

**PARALEGAL PROFESSIONAL LIABILITY INSURANCE**  
**effected with certain**  
**UNDERWRITERS AT LLOYD'S LONDON, ENGLAND**  
**Through**  
**COMPLETE EQUITY MARKETS INC.**

**This is a Proposal form for a Claims Made Policy**

<b>QUESTIONS</b>	<b>ANSWERS</b>
1) Name and Address of Applicant	1)
(a) Telephone # (b) Fax # (c) Email:	(a) (b) (c)
2) Total Number of: (a) Directors, Partners or Owners (b) Messengers (c) Office Staff (d) Any other employees(servers)	2) (a) (b) (c) (d)
3) Give Date Firm first established.	3)
4) During the past 5 years: (a) Has the name of the Firm been changed? (b) If so, give previous name(s) (c) Has any Firm been merged in or amalgamated with Applicant?  Also, please give name(s) and dates of such mergers.	4) (a) (b) (c)
5) Give details of all services rendered and approximate percentage of fees obtained from each:  (a) Filing or Recording Documents in the count or similar offices (b) Certifying of Court Records (c) Notifying Lawyers of court Case Dates (d) Title Abstracting (e) Process Servicing (f) Lawyers Messenger (g) SAB Representative (h) Immigration Consultant (i) Any other services (describe in full)	5)  (a) % (b) % (c) % (d) % (e) % (f) % (g) % (h) % (i)

6) Please give the Gross Fees earned during the past 12 months:	6) \$
7) Has any claim been made in the last TEN years against yourself, any of your past or present owners, officers, partners, directors, or employees, either individually or otherwise on account of errors and omissions for Paralegal Services?  If so, give particulars.	7)
8) Have you or any of your past or present owners, officers, partners, directors or employees any knowledge or information of any circumstance whatsoever which might give rise to a claim against you in connection with your Paralegal Services?  If so, give particulars.	8)
9) Has any application for insurance made by you or your firm ever been declined, cancelled or non renewed? If so, state reason.	9)
10) Do you now carry or have you ever carried this type of insurance?  If so, give full particulars including Company, Limit and Period.	10)  <u>Company</u> <u>Limit</u> <u>Period</u>
11) Limits of Liability Requested:	10) <input type="checkbox"/> \$1,000,000/2,000,000 <input type="checkbox"/> \$2,000,000/2,000,000
12) Deductible:	11) <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000
<b>ASSOCIATION MEMBERSHIP IS A REQUIREMENT TO PURCHASE THIS INSURANCE</b>	
I/We am a member of Paralegal Society of Canada/Ontario	<input type="checkbox"/> Yes <input type="checkbox"/> No
I/We have recently applied for membership on:	Date: _____
It is understood that the insurance applied for will issue on the 1 <sup>st</sup> day of the month following receipt of the premium and the acceptance of the application by the Insurer. I/We hereby declare, based upon my/our knowledge and upon reasonable investigation, the above statements are true and that I/We have not suppressed or misstated any material facts and this application shall be the basis of the Document of Insurance effected with certain Underwriters at Lloyd's, London, England.	
<b>SIGNING THIS FORM AND TENDERING PREMIUM DOES NOT BIND APPLICANT OR UNDERWRITERS TO COMPLETE THE INSURANCE.</b>	
_____	_____
Date	Name of person completing application (print)
_____	_____
Title	Signature
Return completed application to:	
<b>Holman Insurance Brokers Ltd.</b> <b>7050 Woodbine Ave. Suite #400</b> <b>Markham ON L3R 4G8</b>	Tel: 905-886-5630 Fax: 905-886-5622
Email: paul.holman@holmanins.com	