



# APPLICATION FOR LIABILITY INSURANCE

**THIS APPLICATION IS FOR THE 2025-2026 POLICY PERIOD.**

Name of Applicant:

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Mailing Address:

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City:

Province/Territory:

Postal Code:

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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

Has the Applicant any knowledge or circumstance which could result in complaint, claim or suit being brought against the Applicant?  
If yes, please provide details.

Yes  No

## Declarations and Warranty

I declare that during the last five years no insurer has cancelled, declined or refused to issue me/us any form of liability insurance and that this application discloses the hazards known to exist at the date of this application.

I declare that the statements made herein are in every respect true and correct and hereby apply for a contract of insurance to be based upon the truth of the said statements.

I may have provided personal information in this document and by other means and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, renewals, changes of coverages, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

**Signing of this form does not bind the Applicant to complete the insurance.**

Signed by:

Date Signed:

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Effective Date:

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