Professions - Sub $1m in revenue

Insurance application form

CAN

The purpose of this application form is for us to find out more about you. You must provide us with all information which may be material to the cover you wish to purchase and which may influence our decision whether to insure you, what cover we offer you or the premium we charge you.

How to complete this form

The individual who completes this application form should be a senior member of staff at the company and should ensure that they have checked with other senior managers and colleagues responsible for arranging the insurance that the questions are answered accurately and as completely as possible. Once completed, please return this form to your insurance broker.

Section 1: Company Details

1.1 Company name:

1.2 Primary address (Address, City, Postcode, Country):

1.3 Website:

1.4 Date business was established: (DD/MM/YYYY)

1.5 Date of company financial year end: (DD/MM/YYYY)

1.6 Please state your gross revenues in respect of the following years:

	Last complete FY	Estimate for current FY
Canada:	$	$
US:	$	$
Other territories:	$	$

Section 2: Activities

2.1 Please provide an approximate breakdown of how your revenue is generated from your products and services:

Product/Service type	Approximate percentage of revenue
	%
	%
	%
	%
	%

**If you offer more than 5 products and services, please provide this information on the next page under the "Additional Information" section.*

Section 3: Limits Required

3.1 Please confirm the E&O limit required:

3.2 If you currently have E&O cover in place, please confirm the retroactive date (DD/MM/YYYY):

3.3 Please confirm the GL limit required:

Section 4: Claims Experience

4.1 Please state whether you:

a) have ever had an insurance policy declined, cancelled or non-renewed? ☐ Yes ☐ No

b) have received or are aware of any allegations of professional negligence which have been made in writing or via verbal means? ☐ Yes ☐ No

c) are aware of any circumstances, including any government or regulatory investigation, which may give rise to a claim under this policy? ☐ Yes ☐ No

If you have answered "yes" to any of the above then please provide a description of the incident, including the monetary amount of the potential claim or the monetary amount of any claim paid or reserved for payment by you or by an insurer. Please include all relevant dates, including a description of the status of any current claim which has been made but has not been settled or otherwise resolved.

Additional Information

Important Notice

By signing this form you agree that the information provided is both accurate and complete and that you have made all reasonable attempts to ensure this is the case by asking the appropriate people within your business. CFC Underwriting will use this information solely for the purposes of providing insurance services and may share your data with third parties in order to do this. We may also use anonymized elements of your data for the analysis of industry trends and to provide benchmarking data. For full details on our privacy policy please visit ***www.cfc.com***

Contact name: Position:

Signature: Date: (DD/MM/YYYY)