NEW BUSINESS APPLICATION FOR BOOKKEEPERS
ERRORS & OMISSIONS / PROFESSIONAL LIABILITY
For ATAP Advantage + Program

THIS APPLICATION SHALL FORM PART OF ANY ERRORS & OMISSIONS OR PROFESSIONAL LIABILITY POLICY WHICH MAY BE ISSUED BY INTACT INSURANCE TO THE PROPOSED APPLICANT.

- **Please complete all questions – If no answer available, please write "not applicable" in the space provided.**
- **Where space provided is insufficient to fully answer, please attach additional sheet(s).**
- **Attach the following additional information:**
  Brochures and/or promotional literature.

1. **Name of Applicant – Business Operating Name – Owner's Name** – Telephone #_____

   _____

   Indicate: ☐ Corporation ☐ Partnership ☐ Individual

   Date firm established: _____ Number of years under present ownership: _____

   Email Address: _____

2. Address of main office: _____

3. Address of branch office(s): _____

4. Details of services or operations:
   a) Please indicate the approximate percentage of gross annual income, for each service offered:

   - Bookkeeping services _____%
   - Audit engagements (auditor's reports) for :
     - for publicly held companies _____%
     - for others _____%
   - Review engagements (accountant's comments) _____%
   - Non-review preparation of financial statements (with disclaimer) _____%
   - Tax return preparation for:
     - Corporations _____%
     - Individuals _____%
   - Tax planning or estate planning engagements _____%
   - Management consulting engagements – please describe in full _____%

   _____

   _____

   - Receivership or trustee in bankruptcy:
     - Personal bankruptcies _____%
     - Commercial bankruptcies _____%
   - Other services – please describe in full _____%

   _____

   _____

b) Do you have any computer related services? ☐ Yes ☐ No
If yes, please describe and indicate percentage of income for services provided.

_____

c) Are your operations controlled, owned or associated with any other firm, corporation or company?
☐ Yes ☐ No If yes, provide full details:

_____

d) Is any of your work sub-contracted? ☐ Yes ☐ No
If yes, describe the type of work and give the annual cost for the last financial year:

_____

5. Please provide the following information for all professionals, employees, principals or partners:

Name	Duties / Title	Educational Background	Number of years of experience

6. Are the persons named in question 5, members in good standing of the Association of Professional Accountants and Tax Consultants? ☐ Yes ☐ No

a/ If Yes please advise if you are an Affirmed Member or an Affiliate Member._____

b/ If No please be advised you must be a member of the APATC in order to qualify for this Program.

7. Has any person named in question 5:

a) ever been the object of dismissal, suspension or disciplinary action? ☐ Yes ☐ No
If yes, please attach full details.
b) presently the object of a disciplinary investigation? ☐ Yes ☐ No
If yes, please attach full details.

Has the Applicant ever been investigated by or suspended from practice by any body governing the practice of his/her profession?

☐ Yes ☐ No If yes, provide full details of such investigation or suspension.

_____

_____

8. Indicate your business' annual gross income:

For the past year: _____ Anticipated for next year: _____

9. What proportion of your income is derived from services performed outside of the province of which your main office is located? Provide percentages per province:

_____

What proportion of your income is derived from clients outside Canada or from services provided outside of Canada? Provide percentages per country:

_____

14. Are standard contracts used and signed by each client? ☐ Yes ☐ No

If "Yes", please attach copy. If "No", describe fully the terms under which work is accepted.

_____

15. Provide details of all Errors & Omissions / Professional Liability Insurance carried in the past five years:

Insurer	Policy Period	Limit	Deductible	Premium

16. Has the Applicant had similar insurance declined, cancelled or refused during the past five years?

☐ Yes ☐ No If "Yes", provide details:

_____

_____

18. During the past five years, have the Applicant, partners, principals or employees had any claims because of professional services, or are the Applicant, partners, principals or employees aware of any facts or circumstances or allegations which may give rise to a claim?
☐ Yes ☐ No If "Yes", provide details:

_____

_____

NOTE: It is agreed if such facts or circumstances exist, whether or not disclosed, any claim arising from or related to such facts or circumstances is excluded from this proposed coverage.

19. Requested Coverage: Please check off your option.

_____ Limit of Liability per Claim: $1,000,000 Aggregate: $1,000,000 Deductible: $1,000.

_____ Limit of Liability per Claim: $2,000,000 Aggregate: $2,000,000 Deductible: $ 1,000.

Declarations and Signature

The undersigned declares that he/she is duly authorized to proposed Insureds to complete and sign this application on their behalf and that the statements set forth herein are true and complete.

The undersigned agrees that:

i) The signing of this application does not bind the undersigned, the proposed Insureds or Intact Insurance to effect Insurance;

ii) This application and all additional information provided herewith shall be the basis of the contract, should a policy be issued, and shall be deemed to be attached to and shall form part of the policy.

iii) If there is any change in the information supplied on this application between the date of this application and the effective date of the policy, notification will be sent in writing to Intact Insurance, and any outstanding quotation may be modified or withdrawn; and

iv) Intact Insurance is hereby authorized to make any investigation and inquiry in connection with this appication that it deems necessary.

ANY PERSON, WHO KNOWINGLY OR WITH INTENT TO DEFRAUD ANY INSURANCE COMAPNY OR OTHER PERSON, OR FILES AN APPLICATION FOR INSURANCE CONTAINING FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING THE INSURER, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS FRAUD, WHICH IS A CRIME.

Date_____ Signed _____

Corporation _____ Name and Title (Please Print) _____

A POLICY CANNOT BE ISSUED UNLESS THIS APPLICATION IS PROPERLY SIGNED AND DATED