



SECTION 1: APPLICANT INFORMATION

1. Name of Applicant: _____

2. Are you a member of OAPSOR? YES NO

3. Name of the Main Contact Person: _____

Phone # _____ Fax # _____ Email _____

Mailing Address _____

City _____ Province _____ Postal Code _____

Website Address _____

SECTION 2: ERRORS AND OMISSIONS UNDERWRITING INFORMATION

4. Inception date of business: _____

5. Number of office locations: _____ Is the primary office location: Owned Leased Home-based

6. Please provide the total number of the following:

Professional Searchers: <input style="width: 100px; height: 20px;" type="text"/> Para-Legals: <input style="width: 100px; height: 20px;" type="text"/> Independent Contractors: <input style="width: 100px; height: 20px;" type="text"/>	Employees: <input style="width: 100px; height: 20px;" type="text"/> Other: <input style="width: 100px; height: 20px;" type="text"/> Other: <input style="width: 100px; height: 20px;" type="text"/>
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7. Please indicate the approximate percentage of revenue derived from each of the following:

(Total must equal 100%)

Service	Percentage %
Trademark, Patents, Copyright Searches & Filings	
Real Estate Title Searches & Registrations	
Searches for real property outside of Canada	
PPSA Search & Registration	
Corporate & Security Due Diligence Searches	
Corporate Name Searches	

Service	Percentage %
Document Filings (Article/Business Filings)	
Litigation Searches and Filings	
Process Serving	
Other: _____	
Other: _____	
Other: _____	

8. Do you hire subcontractors? YES NO

If 'YES', please indicate the number of contractors hired and services to be provided:

Professional Searchers: Para-Legals: Other: _____

Describe services provided by subcontractors (If Applicable): _____

9. Gross Revenues (Last Year): \$ _____ Gross Revenue (Projected Year): \$ _____

10. Identify your three largest clients by Gross Revenue:

Name	Gross Revenue	Type of Work

11. Do you provide services or have offices outside of Canada? YES NO

If 'YES', please explain: _____

What percentages of your Gross Revenues are from services performed outside of Canada? (If Applicable) _____ %

SECTION 3: INTERNAL CONTROLS

12. Is there countersignature of cheques? YES NO

If 'NO', please explain: _____

13. Will endorsements of cheques on your behalf be limited to endorsement for deposit and credited to your account? YES NO

If 'NO', please explain: _____

14. Are bank reconciliations completed by person(s) not authorized to deposit or withdraw therefrom? YES NO

If 'NO', please explain: _____

15. Is there a formal, planned program requiring segregation of duties so that no single transaction (including claim handling and draft issuance procedures) can be fully controlled from origination to posting by one person? YES NO

If 'NO', please explain: _____

16. Have you or any of your employees under the applicant ever been charged with, or convicted of, committing a criminal or fraudulent act? YES NO

If 'YES', please provide full details (including dates) and attach on a separate sheet to this application.

17. During the past three years, are any of you aware of any circumstance, allegation, contention or incident which may potentially result in a claim for an error or omission in the performance of a professional service being made against You, Your Entity, or Employee(s) present or past associated or working with you or your entity? YES NO

If 'YES', please provide full details (including the date of the claim or allegation) on a separate attachment.

18. Have you or any employees under the applicant:

- A. Had their license suspended or terminated by a regulatory authority? YES NO
- B. Ever been called before an investigative committee for disciplinary proceedings for professional misconduct by a professional society/board or any statutory registration board? YES NO
- C. Been censured or fined by a regulatory authority? YES NO
- D. Ever been charged with, or convicted of, committing a criminal or fraudulent act? YES NO

If 'YES' to any of the above, please provide full details (including dates) and attach on a separate sheet to this application.

19. Errors and Omissions Liability Limit Requested: *note this is on a claims made form*

- \$1 million per claim/ \$2 million aggregate
- \$2 million per claim/ \$5 million aggregate
- \$3 million per claim/ \$5 million aggregate
- \$4 million per claim / \$5 million aggregate
- \$5 million per claim / \$5 million aggregate
- Other (please specify): _____

PLEASE NOTE: Program standard deductible is \$1,000. If other deductible is needed, please contact the LMS PROLINK office and specify the requested amount.

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 included in the policy limit except where the laws of the province of Quebec apply.

Disclosure and Consent

As part of my application for insurance I consent to the collection and use of personal information required for purposes of considering my application for errors and omissions insurance by the insurer and the authorized insurance broker, LMS PROLINK Ltd and 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.

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 error, omission or negligent act in the performance of professional services for others.

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

- A. All fact 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 fact 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 Company.

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 Company, 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 insured under this policy issued by the Company, hereby waives any defence to an action by the Company for rescission of such policy based upon misrepresentation of fact or failure to disclose material information in connection with this Application. Applicant agrees to hold the Company 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 Company in connection with said action for rescission.

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.

Applicant's Signature: _____

Name (please print): _____

Date: _____

For quotation, please return this application to LMS PROLINK by one of the following methods:

FAX: 416.595.1649 or 877.595.1649 (ATTENTION – OAPSOR Account Manager) **EMAIL:** OAPSOR@LMS.ca

MAIL: LMS PROLINK Ltd. | 480 University Ave., Suite 800 | Toronto, ON. | M5G 1V2 (ATTENTION - OAPSOR Account Manager)

IF YOU REQUIRE MORE INFORMATION ABOUT THE PROGRAM PLEASE CALL LMS PROLINK'S MAIN OFFICE AT 1.800.663.6828 OR VISIT WWW.LMS.CA/OAPSOR

LIMITS SECTION:

Co-insurance 90% Deductible \$1,000 unless specified otherwise.

Type of insurance	Details	Limit Required	Deductible (if higher than \$1,000 requested)
Building:	If owned		
Condo Unit:	If owned provide sq footage: _____		
Condo Unit:	Improvements & Betterments		
Condo Unit:	Special Assessment <i>(\$25,000 included; indicate if higher amount required)</i>		
Contents / Equipment: Must be selected	Includes Tenants Improvements		

Other: Please list other types of insurance you may require. Attach on a separate page and include with this application.

Co-insurance 90% Deductible \$1,000 unless specified otherwise.

Type of insurance	Standard Limit of Insurance (automatically included)	Limit (if higher limit is required)	Deductible (if higher than \$1,000 requested)
Off-Site Equipment & Stock:	\$25,000		
Equipment Breakdown:	Total combined of Building and Contents / Equipment		
Accounts Receivable:	\$50,000		
Valuable Papers:	\$50,000		
Business Interruption ALS:	Actual Loss Sustained		
Fidelity:	\$5,000		
Crime:	\$5,000		
Commercial General Liability:	Select limit required by checking one of the boxes below: <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$3,000,000 <input type="checkbox"/> \$5,000,000	N / A	
Tenants Legal Liability:	\$100,000		

Other: Please list other types of insurance you may require. Attach on a separate page and include with this application.