

Please complete this application and email it to submit@approvedcasualty.com

Questions marked with an * are required. Additional information may be requested for unusual or higher-hazard professional services.

PART 1 APPLICANT & BROKER INFORMATION

*Legal Name of Applicant	D/B/A Name	Company Contact	
*Mailing Address	*Town/City	*Province	*Postal Code
Phone	*E-Mail	Website	
*Year Established	*Years Experience	Brokerage	
Broker Contact	Broker E-Mail	*Requested Effective Date	

PART 2 PROFESSIONAL SERVICES & RATING INFORMATION

*Full description of professional services		
*Annual Canadian Revenue	*Annual U.S./Foreign Revenue	Professionals / Staff
Projected Next 12M Revenue	Largest Client % of Revenue	Largest Contract / Project

Break down the principal services below. Total should equal 100%. Attach a schedule if more than four services.

Professional Service	% Revenue	U.S./Foreign %	% Subcontracted

Professional association(s) / licence(s)

PART 3 COVERAGE REQUESTED & CURRENT INSURANCE

*E&O Limit: ☐ \$1,000,000 ☐ \$2,000,000 ☐ \$3,000,000 ☐ \$4,000,000 ☐ \$5,000,000 ☐ Other: _____

*Deductible: ☐ \$1,000 ☐ \$2,500 ☐ \$5,000 ☐ \$10,000 ☐ Other: _____

*Current Insurer _____ Policy # _____ Expiry _____

PART 4 ACCOUNTING, INSOLVENCY & FIDUCIARY EXPOSURE

Provide approximate revenue split by service. Total should equal 100%.

Service (e.g., bookkeeping, assurance, tax, insolvency)	% Revenue	No. Clients/Files	Largest Fee / Estate

Do you perform audits / assurance engagements or services for public companies? ☐ Yes ☐ No

Do you provide investment advice, securities services, insurance sales or manage client investments? ☐ Yes ☐ No

Do you hold or control client, trust, estate or insolvency funds? ☐ Yes ☐ No

If Yes, are trust/client accounts independently reconciled and dual-authorized for transfers? ☐ Yes ☐ No

Do you act as trustee, receiver, monitor, liquidator or other insolvency / court-appointed fiduciary? ☐ Yes ☐ No

If Yes, active files: _____ New appointments / year: _____ Largest estate / asset value: _____

Any disciplinary action, licence restriction, regulatory investigation or allegation of fraud in past 5 years? ☐ Yes ☐ No

Do you use engagement letters, conflict checks and documented file / quality review procedures? ☐ Yes ☐ No

Details for any Yes answer requiring explanation

PART 5 CURRENT INSURANCE, CLAIMS & CIRCUMSTANCES

First date of continuous claims-made E&O coverage

Expiring Premium

Has any insurer cancelled, declined or refused E&O; coverage in the past 5 years?

☐ Yes☐ No

Any claim, allegation of professional negligence or disciplinary matter in the past 5 years?

☐ Yes☐ No

Is anyone aware of an act, error, omission or circumstance that may reasonably give rise to a claim?

☐ Yes☐ No

Date	Claim / Circumstance Description	Paid	Outstanding

PART 6 ADDITIONAL REMARKS & DECLARATION

Additional remarks

I/we declare that the statements and particulars in this application are true and complete to the best of my/our knowledge and belief, and that no material facts have been withheld or misstated.

I/we agree that this application and information supplied with it may form the basis of any contract of insurance issued and will advise Underwriters of any material change before coverage is bound.

Applicant Name / Title

Signature

Date