



## PARALEGAL PROFESSIONAL LIABILITY APPLICATION

### 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 Defense Costs are included in the policy limit except where the laws of the province of Quebec apply.

Please answer **ALL** the questions. This information is required to make an underwriting and pricing evaluation. Your answers hereunder are considered legally material to such evaluation. If a question is not applicable, state "not applicable", **not** "N/A." If more space is required to answer a question, continue on applicant's letterhead. The application and any supplement(s) must be signed and dated by a principal, partner, or officer of the prospective insured's organization.



**PARALEGAL PROFESSIONAL LIABILITY APPLICATION**

DATE: 

D	D	M	M	Y	Y
---	---	---	---	---	---

\_\_\_\_\_  
 Broker

\_\_\_\_\_  
 Attn

\_\_\_\_\_  
 Name of Applicant

\_\_\_\_\_  
 Name(s) of Principal(s)

\_\_\_\_\_  
 Website Address

\_\_\_\_\_  
 Mailing Address

\_\_\_\_\_  
 Risk Address

AMF Broker Number

Description of Operations

If additional space is needed to answer any questions, please use the blank page included with this form on page 6.

\_\_\_\_\_  
 Date Established

\_\_\_\_\_  
 Number of years of experience

**Is the applicant firm controlled, owned, affiliated or associated with any other firm, corporation or company?**  Yes  No

\_\_\_\_\_  
 If Yes, please attach an explanation

**Please list addresses of all branch offices and/or subsidiaries. Include a brief description of their operations and indicate if coverage is desired for these offices**

\_\_\_\_\_  
 Branch Office #1

Coverage Required  Yes  No

\_\_\_\_\_  
 Branch Office #2

Coverage Required  Yes  No

**During the past 5 years has the name of the firm been changed or has any other business been acquired, merged into or consolidated with the applicant firm?**  Yes  No

\_\_\_\_\_  
 If Yes, please provide explanation detailing any liabilities assumed

**List all paralegals employed :** (Add to extra info page if necessary)

Name	Years Experience	Education	Professional Association



**PARALEGAL PROFESSIONAL LIABILITY APPLICATION**

If any paralegals in your firm are FSCO agents, have they met FSCO filing requirements?  Yes  No

If Yes, describe process or system used by FSCO paralegals to ensure that filing dates and limitations are not missed

**Note:** Next questions refer to total gross revenue for a 12 month period, whether or not collected. Such revenue figures should include sub-contracted revenue.

Date of applicants current fiscal period From:       To:

	Past Fiscal Year	Current Fiscal Year	Estimate for Next Fiscal Year
<b>Total Gross Revenue</b>	<input type="text"/> Dollar Value	<input type="text"/> Dollar Value	<input type="text"/> Dollar Value
<b>Less Direct Recovery Expenses (travel, per diem, copies, etc.):</b>	<input type="text"/> Dollar Value	<input type="text"/> Dollar Value	<input type="text"/> Dollar Value
<b>Total Gross Fees from professional activities:</b>	<input type="text"/> Dollar Value	<input type="text"/> Dollar Value	<input type="text"/> Dollar Value
<b>Total Net Billings:</b>	<input type="text"/> Dollar Value	<input type="text"/> Dollar Value	<input type="text"/> Dollar Value

**Please show split of gross revenue by category of service**

Document Searching	<input type="text"/> Percentage	Administrative Tribunals	<input type="text"/> Percentage	Real Estate	<input type="text"/> Percentage
Issuing and Filing Court Documents	<input type="text"/> Percentage	Landlord and Tenant Matters	<input type="text"/> Percentage	Criminal Code Matters	<input type="text"/> Percentage
POA & HTA Proceedings	<input type="text"/> Percentage	Immigration Consulting	<input type="text"/> Percentage	Mediation	<input type="text"/> Percentage
Incorporations / Corporate Filings	<input type="text"/> Percentage	Insurance Act of Ontario (FSCO)	<input type="text"/> Percentage	Process Serving	<input type="text"/> Percentage
Small Claims Court	<input type="text"/> Percentage	Family Law	<input type="text"/> Percentage		
Other	<input type="text"/> Describe		<input type="text"/> Percentage		

**TOTAL should equal 100%**

Does your firm provide services for any clients in which a principal, partner, officer or employee of your firm is also a principal, partner, officer, employee or a more than 3% shareholder of said client?  Yes  No

If Yes please provide:   
 Client Name   
 Relationship with client   
  
 Annual revenue generated from client



**PARALEGAL PROFESSIONAL LIABILITY APPLICATION**

Were more than 50% of your total gross billing for any one year derived from a single client or contract?  Yes  No

If Yes, please provide: \_\_\_\_\_  
 Name Services Rendered  
 \_\_\_\_\_  
 Annual revenue generated from client

Do you utilize the services of independent contractors or sub-consultants?  Yes  No

Approximate percentage of billing attributable to sub-contractors/consultants? \_\_\_\_\_  
 Percent

Are all sub-contractors and consultants required to show proof of General Liability and Professional Liability coverage's showing you as an additional insured?  Yes  No

\_\_\_\_\_  
 If Yes, what limits?

Do you ever enter into contracts where your fees for services provided are contingent upon the client achieving cost reductions or improving operating results?  Yes  No If Yes, please attach a detailed description of such arrangement

Does your firm secure a standard written contract or agreement for every project? (Please attach a sample copy)  Yes  No

Provide the percentage of your revenue where a written contract is secured. \_\_\_\_\_  
 Percent

Do your contracts contain any of the following: (Check all that apply.)

- Hold harmless or indemnification clauses in your favour?  Guarantees or warranties?
- Hold harmless or indemnification clauses in your client's favour?  A specific description of the services you will provide?
- Payment terms?

Describe steps taken to minimize/manage business risks:

Has any policy of/or application for similar insurance on your behalf or on the behalf of any of your principals, partners, officers, employees, or on behalf of any predecessors in business ever been declined, canceled, or renewal refused?  Yes  No

Do you currently carry Commercial General Liability insurance  Yes  No \_\_\_\_\_  
 If yes, what limits?

Please provide the following information on your professional liability (E&O) insurance for the past three (3) years:

Name of Insurer	Limits of Liability	Deductible	Policy Period	Premium

Retroactive Date of current policy (if any): DATE: | D | D | M | M | Y | Y |

Please attach a copy of the Declarations page from your current policy.



**PARALEGAL PROFESSIONAL LIABILITY APPLICATION**

**Claims Experience**

Have any claims, suits, or demands for arbitration been made against the firm, its predecessor(s) or any past or present principal, partner, officer or employee within the past five (5) years?  Yes  No

If Yes, provide details on the **Extra Info** page including:

- Name of Claimant
- Type of service provided and allegations made
- Date claim made
- Demand amount
- Final disposition including indemnity and expense amounts.

Having inquired of all principals, partners and officers, are you aware of any act, error, omission, unresolved job dispute or any other circumstance that is, or could be, a basis for a claim under the proposed insurance?  Yes  No

If Yes, provide details on the **Extra Info** page including:

- Name of potential claimant
- Nature of situation
- Dates
- Amount of potential damages

**With regard to Questions above, it is understood and agreed that if any such claim, act, error, omission dispute or circumstance exists, then such claim and/or any claim arising from such act, error, omission, dispute or circumstance is excluded from coverage that may be provided under this proposed insurance and, further, failure to disclose such claim, act, error, omission, dispute or circumstance may result in the proposed insurance being void, and/or subject to rescission.**

**Limit of Liability Required (check one)**

- \$500,000 per claim / \$1,000,000 Aggregate
- \$1,000,000 per claim / \$1,000,000 Aggregate
- \$1,000,000 per claim / \$2,000,000 Aggregate
- \$2,000,000 per claim / \$2,000,000 Aggregate

\_\_\_\_\_ Deductible/ Retention



**PARALEGAL PROFESSIONAL LIABILITY APPLICATION**

Additional Information related to Application

A large, empty rectangular box with rounded corners, intended for providing additional information related to the application.



# PARALEGAL PROFESSIONAL LIABILITY APPLICATION

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Application for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application for Insurance

The Policy may be deemed to be void and claims may be deemed not covered where:

**1. An applicant for a contract:**

- a) gives false or erroneous information to the prejudice of the Insurer, or
- b) knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein: or

**2. The Insured contravenes a term of the Contract or commits a fraud; or**

**3. The Insured willfully makes a false statement in respect of a claim under the Contract.**

**Policy Language Request: (applicable to Quebec applicants only):**

In connection with this application for insurance coverage, we hereby request and consent that all insurance policy documents be prepared and executed in the English language.

**Language de la police d'assurance (pour les résidents du Quebec seulement):**

Considérant la demande de protection d'assurance, par la présente nous demandons et consentons que tous les documents d'assurance soient préparés et rédigés en anglais.

**Our Privacy Policy and Commitment to Protecting Your Privacy**

A.M. Fredericks Underwriting Management Ltd. values you as a customer and we thank you for your confidence in choosing our company to place your insurance with one of our approved insurance companies. As a policyholder, you trust us with your personal information. We respect that trust and want you to be aware of our commitment to protect the information you share with us in the course of doing business with us.

**How We Use and Disclose Your Information**

When you purchase insurance from us, you share personal information so that we may provide you with the products and services that best meet your needs and provide the insurance protection you have requested. In order to do this, we may use and disclose your personal information to:

- Communicate with you.
- Assess your application for insurance including underwriting and pricing your policies.
- Evaluate claims.
- Detect and prevent fraud.
- Analyze business results.
- Act as required or authorized by law.

We assume your consent for our company to use this information in an appropriate manner.

All personal information is safeguarded with appropriate security measures.

**What We Will NOT Do With Your Information**

We do not sell customer information to anyone. Nor do we share customer information with organizations outside of our associated companies.

**We Strive to Protect Your Personal Information**

All employees, agents, independent brokers and suppliers who are granted access to customer records understand the need to keep this information protected and confidential. They know they are to use the information only for the purposes intended. This expectation is clearly communicated and reinforced.

We have also established physical and systems safeguards, along with the proper processes, to protect customer information from unauthorized access or use.

**Your Privacy Choices**

You may withdraw your implied consent at any time (subject to legal or contractual obligation and on providing us reasonable notice) by contacting our Privacy Officer. Please be aware that withdrawing your consent may prevent us from providing you with the requested product or service.

**If You Need More Information**

For more information about our privacy policies and procedures, please contact our Privacy Officer, at A.M. Fredericks Underwriting Management Ltd. 201-339 Westney Rd. S. Ajax, Ontario L1S 7J6 Tel: 905-428-1269 Ext 109 Fax: 905-428-3977

Our Insurers privacy contacts can be found:

<http://www.amfredericks.com/privacy.php>

Print Name and Title

Signature of Applicant or Authorized Representative

DATE: 

D	D	M	M	Y	Y
---	---	---	---	---	---



PARALEGAL PROFESSIONAL LIABILITY APPLICATION

Broker Survey

(Questions to be answered by the Broker)

1. Do you know the Applicant Personally?  Yes  No

If Yes, for how long?

2. Did you receive the order direct from the Applicant?  Yes  No

If No, from whom and why?

3. Do you handle other Insurance for the Applicant?  Yes  No

If yes, which coverages.

4. Do you recommend this risk in every respect?  Yes  No

If no, please explain

5. Is this risk a renewal to your Office?  Yes  No

If yes, how long have you placed the risk?

6. Are you licensed broker in the province wher the risk is located?  Yes  No

DATE: 

D	D	M	M	Y	Y
---	---	---	---	---	---

Broker's Signature \_\_\_\_\_