

**Sound Insurance Services Inc.**

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**NATIONAL CASE MANAGEMENT NETWORK  
PROFESSIONAL LIABILITY APPLICATION**

NMCN Membership # \_\_\_\_\_

**FAILURE TO ANSWER ALL QUESTIONS MAY RESULT IN A DELAY PROCESSING YOUR APPLICATION**

1 Name of Applicant: \_\_\_\_\_

2 Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

3. Phone #: \_\_\_\_\_ CELL # \_\_\_\_\_ FAX # \_\_\_\_\_

E-MAIL: \_\_\_\_\_

4. Please provide a complete description of the Applicant's activities.

5. Experience of Applicant, degrees held, year graduated:

\_\_\_\_\_  
\_\_\_\_\_

6. Average number of calls/ client visits per year: \_\_\_\_\_

7. Does the Applicant provide services or perform activities outside Canada or for clients who are outside Canada? YES  NO

If yes, please provide full details for our review and acceptance and indicate the services provided as well as the location and the gross annual fees or income from the past year and anticipated for the next year.

8. (a) Has the Applicant ever previously purchased professional or errors and omissions liability insurance? YES  NO

(b) If yes, please give the following details for the last three years:

Insurer	Period	Expiring Premium	Limit	Deductible
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____

(c) With respect to (b) above, please indicate if such coverage was offered on an occurrence basis or claims-made basis:

If claims-made, what was the retroactive date of the policy (dd/mm/yy)?

9. Has insurance coverage ever been declined or cancelled or the renewal thereof been refused? YES  NO   
If yes, please attach details.

10. (a) In the past, has the Applicant or any of his/her employees ever been the recipient of any allegations of professional negligence in writing or verbally? YES  NO

(b) Is the Applicant or any of his/her employees aware of any facts, circumstances or situations which may reasonably give rise to a claim, other than as advised above? YES  NO   
If yes please attach details.

WITHOUT LIMITATION OF ANY OTHER REMEDY AVAILABLE TO THE INSURER, IT IS AGREED THAT IF THERE BE KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION, ANY CLAIM OR ACTION SUBSEQUENTLY EMANATING THEREFROM IS EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

#### 11. LIMITS REQUESTED

- A) Professional Liability: Per claim: \$2,000,000 Aggregate Per policy period: \$2,000,000  
B) Commercial General Liability: \$2,000,000 per Occurrence General Aggregate: \$3,000,000  
Property Damage Deductible: \$500. per Occurrence

The undersigned Applicant for this insurance declares that, to the best of his/her knowledge and belief, the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this Application form. The undersigned further agrees that if any significant change in the condition of the Applicant is discovered between the date of this Application form and the effective date of the policy, which would render this Application form inaccurate or incomplete, notice of such change will be reported immediately in writing to the Insurer.

Although the signing of this Application form does not bind the Applicant to purchase the insurance, the undersigned Applicant agrees that this form and the information furnished pursuant hereto shall be the basis of the contract should a policy be issued and this form will become part of the policy.

**Privacy Consent** - Canada's Personal Information Protection and Electronic Documents Act (PIPEDA) and similar provincial laws, are intended to protect the confidentiality of an individual's Personal Information. Aviva is committed to protecting personal information and to using or disclosing it only for the purposes for which it was collected. By submission of this request for a quote, you hereby consent to Aviva collecting, using or disclosing personal information gathered in connection with this application. Consumer and previous insurer reports containing personal, credit, factual, investigative or previous claim and loss information about the applicant may be sought in connection with this application for insurance or a renewal, extension or variation thereof. I authorize you to collect, use and disclose personal information as permitted by law, in connection with your commercial insurance policy or a renewal, extension or variation thereof, by Aviva for the purposes necessary to assess the risk, investigate and settle claims, and detect and prevent fraud, such as credit information, and claims history. If you wish to withdraw your consent you must notify Aviva immediately in writing. Refer to the Aviva Canada website, [www.avivacanada.com](http://www.avivacanada.com), for additional information on our Privacy Policy.

By signing this form you are consenting to the statements above.

\_\_\_\_\_  
Name of Applicant (please print)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date