

5. During the last two years, has the Insured Organization or any subsidiary been involved with, or in the next twelve months, is the Insured Organization or any Subsidiary contemplating or anticipating:

- a) Any actual or proposed merger, acquisition or divestment? Yes No
- b) Any redundancies, staff reductions or facility closings? Yes No

6. (a) Has the Applicant purchased errors and omissions liability insurance in the past?
Yes No

(b) If yes, please provide the following specifics for the past three years:

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

7. Has any application for similar insurance on your firm's behalf or any of its partners, executive officers, director, agents or brokers (whether employees or independent contractors) or on behalf of any predecessors in business ever been declined, cancelled or renewal refused?
Yes No

8. (a) Has the Applicant or any staff member /employee of any of the licensed entities declared above, ever been the recipient of any allegation of professional negligence in writing or verbally?
Yes No

(b) Is the Applicant or any staff member / employee of any of the licensed entities declared above, aware of any facts, circumstances or situations which could possibly give rise to a claim, other than as declared in 8(a) ?
Note, Should there be knowledge of any fact, circumstance, or situation of any claim not disclosed herein, coverage for that particular claim will be excluded.
Yes No

(c) Has the Insured Organization experienced any formal employee complaints or employment related litigation in the past two years?
Yes No

(d) Is the Insured Organization, its directors, officers or employees presently subject to any judicial or administrative order, decree, judgement or conciliation agreement relating to employment?
(Describe the type of allegation, the court or agency involved and any determination, judgment, defense cost or settlement in each case.)
Yes No

Note, Should there be knowledge of any fact, circumstance, or situation of any claim not disclosed herein, coverage for that particular claim will be excluded.

9. Has any owner, officer, director, partner, employee or producer of the firm been the subject of disciplinary action by any insurance authority?

Yes No

10. (a) Please specify on Schedule A (attached herein) all particulars for all licensed individuals in your firm. Please specify Nominee for each office.

(b)

- (i) Provide the names of adjusters engaged as specialists;
- (ii) Provide the names of adjusters who carry a surveyor license;
- (iii) What area of business?
- (iv) Do they carry other E&O coverage elsewhere?
- (v) If yes, please advise with which Insurer?

(e) State the number of all other full-time or part-time employees [not already included in 9 (a) or (b)]: _____

(f) Total staff: _____

11. Provide the following information for Adjusters or other intermediaries with whom you do business:

Broker	Licensed in all Provinces where you do business?	Insurance Company	Licensed Carrier?	Annual Premium
	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	\$

12. List all major companies with which the Applicant provides adjusting services:

At Present:

Any US:

13. Does Applicant do business with other insurance companies, brokers or specialty markets? If yes list below.

14. List insurance carriers with whom adjusting contracts have been terminated in the last five years, and provide the reason why such contracts have been terminated:

15. Please provide your current and estimated revenues:

	Present Year	Estimated Next Year
(a) Total gross annual adjustment fees	\$	\$
(b) Consulting Fees	\$	\$
(c) Government Auto Plans Fees (BC, MB, SK)	\$	\$
(d) Income from other sources*	\$	\$

* Please specify: _____

16. (a) Percentage of Adjusting Fees Volume (Roughly Rounded %'s):

Personal Lines ____%		Commercial Lines ____%	
Automobile	%	Property/Casualty	%
Property	%	Automobile	%
Marine Pleasure Craft:	%	Surety	%
Other *Please Specify:	%	Wet Marine	%
		Farms	%
		Aviation	%
		Other * Please Specify:	%

(b) Total number of files open on average: _____

17. Are there programs exclusively adjusted by the Applicant?

Yes No

18. What lines of business?

19.

- a) Does the adjusting office use a computer or data processing system in its operation? Yes No
- b) Is the adjusting on-line with any carrier? Please list Yes No
- c) Does the adjusting utilize the internet? Yes No
- d) Does the adjusting have a Home Page and/or Web Site? Yes No
- e) If yes, are reports completed/submitted via the internet? Yes No
- f) Does the applicant maintain anti-virus and malware prevention solutions on the computer system and update the protection at regular intervals? Yes No
- g) Does the applicant maintain firewalls on the Insured's computer system? Yes No
- h) Does the applicant maintain and implement an ongoing patch management process to ensure timely patching of the Insured's computer system? Yes No
- i) If no to F, G, H, please provide details of security arrangements? _____

- j) Is all incoming mail date-stamped? Yes No
- k) Are all level one adjusters reports checked for accuracy by higher adjusters? Yes No
- l) Is there a back up procedure available when adjusters are away from the office? Yes No
- m) Does the office have a diary/abeyance system? Yes No
- n) Does the office have a procedure manual? Yes No
- o) Does the office have in-house training sessions and/or encourage employees to attend off-site training courses such as AIIC, FIIC, CIB, CAIB, CRM? Yes No
- p) Does the applicant provide a specific orientation for new employees? Yes No
- q) With respect to companies represented, does the applicant have regular staff meeting to review settlement authority, new coverage wording change, etc.? Yes No

- r) What is the Applicant's annual staff turnover rate?
 Current Year: _____ Last year: _____
- s) How many employees have been terminated in the past 24 months? _____
- t) How many employees have resigned in the past 24 months? _____
- u) Does the Applicant have a Human Resources Department? Yes No
 If no, how is this function handled? _____
- v) Does the Applicant use any outside legal counsel to assist with HR issues? Yes No
- w) Does the applicant have a Human Resources manual? Yes No
- x) Does the Applicant distribute an employee handbook to all employees? Yes No
- y) Does the Applicant use an employment application for all applicants? Yes No
- z) Does the Applicant have an established termination procedure? Yes No
- aa) Does the Applicant have a written discipline program? Yes No
- bb) Does the Applicant have a grievance procedure for dealing with discrimination Claims? Yes No
- cc) Does the Applicant have a written policy against discrimination, including Sexual harassment? Yes No
- dd) Does the Applicant have any outside directorships? Yes No
 If yes, please advise how many? _____
 We may need a supplementary application completed, if the answer is yes.
- ee) Does the Applicant distribute an employee handbook to all employees? Yes No
- ff) Does the Applicant use an employment application for all applicants? Yes No
- gg) Does the Applicant have an established termination procedure? Yes No
- hh) Does the Applicant have a written discipline program? Yes No

- ii) Does the Applicant have a grievance procedure for dealing with discrimination Claims Yes No
- jj) Does the Applicant have a written policy against discrimination, including Sexual harassment? Yes No
- kk) Does the Applicant have any outside directorships by any principal or employee? If yes, please advise how many? _____ Yes No
 We may need a supplementary application completed, if the answer is yes.

22. Does the Applicant do any “public adjusting”? Yes No

If “No” please proceed to Question 22., if “Yes” please answer the following:

- a) How many files per year are generally added? _____
- b) Does the Applicant provide expert witness services? Yes No

23. Does Applicant provide services outside of Canada or for clients situated out of Canada? If yes, give particulars and percentage of total income:

24. List all Provinces wherein Applicant is licensed to provide adjusting services: _____

Applicants with more than one office:

25. Please indicate the number of licensed offices that you operate in BC:

26. Where agencies or firms, operating as separate legal entities, elect to comply with Council Rule 7(11) by combining their E&O insurance coverage under one blanket E&O insurance policy, the minimum coverage for the blanket E&O insurance policy must be equal to or greater than the minimum coverage requirement (\$1,000,000.00 per claim; \$2,000,000.00 aggregate) multiplied by the number of companies or firms named on the blanket E&O insurance policy. In addition, name of entities if different on the blanket E&O insurance policy must have a dedicated coverage limit that meets the minimum E&O requirements.:

27. (a) Amount of insurance requested in respect of each licensed entity listed above:

- \$1,000,000 per loss/\$2,000,000 per policy period
- \$2,000,000 per loss/\$4,000,000 per policy period
- \$3,000,000 per loss/\$6,000,000 per policy period
- \$4,000,000 per loss/\$8,000,000 per policy period
- \$5,000,000 per loss/\$10,000,000 per policy period
- \$10,000,000 per loss/\$20,000,000 per policy period
- \$20,000,000 per loss/\$20,000,000 per policy period
- Other: \$ _____

(b) Requested deductible in respect of each licensed entity listed above:

- \$2,500
- \$5,000
- \$10,000
- \$25,000
- Other \$ _____

28. Effective Date: _____

The Applicant declares that the above statements and particulars are true and that the Applicant has not omitted or suppressed or misstated any material facts and that, at the present time the Applicant has no reason to anticipate any claim being brought against them for any act, errors or omission on the part of them or of any Insured (other than as described herein). The Applicant certifies that this declaration is made after full enquiry and on behalf of all licensed entities listed in this Application. The Applicant agrees that this Application shall be the basis of any policy of Insurance which may be issued by the Company and shall be deemed a part thereof.

Name of Applicant: _____ Date: _____

Title: _____ Signature: _____

