

LICENSED PARALEGALS PROFESSIONAL LIABILITY PROPOSAL FORM

THIS APPLICATION IS FOR A CLAIMS MADE POLICY

PLEASE NOTE:

1. Every Applicant, when seeking a quotation, taking out or renewing an Insurance Policy, is required to advise to the prospective Insurers of any material fact or information which might affect the judgement of the Insurer in deciding whether to accept the insurance or assessing the conditions of the insurance. Failure to observe this obligation could lead to the voidance of any contract entered into from inception. If you are in any doubt whether a fact is material, it should be disclosed.
2. Please answer all questions fully. If there is insufficient space, use a separate sheet.
3. Please write or type clearly and tick boxes as necessary.
4. Applicant must be a licensed Paralegal, registered with the LSUC. The professional liability insurance policy you are applying for is intended to provide insurance coverage for licensed paralegals in the performance of professional services as a Class P1 Licensee, and as more particularly defined and permitted by the Law Society of Upper Canada, its by-laws and regulations. If you intend to perform professional services beyond the scope of this classification, you may require additional or alternative insurance coverage. Should you require further information, please contact Paul Holman, Holman Insurance Brokers, Ltd. 3100 Steeles Avenue East Suite 101, Markham, ON L3R 8T3. Phone (905) 886-5630. Fax (905) 886-5622.
5. Application forms cannot be accepted prior to 60 days of request for coverage.
6. Send your completed application form to the following addresses:
 - a. By mail: Holman Insurance Brokers, Ltd. 3100 Steeles Avenue East Suite 101, Markham, ON L3R 8T3
 - b. By fax: (905) 886-5622
 - c. By email: paul.holman@holmanins.com
7. Should you have any questions, please contact Paul Holman, Holman Insurance Brokers, Ltd. 3100 Steeles Avenue East Suite 101, Markham, ON L3R 8T3. Phone (905) 886-5630. Fax (905) 886-5622.

THE APPLICANT

1. *Name and Address of the Individual:*

First Name: _____ Last name: _____

2. *Business Address:*

Address 1: _____

Address 2: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: (____) _____ - _____

Email: _____

Fax: (____) _____ - _____

3. *QUALIFICATIONS AND EMPLOYMENT HISTORY:*

3. a) Date you became a licensed paralegal: ____/____/____
(mm/dd/yyyy)

3. b) Paralegal licence number: _____

3. c) Relevant Employment History (Detail the name of employer, duration of employment and services provided, including your current position, in chronological order):

4. *DETAILS OF ACTIVITIES:*

4. a) Does the Applicant perform professional services other than those permitted as a Class P1 Licensee, as defined by the Law Society of Upper Canada, its by-laws and regulations? Yes No

If any activities are being performed outside of those allowed under the Class P1 License, then they are excluded from coverage. Please send a special request via your broker if this work is to be considered for cover.

If yes, please provide details of the professional services you provide that are beyond those services permitted by a Class P1 Licensee:

Type of Service	Brief Description

4. b) Does the Applicant provide services or perform activities outside Canada or for clients who are outside Canada? *If yes please provide details*
 Yes No

5. INSURANCE COVERAGE

5. a) Has the Applicant ever previously purchased professional indemnity insurance? Yes No

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

Insurer	Period	Expiring Premium	Limit	Deductible

5. c) Please attach copy of current insurance Declarations Page for matching of prior acts date.

5. d) Has insurance coverage ever been declined or cancelled or the renewal thereof been refused? *If yes please provide details* Yes No

5. e) Please indicate the date you would like your coverage to begin:
Date / /
 M D YYYY

LOSS EXPERIENCE

- 6 a) In the past, has the Applicant ever been the recipient of any allegations of professional negligence in writing or verbally? *If yes please provide details*
 Yes No

- 6. b) Is the Applicant aware of any facts, circumstances or situations which may reasonably give rise to a claim? *If yes please provide details*
 Yes No

If you answered "NO" to Questions 4a, 6a and 6b, you may use the self rating matrix below to determine the total amount to remit. Please send this payment with your Application Form. Otherwise, please complete the bottom section of the form and submit to Holman Insurance Brokers Limited.

Limit of Liability: \$1,000,000/\$2,000,000
Deductible: \$1,000 each claim

Annual Premium: \$400.00

All Limits, Deductibles & Premiums are Canadian Dollars. Premium due in Canadian dollars

A. Professional Liability Premium	\$ 400.00
B. Broker Fee:	\$ 50.00
C. Sub-Total:	\$ 450.00
D. Multiply amount in line C by 8% if in Ontario (Sales tax):	\$ _____
E. Add lines C and D and insert here (Total to remit):	\$ _____

DECLARATIONS AND SIGNATURE

I warrant that the above statements and particulars are true, full enquiry having been made, and I have not omitted, suppressed or mis-stated any material facts and undertake to inform the Insurer of any change to any material fact. I understand that the information I provide will be used in deciding the price charged by the insurer for the risk and whether the Insurer will accept the application. I further agree that this declaration, together with any other information provided shall be the basis of any contract between me and the Insurer. Signing this form and tendering premium does not bind the Insured or the Underwriters to complete the insurance.

Disclosure of Material Facts

It is essential that every Applicant when seeking a quotation, taking out or renewing an insurance, reveals to the prospective insurers any material facts or information (including any material circumstances or change in circumstances) which might influence the judgement of Insurers in fixing the premium or in determining whether they will accept the risk. Failure to do so may render the contract of insurance voidable from inception at the option of the Insurers and enable them to repudiate liability there under. If you have any doubt as to what constitutes a material fact or circumstance, seek professional advice.

A copy of this proposal form should be retained by you for your own records.

This form must be signed and dated by the Applicant

Signed _____ Date: ____/____/____
M D YYYY

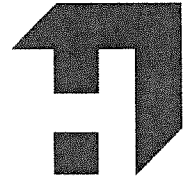
Print Name: _____ Position: _____

HOLMAN

INSURANCE BROKERS LTD.

3100 Steeles Ave. East, Suite #101, Markham Ontario Canada L3R 8T3
Telephone: 905-886-5630 Toll Free: 1-800-567-1279 Fax: 905-886-5622

Website: www.holmanins.com
E-mail: service@holmanins.com



PARALEGAL PROFESSIONAL LIABILITY SUPPLEMENTAL APPLICATION

What is your gross revenue? Past 12 months: Anticipated for next 12 months:

\$ _____ \$ _____

	%
<input type="checkbox"/> Administrative Tribunals	
<input type="checkbox"/> Automobile Personal Injury (SABS)	
<input type="checkbox"/> Collection Agency	
<input type="checkbox"/> Employment law	
<input type="checkbox"/> Immigration Law	
<input type="checkbox"/> Landlord and Tenant	
<input type="checkbox"/> Provincial Offences	
<input type="checkbox"/> Small Claim Court	
<input type="checkbox"/> Summary Convictions	
<input type="checkbox"/> Traffic Tickets	
<input type="checkbox"/> WSIB Claims	
<input type="checkbox"/> Other	
Must Total	100%

Applicant's Signature

Date (MM/DD/YYYY)

Printed Name

