

Application for Professional Liability Insurance and Office Package Policy



Requested Effective Date of Coverage:

By checking this box, I certify that I am a registered member of Canadian Bookkeepers Association

PLEASE ANSWER ALL QUESTIONS AND LEAVE NO BLANK SPACES. IF THE SPACE PROVIDED IS INSUFFICIENT TO ANSWER ANY QUESTION FULLY, KINDLY APPEND A SEPARATE PAGE WITH YOUR DETAILED ANSWERS.

1. APPLICANT FIRM / INDIVIDUAL:

1.1 Name: _____ Date established _____
 Other trade names presently used: _____
 1.2 Main Address: _____ E-Mail _____
 Postal Code: _____ Telephone: () _____ Facsimile: () _____

2. PROFESSIONAL LIABILITY:

Category of Partner, Associate or Employee	Total No. of Full-time	Total No. of Part-time
Bookkeepers - Owners, Partners and Officers		
CMA, CGA, CA		
Other Employees (clerical / administrative)		
Total:		

2.2 Has any member of the Applicant Firm included in question 2.1 ever been the object of disciplinary sanction or suspension? If YES, please explain on a separate page YES NO

2.3 Indicate the Applicant Firm's Estimated Gross Revenues emanating from all sources: \$ _____

2.4 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	Percentage of Gross Revenues
Bookkeeping / Tax Return Preparation for Corporations and/or Individuals	%
Review Engagements and/or other Financial Statement Preparation	%
Property and/or Asset Management for Others	%
Other Services (Specify)	%
	Total: 100.00%

2.5 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

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): YES NO
- 3.3 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 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: YES NO
- 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: YES NO
- 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 page:
 YES NO

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.

FOR EACH ANSWER OF "YES" TO QUESTIONS 3.3, 3.4 OR 3.5, ON A SEPARATE PAGE, PLEASE PROVIDE THE DATES, CIRCUMSTANCES SURROUNDING THE MATTER CONTEMPLATED BY AN AFFIRMATIVE RESPONSE TO THOSE QUESTIONS, THE NAMES OF THE CLAIMANT, QUANTUM OF DAMAGES DEMANDED AND THE CURRENT STATUS OF EACH MATTER (CONTINUING, CLOSED, ETC).

4. OFFICE PACKAGE

COVERAGE REQUIRED	LIMIT REQUESTED
OFFICE CONTENTS	\$ 40,000 <input type="checkbox"/> Higher Limit: \$
LAPTOP COMPUTERS (Optional) NUMBER:	\$
Rate for Laptop Coverage: \$30.00 per thousand of value	
COMMERCIAL GENERAL LIABILITY	\$1,000,000 or <input type="checkbox"/> \$2,000,000

- 4.1 Please provide information about the building where you are located:
 - a) Type of Construction: Fire Resistive Masonry Brick Frame/Wood Other _____
 - b) Is your Building within 300m of a Hydrant and within 8kms of a fire hall? Yes No
- 4.2 Do you have a Monitored Burglar Alarm? Yes No

DISCLOSURE and AUTHORIZATION

I/We hereby declare for and on behalf of the Applicant Firm and each and every one of its members to be insured, that to the best of my/our knowledge, the above statements and particulars in this application are true and complete and that I/we have not omitted, suppressed or misstated any material facts. I/we agree that this application, together with any other information supplied by me/us shall form the basis of any Contract of Insurance effected there from. I/We undertake to inform Insurers of any material alteration to these facts whether occurring before or after completion of the Contract of Insurance. Furthermore, I/we understand and accept that this insurance applied for provides coverage on a "claims made and reported" basis and that coverage under the policy, if issued, shall not apply to any known claim or circumstance that could reasonably give rise to a future claim that is known to myself, the Applicant Firm or its members prior to the inception date of the policy nor to any claim or circumstance reported after the expiration, cancellation or termination of the policy.

I/We also give authorization to AXA Pacific Insurance Company, its affiliates, agents and representatives to verify, obtain and exchange any information in connection with the insurance applied for in this application. This consent is valid with respect to any policy extension and/or renewal of coverage with AXA Pacific Insurance Company, or any of its affiliates.

Client Name (or an authorized signing Officer where the Client is a commercial or other entity) _____ Please Print

Signature of Client	Date (dd/mm/yyyy)
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Transparency and Privacy Compliance Consent Form

BETWEEN: MARSH CANADA LIMITED ("Marsh")

AND: _____ (the "Client")

A. PRIVACY COMPLIANCE

The Client hereby acknowledges that Marsh has been retained by the Client, the Association, and/or a member of the Association, which is a Client, to provide insurance coverage and products to its members and/or to acquire or renew a policy or policies of insurance or to provide Surety, Consulting, and/or Risk Management Services for the Client, Association and/or members of the Association, under which the Client, individual Client, named individual members of the Client, named individuals in addition to the Client, or where the Client is a commercial or other entity, its employees, servants and representatives (hereafter collectively called "insured individuals") may be insured.

As part of the application for new or renewal insurance coverage(s) or to provide Surety, Consulting and/or Risk Management Services, the Client hereby authorizes and expressly consents to Marsh collecting, using or disclosing Personal Information of such insured individuals as required and as permitted pursuant to relevant privacy laws or other laws and providing such Personal Information to third parties as required, including insurance companies, intermediaries, reinsurers, other brokers, claims adjusters, the association if applicable, and other third parties involved in providing the above services as outlined in Marsh's Privacy Policy which can be viewed at www.Marsh.ca or can be forwarded to the Client on request.

Where there are insured individuals in addition to the Client, or where the Client is a commercial or other entity, the Client hereby covenants and warrants that the Client has obtained the appropriate consent from all of the insured individuals for its disclosure of their Personal Information to Marsh and to the collection, use and disclosure of their Personal Information by Marsh for these purposes and has either provided a copy of Marsh's Privacy Policy or referred the insured individuals to the Marsh.ca website. The Client agrees to indemnify and hold Marsh harmless for any claims arising from the Client's breach of this warranty.

B. TRANSPARENCY DISCLOSURE

Your Errors & Omissions / Office Package coverage will be placed with a facility program administered by Marsh Canada Limited. Marsh Canada has engaged in a competitive marketing process to offer a competitive product. We have negotiated this Program (Business Package) on a group basis with insurers but we have not acted as a broker for any individual participant. This Program may be for a term of several years and may not be negotiated annually.

For disclosures with respect to the items below, please refer to www.marsh.ca > About Marsh > Disclosure:

- **MMC and Subsidiaries Direct & Indirect Investments in Insurance and Reinsurance Companies Contractual Agreements with Insurers and Wholesale Brokers**
- **ENCON Group Inc**
- **Premium Financing - Marsh Income disclosure statement**

C. COMMISSION DISCLOSURE

Marsh Commissions:

Coverage Type	Insurer Name	Premium (\$)	Commission Percentage (%)	Income (\$)	Administration Fee (\$)	Enhanced Commission (%)
Errors & Omissions / Office Package	AXA Pacific Insurance Company	\$	20	\$	\$50	2

Notes: Enhanced Commissions - In some circumstances, the Enhanced Commission may only apply to a portion of the premium.

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

Client Name (or an authorized signing Officer where the Client is a commercial or other entity) Please Print

Signature of Client Date (dd/mm/yyyy)

PLEASE RETURN BY FAX OR AS AN ATTACHMENT TO E-MAIL, THE SIGNED CONSENT TO THE ATTENTION OF **CONSUMER UNIT - FAX NO.: (604) 685-3112** or E-MAIL to: **Nicole.Chapman@marsh.com**

Canadian Bookkeepers Association

Professional Liability and Office Package Insurance

Please check one coverage/s required (subject to Insurer's approval):

OPTION A:

Professional Liability (E&O) Coverage only

LIMIT: <input type="checkbox"/> \$ 500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000	PREMIUM: \$ 635 \$ 780 \$ 1095 (per Bookkeeper)	DEDUCTIBLE:	\$1,000 each loss
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OPTION B:

Professional Liability (E&O) Coverage plus \$1,000,000 Commercial General Liability plus up to \$40,000 Office Contents

LIMIT: <input type="checkbox"/> \$ 500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000	PREMIUM: \$ 850 \$ 975 \$ 1250 (per Bookkeeper)	DEDUCTIBLES:	\$1,000 each loss on Professional Liability \$500 each loss on Office Package and Commercial General Liability; \$2,500 for Flood and 10% / \$100,000 for Earthquake
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IMPORTANT NOTE: *If there are more than one bookkeeper, please complete and indicate on the application the number of additional bookkeepers in your firm as there would be an additional charge at special reduced rates.*

Preferred Mode of Payment: Cheque Credit Card Direct Debit Chequing Monthly Payment Plan

If by credit card or Direct Debit Chequing Monthly Payment Plan, please complete and sign the EFT Authorization form.

Signature

Date

AXA PACIFIC INSURANCE COMPANY



EFT Authorization Form

Commercial Personal Lines

Here's How to Enroll:

- 1) Complete and sign the authorization Agreement.
- 2) Attach a sample cheque marked "VOID" to the back of the authorization Agreement.

(Please Print)

PRE-AUTHORIZED VARIABLE DEBIT AGREEMENT			
PERSONAL INFORMATION OF ACCOUNT OWNER	SURNAME	FIRST NAME	POLICY NUMBER
	BANKING INFORMATION		BANK TRANSIT AND ACCOUNT NUMBER
BANK / FINANCIAL INSTITUTION #			

I agree to the debiting of my account on the selected date below each month or on the next business day.

SELECT ONE WITHDRAWAL DATE:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19	<input type="checkbox"/> 20	<input type="checkbox"/> 21	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28	<input type="checkbox"/> 29	<input type="checkbox"/> 30

Note: For Commercial policies the withdrawal day must be the same as the effective date of the policy.

I hereby authorize AXA Pacific Insurance Company to debit my account as per my instructions and as detailed in my payment schedule, for monthly recurring payments and/or one time payments from time to time, in payment of all charges, including any applicable financing charges and taxes, arising from my contract of insurance.

I agree and understand that my first withdrawal, which will be made on the agreed withdrawal date of the contract or after, will be for 2 instalments and that the remaining instalments will be paid on the same day or next business day each month. This amount may be increased or decreased at a later date as a result of renewal of the policy, endorsements or cancellation. If changes are to be made to the Agreement, AXA Pacific Insurance Company will inform me in writing at least 10 days prior to the next debit to my account.

I agree and understand that AXA Pacific Insurance Company will not notify me before each monthly withdrawal, provided that no modification has been made to the terms of payment.

I agree that, for the purpose of this Agreement, all pre-authorized debits from my account will be treated as Variable amount pre-authorized debits. I also agree that, for the purpose of this Agreement, all pre-authorized debits from my account will be treated as Personal.

If a pre-authorized payment is returned due to insufficient funds (NSF) AXA Pacific Insurance Company is authorized to re-submit the payment. Any charges incurred as a result of the NSF will be added to the subsequent pre-authorized payment. Furthermore, I understand that if **sufficient funds** are not available, the premium will become due and payable immediately and that AXA Pacific Insurance Company may cancel the policy for non-payment of premium.

I understand that a financing charge may be applicable and spread over the instalments.

I agree to inform AXA Pacific Insurance Company, in writing, of any change in the account information provided in this Agreement at least 10 business days prior to the next debit to my account.

Upon renewal of my contract of insurance, I understand that the same payment method will apply unless I notify AXA Pacific Insurance Company before the renewal date of my contract. At renewal, the first withdrawal will be withdrawn from my account in the month prior to the renewal date.

I may cancel this authorization for pre-authorized debits at any time, subject to providing AXA Pacific Insurance Company with 30 days notice in writing. I may contact my financial institution about my rights regarding cancellation, or visit www.cdnpay.ca for a sample cancellation form.

Any cancellation of this Agreement will not terminate or otherwise have any bearing on any Agreement that exists between me and AXA Pacific Insurance Company whatsoever with respect to any contract of insurance, so long as payment is provided by an alternative method.

I have certain **recourse rights** if any debit does not comply with this Agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with the Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca

AXA Pacific Insurance Company - Suite 1400, 5700 Yonge St, North York, ON M2M 4K2

Date: _____

Signature(s): X
(For a joint account, all account holders must sign if more than one signature is required on cheques issued against the account)

CREDIT CARD PAYMENT AUTHORIZATION FOR NON EFT PLANS															
<input type="checkbox"/> VISA	CARD HOLDER NAME										POLICY NUMBER			AMOUNT	
<input type="checkbox"/> MasterCard															
CREDIT CARD NUMBER										CARD EFFECTIVE DATE (MM / YYYY)			CARD EXPIRY DATE (MM / YYYY)		
CARD HOLDER SIGNATURE															
X															

Direct Billing Guidelines

	All policies starting with "PER"	All policies with prefixes other than "PER"
One (1) Payment	Full payment, due on the effective date, by credit card, cheque, or money order	Full payment, due on the effective date, by credit card, cheque, or money order
Two (2) Payments	<ul style="list-style-type: none"> ■ Available on 12 or 24 month policies ■ Two equal payments to be paid by cheque, credit card, or money order: <ul style="list-style-type: none"> • For a 12 month policy, the first half is due on the effective date, the second half is due 90 days after the effective date • For a 24 month policy, the first half is due on the effective date, the second half is due one year after the effective date ■ If the policy is released late, the first payment will be due upon release; the second payment is due 90 days after the effective date. 	<ul style="list-style-type: none"> ■ Option not available.
Four (4) Payments	<ul style="list-style-type: none"> ■ Available on 12 or 24 month policies ■ Subject to a 3% service fee ■ Four equal payments to be paid by cheque, credit card, or money order: <ul style="list-style-type: none"> • For a 12 month policy, the first payment is due on the effective date, each remaining payment is due 3, 6, and 9 months after the effective date • For a 24 month policy, the first payment is due on the effective date, each remaining payment is due 6, 12, and 18 months after the effective date 	<ul style="list-style-type: none"> ■ Option not available.
Monthly EFT Payment Plan:	<ul style="list-style-type: none"> ■ Available on 12 or 24 month policies ■ Subject to a 3% service fee ■ 12 or 24 equal instalments, depending on term ■ All payments must be directly withdrawn from insured's chequing account and require signed debit authorization form, submitted via fax, mail or email. Cheque or credit card payments are not accepted ■ Two payments taken within first month on new business with remaining 10 or 22 equal payments taken on the same day as the effective date or chosen date for 10 or 22 months ■ If a policy is renewed on time, one instalment will be taken a month prior to the effective date ■ If a policy is released late, the system will automatically spread the premium over the remaining term, two payments are taken upon release followed by the regular instalments 	<ul style="list-style-type: none"> ■ Available on 12 or 24 month policies ■ Subject to a 3% service fee ■ 12 or 24 equal instalments, depending on term ■ All payments must be directly withdrawn from insured's chequing account and require signed debit authorization form, submitted via fax, mail or email. Cheque or credit card payments are not accepted ■ Two payments taken within first month on new business with remaining 10 or 22 equal payments taken on the same day as the effective date for 10 or 22 months ■ If a policy is renewed on time, one instalment will be taken a month prior to the effective date ■ If a policy is released late, catch-up payments will be taken for all outstanding monthly payments

Important: - Our returned item administration fee is \$30.00 on all policies. This charge will be applied on all returned EFT items and cheques.
 - Do not attach credit card information or cheques with policy applications.