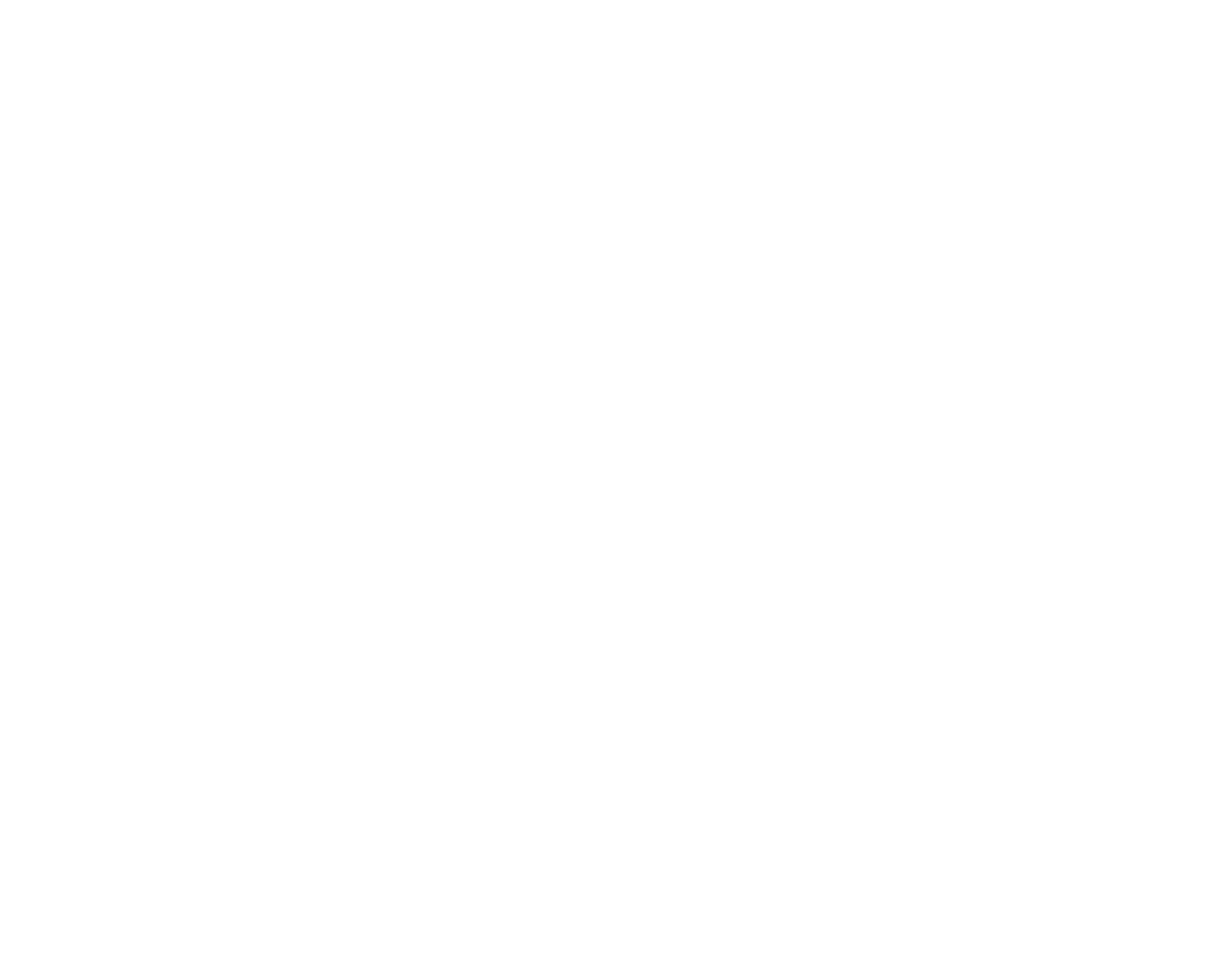
## EXCESS ERRORS AND OMISSIONS INSURANCE FOR LAWYERS



**TSW Management Services Inc.**

International Insurance Wholesalers

1177 West Hastings Street, Suite 1730

Vancouver, BC V6E 2K3

T. 604-678-9833 F. 604-678-6882

Toll Free: 1-866-904-8146

**Toll Free: 1 866 904-8146**

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| **Applicant** | | | | | | | |
| Name of Firm |  | | | | | | |
| If more than one legal entity, please indicate the relationship between each |  | | | | | | |
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| *Please note that an insurance policy cannot be shared unless there is a financial interest.* | | | | | | | |
| Address |  | | | | | | |
| Website Address (if applicable) |  | | | | | | |
| Locations of Branch Offices |  | | | | | | |
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| Date Operations Began (dd/mm/yy) | /     / | | | | | | |
| Nature of the Firm | Private Practice  In-house Corporate Council | | | | | |
| **Predecessor Firms**  Please list all former names, firms, practices purchased or dissolved where the Applicant is responsible for maintaining in force the professional liability and requires coverage | | | | | | | |
| **Name of Firm** | | | **Date Established**  **(dd/mm/yy)** | | **Date Ceased to Operate (dd/mm/yy)** | | |
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| Please provide the following information for each lawyer in the Firm (including the Applicant if an individual) | | | | | | | |
| **Name** | | **Year Admitted to the Bar (dd/mm/yy)** | | **In the Applicant’s service since (dd/mm/yy)** | | 1. **Partner** 2. **Employee** 3. **Counsel** 4. **Other (specify)** | |
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| Please indicate the number of individuals for each category: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Support Staff** | | | **Number of Individuals** | | | | | | | | **Support Staff** | | | | | | | **Number of Individuals** | | | | | | | | | | | | |
| Articling Student | | |  | | | | | | | | Secretaries, Clerks | | | | | | |  | | | | | | | | | | | | |
| Legal Technicians | | |  | | | | | | | | Other (specify) | | | | | | |  | | | | | | | | | | | | |
| Other Para-Legals | | |  | | | | | | | |  | | | | | | |  | | | | | | | | | | | | |
| **TOTAL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the firm 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Fields of Practice** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please describe your practice by giving the percentage of time spent on each of the following activities during the past year: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Activities** | | | | **%** | | | | **Activities** | | | | | | | | | | | | | | | | | **%** | | | | | |
| Administrative | | | |  | | | | Labour | | | | | | | | | | | | | | | | |  | | | | | |
| Civil General | | | |  | | | | Litigation | | | | | | | | | | | | | | | | |  | | | | | |
| Corporate or Commercial | | | |  | | | | Mergers and Acquisitions | | | | | | | | | | | | | | | | |  | | | | | |
| Criminal | | | |  | | | | Municipal | | | | | | | | | | | | | | | | |  | | | | | |
| Environment | | | |  | | | | Patents, Copyright | | | | | | | | | | | | | | | | |  | | | | | |
| Estates and Wills | | | |  | | | | Real Estate | | | | | | Residential | | | | | | | | | | |  | | | | | |
| Expropriation | | | |  | | | | Real Estate | | | | | | Commercial | | | | | | | | | | |  | | | | | |
| Family | | | |  | | | | Securities \* | | | | | | | | | | | | | | | | |  | | | | | |
| Immigration | | | |  | | | | Tax | | | | | | | | | | | | | | | | |  | | | | | |
| Insurance | | | |  | | | | Teaching or Research | | | | | | | | | | | | | | | | |  | | | | | |
| International | | | |  | | | | Transport | | | | | | | | | | | | | | | | |  | | | | | |
| Other (specify) | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| **TOTAL** | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| \* If you do any securities, you will be asked to fill out a separate questionnaire. | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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| **Procedures and Controls** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Limitation of Actions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What systems do you use to control limitation of actions? | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| Conflict of Interest | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have a written control system for maintaining client lists and identifying actual or potential conflicts of interest? | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | No | | | |
| How does the firm maintain its conflict of interest avoidance system? | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Insurance Coverage** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Schedule of Underlying Insurance | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Insurer** | | | | | | | **Policy Period** | | | | | | **Limit** | | | | | | | | | | **Deductible** | | | | | | | |
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| Has the Applicant ever previously purchased excess professional liability or errors and omissions insurance? | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | No | |
| If yes, please provide the following details for the last three years: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Insurer** | | | | | **Policy Period** | | | | | | | **Expiring Premium** | | | | **Limit** | | | | | | | | **Deductible** | | | | | | |
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| Has insurance coverage ever been declined or cancelled or the renewal thereof been refused? | | | | | | | | | | | | | | | | | | | Yes | | | | | | | No | | | |
| If yes, please provide details. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Loss Experience** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| With respect to the coverage applied for by this application, has the Applicant or any of their employees ever been the recipient of any allegations/claims in the past five (5) years? | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | No | | | |
| If yes, please complete the attached Appendix “A”. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is the Applicant or any of their employees aware of any facts, circumstances or situations which may reasonably give rise to a claim in the past five (5) years, other than as advised above? | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | No | | | |
| If yes, please provide details. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WITHOUT LIMITATION OF ANY OTHER REMEDY AVAILABLE TO THE INSURERS, 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Suspension, Disciplinary Matters** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Of the lawyers mentioned, are there any who have ever been suspended, prohibited from practicing or the recipient of a disciplinary complaint? | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | No | | | |
| If yes, please provide details. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Limits Requested** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Per Claim: |  | | | | | | | | Per Policy Period: | | | | | |  | | | | | | | | | | | | | | | |
| Please note that the proposed insurance will be effective at a date determined by the insurers. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Applicant’s Consent to the Transmission of the Information Contained in the Application Form** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I hereby acknowledge that the information collected in the Application form is to be transmitted to TSW Management Services, Inc. for the sole purpose of obtaining an insurance policy, and will be kept confidential.  Moreover, I authorize TSW Management Services, Inc., its insurers or service providers to:   * Conduct verification, using outside sources, of the information contained in the Application form, in attached documentation and in subsequently provided documentation; * In the event of a claim, transmit the submitted and verified information to loss adjusters, lawyers or other similar offices for the purposes of investigating, defending, negotiating or settling any claims, as required.   For more information on TSW’s privacy policy, please refer to [www.tsw-management.ca](http://www.tsw-management.ca).  The undersigned Applicant for this insurance declared that, to the best of their 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 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 Insurance Manager.  Although the signing of this Application form does not bind the Applicant to purchase the insurance, the undersigned Applicant further 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of Applicant: | |  | | | | | | | | Print Name & Title: | | | | | | |  | | | | | | | | | | | | | |
| Broker’s Name: | |  | | | | | | | | Print Name & Title: | | | | | | |  | | | | | | | | | | | | | |

## APPENDIX “A”

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| **Date Became Aware of Circumstances** | **Date Reported** | **Claimant** | **Lawyer Involved** | **Amount Claimed** | **Amount Paid/Reserved** | **Brief Explanation of Circumstances – Opinion as to Liability** | **Status Open/Closed** |
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**Advice of a circumstance or claim on this schedule does not constitute formal notice to the Insurer**