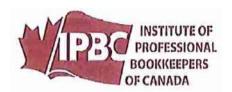




Application for Professional Liability Insurance and Office Package Policy

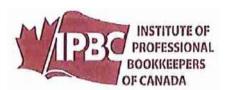
□ By checking this box, I certify that I am a registered member of the Institute of Professional Bookkeepers of Canada								
Effe	ective Date of Coverage Requested:							
F		ID LEAVE NO BLANK SPACES, IF DLY APPEND A SEPARATE PAG			NT TO ANSWER ANY QUESTION FULLY			
	Please fax to 604-731-6701 or email to IPBC@johnrossinsurance.com							
1.	APPLICANT FIRM / INDIVIDUAL:							
1.1	Name:							
Other Trade Names Presently Used: Date established					ed			
1.2	2 Main Address:							
	Postal Code:	E-Mail Address:						
	Web Address:	Telephone: ()	Facsimi	le: ()			
2.	PROFESSIONAL LIAB	BILITY:						
	Category of Partner, Asso	ciate or Employee	Total N	lo. of Full-time	Total No. of Part-time			
Boo	okkeepers – Owners, Partners and C	Officers						
CM	A, CGA, CA							
Oth	er Employees (clerical / administrat	ive)						
Total:								
2.2	2 Has any member of Applicant Firm Included in question 2.1 ever been the object of disciplinary Yes No sanction or suspension? If Yes, please explain on a separate page							
2.3	Indicate the Applicant's or Firm's Estimated Gross Revenues emanating from all sources: \$							
2.4	4 Indicate the approximate percentage of the Applicant Firm's Gross Revenues for each service offered during the Applicant Firm's last fiscal year:							
Category of Service				Percenta	ge of Gross Revenues			
Bookkeeping / Tax Return Preparation for Corporations and/or Individuals					%			
Review Engagements and/or other Financial Statement Preparation					%			
Pro	perty and/or Asset Management for	Others		%				
Oth	ers Services (Please provide details	3):			%			

Total: 100.00%





2.5 a	a. Computer Related Services: Does the Applicant Firm provide Computer Related Services? If YES, under what name does the Applicant Firm provide such services: □ YES □ NO			
	b. Are these services related to Bookkeeping? : □ YES □ NO If NO, please explain:			
2.6	Do you provide any services in the U.S.A or anywhere outside Canada? □ YES % □ No			
PRO	FESSIONAL LIABILITY LIMIT REQUIRED: □\$500,000 □\$1,000,000 □\$2,000,000			
3.	PRIOR INSURANCE AND CLAIMS			
3.1	During the last five years, has the Applicant Firm carried Professional Liability (Errors and Omissions) Insurance? ¬Yes ¬No			
3.2	During the past five years, has any Insurer ever cancelled, declined or refused to renew the Applicant Firm's or any previous organization's or partnership's Professional Liability Insurance? If YES, state in each case, the name of the Insurer and give the reason(s):			
3.3	After making an inquiry of all members of the Applicant Firm, Including predecessors in business and staff, either individually or otherwise, has anyone, in the past five years, ever been the subject of a claim in respect of the liabilities to be covered by the proposed insurance? IF YES, please attach full details, the date and amount of the claim(s) on a separate page:			
3.4	After making an inquiry of all members of the Applicant Firm, including predecessors in business and former staff, either individually or otherwise, has anyone, in the past five years, ever given notice of a possible claim to an Insurer in respect of the liabilities to be covered by the proposed insurance? If YES, please attach full details, the date and amount of the claim(s) on a separate page:			
3.5	After making an inquiry of all members of the Applicant Firm, Including predecessors in business and former staff, either Individually or otherwise, is anyone aware of any act or circumstance which could reasonably be expected to be the basis of a future claim in respect of the liabilities to be covered by the proposed insurance? If YES, please attach full details, the date and amount of the potential claim(s) on a separate:			
	For the purposes of this Application form, the word claim, as used in Questions 3.3, 3.4 and 3.5 means:			
	 (a) a verbal or written demand for money damages from a third party; (b) a verbal or written allegation suggesting that the Applicant Firm or a member of the Applicant Firm including predecessors in business and former staff, may have committed an error, omission or negligent act in respect of professional services provided to a third party; and/or (c) a fact or circumstance arising out of professional services that is known to the Applicant Firm or a member of the Applicant Firm which could reasonably be foreseen to give rise to a future claim for money damages. 			
SUR	EACH ANSWER OF "YES"TO QUESTIONS 3.3,3.4 OR 3.5 ON A SEPARATE PAGE, PLEASE PROVIDE THE DATES, CIRCUMSTANCES ROUNDING THE MATTER CONTEMPLATED BY AN AFFIRMATIVE RESPONSE TO THOSE QUESTIONS, THE NAMES OF THE CLAIMANT, NTUM OF DAMAGES DEMANDED AND THE CURRENT STATUS OF EACH MATTER (CONTINUING, CLOSED, ETC).			





4. OFFICE PACKAGE

COVERAGE REQUIRED	LIMIT REQUESTED
OFFICE CONTENTS	□ \$ 40,000 or □ Higher Limit : \$
COMMERCIAL GENERAL LIABILITY	□ \$1,000,000 or □ \$2,000,000

OFFICE CONTENTS	E ψ +0,000 OI E I light Elimit . ψ					
COMMERCIAL GENERAL LIABILITY	□ \$1,000,000 or □ \$2,000,000					
1.1 Please provide information about the building where you are located: Age of the Building /Year Built: a) Type of Construction: Fire Resistive Masonry Brick Frame/Wood Other b) Is you Building within 300m of a Hydrant and within 8Kms of a fire hall? YES No 1.2 Do you have a Monitored Burglar Alarm? YES No Type of Heating: Natural Gas Electric Steam Boiler Other						
DISCLOSURE and AUTHORIZATION						
I/we hereby declare for and on behalf of the Applicant Firm and each every one statement and particulars in this application are true and complete and that I/we this application, together with any other information supplied by me/us shall form inform Insurers of any material alteration to these facts whether occurring before and accept that this insurance applied for provides coverage on a "claims made apply to any known claim or circumstance that could reasonably give rise to a fuinception dare of the policy nor to any claim or circumstance reported after the eliwe also give authorization to Intact Insurance Company, its affiliates, agents a with the insurance applied for in this application. This consent is valid with respection of the application.	have not omitted, suppressed or misstated any material facts. I'we agree that the basis of any Contract of Insurance effected there from. I/We undertake to a rafter completion of the Contract of Insurance. Furthermore, I/we understate and reported" basis and that coverage under the policy, if issued, shall not tuture claim that is known to myself, the Applicant Firm or its members prior to expiration, cancellation or termination of the policy. Indicate the property of the policy of the policy of the policy of the policy.					
Client Name (or an authorized singing Officer where the Client is a commercial or other entity)						
Signature of Client	Date (dd /mm/ yyyy)					