



Holman Insurance Brokers Ltd.  
3100 Steeles Ave. E., Suite 101  
Markham, Ontario L3R 8T3  
Tel #: 905-886-5630  
email: [service@holmanins.com](mailto:service@holmanins.com)  
website: [www.paralegalinsurance.ca](http://www.paralegalinsurance.ca)

## Canadian Licensed Paralegals Professional Liability Insurance Application Form

**NOTE:** THIS APPLICATION IS AN IMPORTANT DOCUMENT AND IS BEING RELIED ON BY THE INSURER TO DETERMINE WHETHER IT WILL PROVIDE YOU WITH COVERAGE. PLEASE ENSURE THAT ALL RESPONSES ARE ACCURATE.

“**Applicant**” means the individual Paralegal detailed in question 1 overleaf below. This Application form must be completed, signed and dated by the **Applicant**. All questions must be answered and where appropriate, “Not Applicable” or “N/A” specified. The completed application form along with additional information provided will form part of the contract of insurance with the Insurer. Any material fact must be disclosed to the Insurer. A material fact is any information which may alter the judgment of an Insurer in assessing the risk. Any material change must be disclosed to the Insurer. A material change is any information which may alter the judgment of an Insurer that has not previously been disclosed as a material fact. Failure to provide all material facts and/or notify all material changes may cause the contract of insurance to be void and may result in the Insurer repudiating liability entirely. The duty of disclosure continues after the dispatch of the completed Application, and any supplementary questionnaire if provided for completion, up until the time and date when a contract of insurance is entered into by the **Applicant**. Accordingly, further or additional information or documentation which may affect anything already stated in or supplied with this Application, and any supplementary questionnaire if provided for completion, should be notified to the Insurer as soon as possible.

By signing this application form, the **Applicant** is consenting to the use of information, including sensitive personal information. Where personal information relates to third parties, the **Applicant** confirms that it has been given the requisite consent to disclose such information to the Insurer for processing. This Application form must be completed and signed by an authorized individual: a partner, principal, active director or member of the **Applicant**.

### PROFESSIONAL LIABILITY COVERAGE – “Claims Made and Reported”

This insurance is underwritten on a “claims made and reported” basis, which means that a claim must be both made and reported against the **Applicant** during the policy period of a valid insurance policy. Any claims not reported to the Insurer before the expiry of the policy period (or any specific run-off extension or extended reporting period) will NOT be covered.

### Coverages Available

Professional Negligence\*  
Breach of Confidentiality  
Disciplinary Expense: \$100,000 Aggregate  
Fraudulent Acts: \$100,000 per Claim/\$250,000 Aggregate  
Full Prior Acts coverage (no retro-active date)  
Covers monetary and non-monetary claims including legal defense costs

Loss Documents: \$250,000 Aggregate  
Privacy Breach: \$25,000 per Claim/\$50,000 Aggregate  
Worldwide coverage territory  
Infringement of Copyright  
Libel and Slander  
Coverage can be extended to include independent contractors performing work on your behalf.

\*Policy Limits up to \$5,000,000 per claim and \$5,000,000 in the aggregate are available.

### Who is Eligible?

Any Paralegal or paralegal Firm that operates in Canada is eligible to receive the benefits of this program.

The professional liability insurance policy you are applying for provides insurance coverage for licensed paralegals in the performance of professional services such as a Class P1 Licensee, and as more particularly defined and permitted by the Law Society of Upper Canada, its by-laws and regulations or other Provincial jurisdictions.

**Canadian Licensed Paralegals Professional Liability Insurance  
Application Form**

**WARNING**

If the Applicant receives a claim or becomes aware of a circumstance that may give rise to a claim, the Applicant must contact the Insurer immediately to ensure that the claim notification provisions under the policy are adhered to. Failure to do so could prejudice the Applicant's ability to claim under the Applicant's insurance policy.

**PERSONAL INFORMATION OF THE APPLICANT (YOU)**

1. Full Name of Applicant:	First Name	Initial	Last Name	<input type="checkbox"/> Female	<input type="checkbox"/> Male
2a. Address:	Street Address,				
	City		Province	Postal Code	
2b. Telephone Number:	Business #:	Cell #:			
2c. Email Address:	Fax #:				

**QUALIFICATIONS AND EMPLOYMENT**

3.a. Date you became a licensed paralegal (mm/dd/yyyy):	
3.b. Paralegal license number:	
3.c. Province(s) / Territory in which you are licensed:	

**DETAILS OF ACTIVITIES**

4.a. Please indicate  which Professional Services the Applicant provides also indicate % of Revenue:

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

4.b. 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.**

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

4.d. What is your gross revenue? Past 12 months: Anticipated for next 12 months:  
\$ \_\_\_\_\_ \$ \_\_\_\_\_

**INSURANCE COVERAGE**

5.a. Has the **Applicant** ever previously purchased professional liability / E&O insurance?  Yes  No

5.b. If yes, please provide the following details for the past three years.

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

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

5.d. Please indicate the date you would like your coverage to begin (mm/dd/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

6.c. Is or has the **Applicant** ever been the subject of a disciplinary hearing by a regulatory association or body? If yes, please provide details.  Yes  No

**There is no coverage under the proposed policy for any matters as noted in 6.a., 6.b and 6.c. above.**

**NOTE: COVERAGE CAN ONLY BE BOUND AND CONFIRMED BY HOLMAN INSURANCE BROKERS LTD.**

**DISCLOSURE OF MATERIAL FACTS**

It is essential that every **Applicant** when seeking a quotation, taking out or renewing an insurance policy reveals to the prospective Insurer(s) any material facts or information (including any material circumstances or change in circumstances) which might influence the judgment of Insurer(s) in determining 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 Insurer(s) 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.

**Protection of the Applicant's Personal Information:**

By completing this Application and returning it to Holman Insurance Brokers Ltd., the **Applicant** agrees and consents to the collection, use and disclosure of such information, including any personal information, by Holman Insurance Brokers Ltd. for the following purposes:

- Communicating with the **Applicant**
- Assessing the **Applicant's** application for insurance
- Disclosing information to Insurance Companies
- Advising the **Applicant** of other products or services
- Negotiating, maintaining or renewing insurance on the **Applicant's** behalf
- Providing claims assistance and service.
- Complying with regulators and legal authorities

For more information about our privacy policies and practices or for a copy of our Privacy Policy please visit our web site [www.holmanins.com](http://www.holmanins.com) or contact our Privacy Officer at Holman Insurance Brokers Ltd.

**EMAIL AUTHORIZATION**

In an effort to bring our policy holders the most cost effective insurance plan, all of our correspondence is completed electronically, including renewal applications, invoicing and the delivery of the policy documents. The email address supplied by you in this application will be used. We must be notified of any change to your email address. The policy holder agrees that it will hold Holman Insurance Brokers Ltd. harmless with respect to any e-mail changes caused by the policy holder's failure to provide current and valid information for the receipt of documents.

The Applicant/policy owner further agrees that the policy documents transmitted electronically by Holman Insurance Brokers Ltd. to the electronic address supplied are in lieu of all other forms of communication. The policy Owner accepts that electronic delivery of policy documents is sufficient to meet all reporting requirements of the policy. The email address supplied may be used to notify you of other related insurance products of interest to you.

**DECLARATION**

The undersigned declares on behalf of all parties applying for insurance that to the best of his/her knowledge and belief the statements provided herein are true and complete and all material facts or circumstances have been fully disclosed. The undersigned declares and agrees that the Application together with any other information supplied shall form the basis of any subsequent contract of insurance and undertakes to inform the Insurer of any material alteration to those facts occurring before completion of the contract of insurance.

Signing this Application does not bind the Applicant to enter into this insurance.

It is hereby agreed that the Insurer is authorized to make any investigation and inquiry in connection with this Application that it deems necessary.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**PREMIUM CALCULATION & INVOICE**

If you answered "NO" to Questions 4b, 6a, 6b and 6c, you may use the self-rating premium calculation 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.

**Claims Made and Reported" Professional Liability**

*Please select and check off the required limit and category. Write the applicable premium in the column.* ▼

▼ Check off one LIMIT OF INDEMNITY	Annual Premium	Add Additional Premium For SABS Question 4.a. (if applicable)	PREMIUM
<input type="checkbox"/> \$1,000,000 Per Claim,\$2,000,000 Aggregate	\$475.00	\$250	\$
<input type="checkbox"/> \$2,000,000 Per Claim,\$4,000,000 Aggregate	\$575.00	\$300	
<input type="checkbox"/> \$5,000,000 Per Claim,\$5,000,000 Aggregate	\$775.00	\$400	
<input type="checkbox"/> Do you require your company added as an additional insured?  Name of company _____  This only covers the acts of the named insured whilst operating under this name and does not cover any other Paralegals.		\$100	\$
		Broker Fee	\$50
		<b>TOTAL</b>	
			\$
		For residents of Manitoba add 8% Ontario add 8%	<b>TAX</b>
			\$
		<b>TOTAL INCLUDING TAX</b>	
			\$

All premiums are annual and 100% retained.  
Policy is subject to a \$1,000 Deductible – except for SABS \$2,500

## PAYMENT OPTIONS

---

### Credit Card

1. Go to <https://www.policypayments.com/Holman?step2>

Note: There is a administrative fee of 2.50% for this method of payment.

---

### Interac e-Transfer

1. All you need is an email address, access to online or mobile banking at 200+ participating financial institutions.
2. Email transfer to Holman at [etransfer@holmanins.com](mailto:etransfer@holmanins.com) (not the email of the employee).
3. Notify Holman at [etransfer@holmanins.com](mailto:etransfer@holmanins.com) by a separate email the answer to the security question or write on checklist above

Note: There is typically a fee of \$1.50 per transfer (please check with your financial institution).

---

### Internet Banking

Each bank has designed a unique format for their web site. However, the necessary procedures are generally similar.

1. Under Bill Payment: Choose Add Payee/Bill.
  2. Enter Holman. Choose All Categories and province Ontario and submit.
  3. Under Bill company/Payee - Select Holman Insurance Brokers Ltd. and enter your account number which is THE FIRST FOUR LETTERS OF YOUR LAST NAME FOLLOWED BY XX1
  4. Select the account you wish to withdraw the funds from. (i.e. credit card, savings, chequing, line of credit). Indicate the amount of payment and submit. A confirmation and reference number will be displayed to acknowledge your payment.
- 

### Telephone Banking

1. Request your bank set up a new Payee/Bill to do a Bill Payment.
  2. Request the addition of a new Payee/Bill Company: Holman Insurance Brokers Ltd.
  3. Your account number is THE FIRST FOUR LETTERS OF YOUR LAST NAME FOLLOWED BY XX1
  4. Your banking institution will then take your payment over the telephone by your choice of payment method.
- 

### Debit Card Payments

1. Contact your bank by telephone or visit in person. Request that they set up an option to allow you to make Bill Payments by Debit Card.
  2. Request the addition of a new Payee/Bill Company: Holman Insurance Brokers Ltd.
  3. Your account number is THE FIRST FOUR LETTERS OF YOUR LAST NAME FOLLOWED BY XX1
  4. Once you have set up Holman Insurance Brokers Ltd., you are able to proceed with payments via your branch ATMs with your debit card.
  5. Choose banking option: Bill Payment and follow your bank instructions.
- 

### In Person at the Bank

1. At your own bank, request they set up a new Payee/Bill to do a Bill Payment.
2. Request the addition of a new Payee/Bill Company: Holman Insurance Brokers Ltd.
3. Your account number is THE FIRST FOUR LETTERS OF YOUR LAST NAME FOLLOWED BY XX1
4. You can choose to pay via the different accounts you hold with that particular bank or by other financial institution credit cards.
5. When paying in person at different financial institutions, bring your invoice/statement and request to make a Bill Payment.
6. Advise the teller that the Payee is Holman Insurance Brokers Ltd. and follow the prompts from step #2.

**Note:** Do not ask for a wire transfer or funds transfer, the banks charge you extra for this service and charge us extra for which we do not reimburse. These additional fees can range as high as \$50 or more.

---

### By Mail

Cheque or money order payable to:  
Holman Insurance Brokers Ltd.  
3100 Steeles Ave. East Suite 101  
Markham ON L3R 8T3

**Paralegal Professional Liability Checklist**

Application completed in full. All questions must be answered.

All pages #1 to #4 must be returned. (including page #1).

Copy of prior insurance policy if prior retro date is required. (question 5.b.)

Premium calculation including tax for options– page 4.

cheque attached  online Bank confirmation # \_\_\_\_\_ if online Name of Bank \_\_\_\_\_