

OAPSOR PROFESSIONAL LIABILITY PROGRAM

Renewal Application



Canada's Insurance Connection

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. Are there any material facts/changes (including anticipated changes) which the insurer should be aware of? YES NO
5. Please provide the total number of the following:
- | | | | |
|--------------------------|----------------------|-------------|----------------------|
| Professional Searchers: | <input type="text"/> | Employees: | <input type="text"/> |
| Para-Legals: | <input type="text"/> | Other _____ | <input type="text"/> |
| Independent Contractors: | <input type="text"/> | Other _____ | <input type="text"/> |
6. 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: _____	

7. Do you hire subcontractors? YES NO

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

Professional Searchers: Para-Legals: Other: _____

Describe services provided by subcontractors (If Applicable): _____

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

9. 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

10. Have there been any internal control changes from the previously completed application that the insurance company has not been made aware of? YES NO

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

11. Have you or any of your employees of 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.

12. During the past three years, are current or former Employees aware of any circumstance, allegation, contention or incident that 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) (past or present)? YES NO

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

13. Have you or any employees under the applicant:

A. Had their license suspended or terminated by a regulatory authority? YES NO

B. 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. 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.

14. Limits Requested:
- \$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 PROLINK 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 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 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.

Applicant's Signature: _____ Name (please print): _____ Date: _____

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

- ✓ Via **EMAIL** please send to: **OAPSOR@prolink.insure**
- ✓ Via **FAX** please send to: **416 595 1649 attn. OAPSOR PROGRAM MANAGER**
- ✓ Via **MAIL** please send to: **PROLINK 150 King St W. Suite 2401, Toronto, ON, M5H 1J9**