



## OAPSOR Application

### SECTION 1: APPLICANT INFORMATION

1. Name of Applicant : \_\_\_\_\_
2. Are you a member of OAPSOR?  Yes  No
3. Address: \_\_\_\_\_  

Street Number	Street Name	Apartment / Suite Number
City	Province	Postal Code
4. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
5. Website Address : \_\_\_\_\_ Email Address: \_\_\_\_\_

### SECTION 2: ERRORS AND OMISSIONS UNDERWRITING INFORMATION

1. Inception date of business : \_\_\_\_\_
2. Is your business:  Sole Proprietorship  Partnership  Incorporated Company
3. Please provide the following details:  
 Total Number of: Professional Searchers: \_\_\_\_\_ Paralegals: \_\_\_\_\_ Independent Contractors: \_\_\_\_\_  
 Employees: \_\_\_\_\_ Other: \_\_\_\_\_ Specify \_\_\_\_\_

4. Please indicate the approximate percentage of revenue derived from each of the following (Total must equal 100%.)

Service	Percentage %	Service	Percentage %
Trademark, Patents, Copyright Searches & Filings		Document Filings (Article/Business Filings)	
Real Estate Title Searches & Registrations		Litigation Searches and Filings	
Searches for real property outside of Canada		Process Serving	
PPSA Search & Registration		Corporate Name Searches	
Corporate & Security Due Diligence Searches		Other: _____	
Other: _____		Other: _____	

5. (a) Do you hire subcontractors?  Yes  No

If yes, please indicate the number of contractors hired and services to be provided:

Professional Searchers: \_\_\_\_\_ Paralegals: \_\_\_\_\_ Other: Specify: \_\_\_\_\_

(b) Describe services provided by subcontractors: \_\_\_\_\_

\_\_\_\_\_

6. Gross Revenues (last year) : \$ \_\_\_\_\_ Gross Revenue (Projected Year: \$ \_\_\_\_\_

7. Identify your three largest clients by Gross Revenue:

Name	Gross Revenue	Type of Work

8. (a) Do you provide services or have offices outside of Canada  Yes  No

If Yes: Please Explain: \_\_\_\_\_

(b) What percentage of your Gross Revenues are from services performed outside of Canada? \_\_\_\_\_ %

### SECTION 3: INTERNAL CONTROLS

1. Is there countersignature of cheques?  YES  NO

If 'NO', please explain: \_\_\_\_\_

2. Will endorsements of cheques on your behalf be limited to endorsement for deposit and credited to your account?  YES  NO

3. Are bank reconciliations completed by person(s) not authorized to deposit or withdraw therefrom?  YES  NO

If 'NO', please explain: \_\_\_\_\_

4. Is there a formal, planned program requiring segregation of duties so that no single transaction (including claim handling and draft issuance procedures) can be fully controlled from origination to posting by one person?  YES  NO

If 'NO', please explain: \_\_\_\_\_

5. Have you or any of your employees under the applicant:  
 a) Ever been charged with, or convicted of, committing a criminal or fraudulent act?  YES  NO

If yes, please provide full details including dates.

6 During the past three years, are any of you aware of any circumstance, allegation, contention or incident which may potentially result in a claim for an error or omission in the performance of a professional service being made against your entity, you, or employee present or past associated or working with you or your entity?  Yes  No  
*If yes, please provide full details including the date of the claim or allegation on a separate attachment.*

7 Have you or any employees under the applicant:

a) Had their license suspended or terminated by a regulatory authority  Yes  No

b) Ever been called before an investigative committee for disciplinary proceedings for professional misconduct by a professional society/board or any statutory registration board?  Yes  No

c) Been censured or fined by a regulatory authority?  Yes  No  
*If yes, to any of them please provide full details including dates.*

8 Have you or any of your employees under the applicant:

a) Ever been charged with, or convicted of, committing a criminal or fraudulent act?  Yes  No  
*If yes, please provide full details including dates.*

9. Limits Requested:  \$1 million per claim/ \$2 million aggregate  
 \$2 million per claim/ \$5 million aggregate  
 \$3 million per claim/ \$5 million aggregate  
 \$4 million per claim / \$4 million aggregate  
 \$5 million per claim / \$ 5 million aggregate  
 Other (please specify): \_\_\_\_\_

Deductible opted for (program standard is \$1,000, higher deductibles are available)

### Important Notice to Applicant

This is an application for insurance and the insurer is not obligated to accept the applicant for coverage. If a policy is issued, one signed copy of the application will be attached to the policy or certificate. Signature on the application form and submission of a premium payment does not bind the insurer to complete an insurance transaction with the applicant. This policy provides Errors and Omissions insurance that applies on a claims-made basis. The following provides a general description of this coverage and is subject to the terms and provisions of the actual policy.

- A. The policy will not cover any losses from incidents which take place before the Retroactive Date, if any, or after the expiration of the policy period (subject to the Extended Reporting Period provision).
- B. The policy will provide coverage for losses from incidents which take place on or after the Retroactive Date, if any, but before the beginning of the policy period only if the insured did not know of the incident before the beginning of the policy period.
- C. The policy will not cover any loss for which a claim is first made after:
  - 1. The expiration of the policy period or its earlier termination date, if any; or
  - 2. The Extended Reporting Period if any and then only in accordance with the terms described in the policy.
- D. The policy will only cover claims which are first made:
  - 1. During the policy period; or
  - 2. During an Extended Reporting Period if any and then only in accordance with the terms and conditions described in the Extended Reporting Period Section of the policy.

- E. Please request a copy of the Policy and review the terms and conditions to obtain more information.
- F. The limits for Defence Costs are included in the policy limit except where the laws of the province of Quebec apply.

**Disclosure and Consent**

As part of my application for insurance I consent to the collection and use of personal information required for purposes of considering my application for errors and omissions insurance by the insurer and the authorized insurance broker, LMS PROLINK Ltd and The Prolink Insurance Group Inc . The insurer and the broker are authorized to collect, use, and disclose personal information and provide such personal information to third parties, as required for the purpose of underwriting this application for insurance, as permitted by the relevant provincial and federal privacy laws or other applicable laws.

I understand that at any time I may ask to review the personal information pertaining to my application for insurance and the insurer and broker will be obligated to provide me with any information I am entitled to receive under the relevant provincial and federal privacy laws or other applicable laws.

I have reviewed the information in this Application, gathered information from all partners/directors/ officers/ employees/agents under this entity whether present or prior regarding their knowledge or awareness any error, omission or negligent act in the performance of professional services for others.

The Claim Information Forms, if any, that are attached to this Application include the details of:

- a. All fact situations and incidents which have occurred in the past and which may reasonably be expected to result in a claim, suit or arbitration against the us (the Applicant);
- b. All fact situations and incidents which have occurred in the past and which may reasonably be expected to result in a claim, suit or arbitration against us (the applicant) in the future. All such claims, suits and incidents have been reported to our (Applicants) current or prior insurer(s). It is understood and agreed that all such claims, suits, arbitrations, fact situations and incidents will be excluded from coverage under any policy issued by the Company.

It is understood and agreed that failure to provide true and complete response to any of the questions, statements or request for information in this Application or to provide any other information material to this Application may, at the sole option of the Company, result in the voiding of the insurance policy issued in reliance on this Application and /or denial of coverage for specific claims asserted against us (the Applicant) or any other insured under the policy. The undersigned on behalf of Applicant and all other insured under any this policy issued by the Company, hereby waives any defence to an action by the Company for recession of such policy based upon misrepresentation of fact or failure to disclose material information in connection with this Application. Applicant agrees to hold the Company harmless from all loss as a result of any such misrepresentation or failure to disclose, including, without limitation, all costs and attorney fees incurred by the Company in connection with said action for rescission.

I HEREBY DECLARE that the above statements and particulars are true to the best of my knowledge, that I have not suppressed or misstated any facts and I agree that this application shall form part of the insurance policy. I also acknowledge that I am obligated to report any changes that could affect the disclosures in this application that occur after the date of signature, but prior to the effective date of coverage.

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

Name (please print): \_\_\_\_\_

Date: \_\_\_\_\_