover any losses from incidents which take place before the Retroactive Date, if any, or after the expiration of the policy period (subject to the Extended Reporting Period provision).
- B. The policy will provide coverage for losses from incidents which take place on or after the Retroactive Date, if any, but before the beginning of the policy period only if the insured did not know of the incident before the beginning of the policy period.
- C. The policy will not cover any loss for which a claim is first made after:
  1. The expiration of the policy period or its earlier termination date, if any; or
  2. The Extended Reporting Period if any and then only in accordance with the terms described in the policy.
- D. The policy will only cover claims which are first made:
  1. During the policy period; or
  2. During an Extended Reporting Period if any and then only in accordance with the terms and conditions described in the Extended Reporting Period Section of the policy.
- E. Please request a copy of the Policy and review the terms and conditions to obtain more information.
- F. The limits for Defence Costs are over and above the liability and will not reduce the limit of liability.

### Disclosure and Consent:

As part of my application for insurance I consent to the collection and use of personal information required for the purposes of considering my application for insurance by the insurer and the authorized insurance broker for Ontario Applicants, PROLINK Ltd., and/or the authorized insurance broker for applicants outside of Ontario, The PROLINK Insurance Group Inc. the insurer and the broker are authorized to collect, use, and disclose personal information and provide such personal information to third parties, as required for the purpose of underwriting this application for insurance, as permitted by the relevant provincial and federal privacy laws or other applicable laws, and as required by the applicant's association and/or governing body. I understand that at any time I may ask to review the personal information pertaining to my application for insurance and the insurer and broker will be obligated to provide me with any information I am entitled to receive under the relevant provincial and federal privacy laws or other applicable laws. I have reviewed the information in this Application, gathered information from all partners/directors/ officers/ employees/agents under this entity whether present or prior regarding their knowledge or awareness of any claims or situations which may give rise to any claims

The Claim Information Forms, if any, that are attached to this Application include the details of:

- A. All facts, situations, and incidents which have occurred in the past and which may reasonably be expected to result in a claim, suit or arbitration against us (the Applicant);
- B. All facts, situations, and incidents which have occurred in the past and which may reasonably be expected to result in a claim, suit or arbitration against us (the applicant) in the future. All such claims, suits and incidents have been reported to our (Applicants) current or prior insurer(s). It is understood and agreed that all such claims, suits, arbitrations, fact situations and incidents will be excluded from coverage under any policy issued by the insurer.

It is understood and agreed that failure to provide true and complete response to any of the questions, statements or request for information in this Application or to provide any other information material to this Application may, at the sole option of the insurer, result in the voiding of the insurance policy issued in reliance on this Application and /or denial of coverage for specific claims asserted against us (the Applicant) or any other insured under the policy. The undersigned on behalf of the Applicant and all other insureds under this policy issued by the insurer, hereby waives any defense to an action by the insurer for voiding or revoking of the policy based upon misrepresentation of fact or failure to disclose material information in connection with this Application. The Applicant agrees to hold the insurer harmless from all loss as a result of any such misrepresentation or failure to disclose, including, without limitation, all costs and attorney fees incurred by the insurer in connection with said action for voiding or revoking the policy.

I HEREBY DECLARE that the above statements and particulars are true to the best of my knowledge, that I have not suppressed or misstated any facts and I agree that this application shall form part of the insurance policy. I also acknowledge that I am obligated to report any changes that could affect the disclosures in this application that occur after the date of signature, but prior to the effective date of coverage.

Name (please print): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Title or Position: \_\_\_\_\_

Date: \_\_\_\_\_

**MUST BE SIGNED BY A PRINCIPAL, PARTNER, CONTROLLER, EXECUTIVE OFFICER, DIRECTOR OR MANAGER**

**PLEASE COMPLETE AND RETURN THE APPLICATION THROUGH ONE OF THE FOLLOWING METHODS:**

- ✓ Via **EMAIL** please send to: **AUDIOLOGY@prolink.insure**
- ✓ Via **FAX** please send to: **416 595 1649 attn. CAA PROGRAM MANAGER**
- ✓ Via **MAIL** please send to: **PROLINK, 150 King Street West. Suite 2401-P.O. Box 16 Toronto, ON. M5H 1J9**

**CAA Insurance Program Application (07 04 18)**

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