



**Holman Insurance Brokers Ltd.**  
**1 Valleywood Drive, Suite #100**  
**Markham, Ontario L3R 5L9**  
**Tel #: 905-886-5630 Toll Free: 1-800-567-1279**

## **Foreign Legal Consultants Professional Liability Insurance Application**

**email: [programs@holmanins.com](mailto:programs@holmanins.com)**  
**website: [www.holmanins.com](http://www.holmanins.com)**

**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 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” basis, which means that if a claim is made against the **Applicant** then the **Applicant** MUST have a current policy in force.

- A. The policy will NOT cover any claims 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 claims 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. The limits for Defence Costs are included in the limit of liability.

### **Program Highlights**

*Legal Liability	Criminal proceedings Defence \$25,000 aggregate
Wrongful Act	Legal Representation Cost \$25,000 Aggregate
Libel or Slander \$100,000 per claim /\$300,000 Aggregate	Disciplinary Expense: \$100,000 Aggregate
Unintentional Breach of Confidentiality	Privacy Breach: \$25,000 per Claim / \$50,000 Aggregate
Loss of Documents \$100,000 per claim / \$300,000 aggregate	Infringement of Copyright
Personal Information Protections \$25,000 aggregate	Fraudulent Acts: \$100,000 per Claim/\$250,000 Aggregate

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

### **Who is Eligible?**

Any Foreign Legal Consultant as defined by the Law Society of Ontario By-Law 14 or equivalent in other provincial jurisdiction.es that operates in Canada is eligible to apply for insurance under this program. In Ontario you must be a qualified L1 Lawyer and maintain the minimum professional liability insurance. The professional liability insurance policy you are applying for provides excess insurance coverage for a licensed Foreign Legal Consultant / Immigration Consultant.

### **APPLICANT ACKNOWLEDGEMENT**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Foreign Legal Consultant Professional Liability Insurance Application for "Claims Made" Policy

1. Full Name of Insured:	First Name	Initials	Last Name
Mailing Address Street			
City		Province	Postal Code
Physical Street Address			
City		Province	Postal Code
Business Telephone#		Cell #	
Email Address:		Fax #	

2. Type of Business:      ☐ Corporation      ☐ Partnership      ☐ Individual

Date Business Established \_\_\_\_\_

3. Has the type of business changed in the last 5 years?      ☐ Yes      ☐ No

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4. List the names of all other attorney's ,including of counsel, providing professional services on behalf of the applicant.

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5. If Applicant is sole practitioner, state:

(a) Whether you are engaged in independent private practice      ☐ Yes      ☐ No

(b) Does the applicant provide professional services as an attorney on behalf of any other attorney or firm? If so, please provide the name of that attorney or firm.

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(c) Please provide the name of a specific attorney or firm who will be responsible for your affairs should you be absent for an extended period of time (i.e. business trip, vacation, illness, etc.) **This question must be answered if you are a sole practitioner.**

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## Foreign Legal Consultant Professional Liability Insurance Application for "Claims Made" Policy

6. Describe your practice by first showing approximate amount of time devoted to the following:

- (a) Total Immigration \_\_\_\_\_%
- (b) Total Other \_\_\_\_\_%
- (c) Total Areas of practice (a+b) = 100%

Describe "OTHER" below by showing percentages of time devoted to the following: (Your answer should equal the percentage shown above in 14. b)

Admiralty/Maritime	%	**Estate/Probate/Trust	%	Plaintiffs Litigation BIPI	%
*Adoption Banking	%	General Commercial	%	Public Utilities	%
Collection/Repossession Communication (FCC)	%	General Corporation	%	Real Estate (Commercial)	%
Criminal Defense	%	International Law	%	Real Estate (Residential)	%
Defendants Litigation Civil	%	Oil and Gas	%	S.E.C. Law and/or Regulations_	%
Domestic Relations	%	Patents, Copyrights, TM	%	**Taxation	%
**Estate planning	%	Plaintiffs Litigation	%		

Other (please specify and describe fully): \_\_\_\_\_% \_\_\_\_\_

\*If adoption matters are dealt with, please give full details on a separate page.

\*\* If your type of work includes Estate Planning, Estate/Probate/Trust, or Taxation, then please complete the Supplemental Tax Questionnaire.

7. Give details of legal work performed in a fiduciary capacity by the firm or any individual lawyer during the past three years:

\_\_\_\_\_

8. Is the applicant currently insured under a Claims Made professional liability policy or LPIC policy? ☐ Yes ☐ No

9. How long has the applicant maintained continuous claims made insurance coverage? \_\_\_\_\_

10. Please give full particulars of all similar Foreign Legal Consultant insurance carried during the past five years:

Insurer	Premium Period	Limits of Liability	Deductible	Claims Made or Occurrence Form

11. Has any professional liability insurance for the applicant, present Partner or predecessors or any lawyer in the firm ever been declined or cancelled, refused to be renewed? ☐ Yes ☐ No

If so, please give full details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. DOCKET CONTROL - (Calendars, Tickler Systems, etc.) On a separate sheet, please provide details of system, including explanation of date controls used in your office and who has responsibility for entry for entry of items assigned.

## Foreign Legal Consultant Professional Liability Insurance Application for "Claims Made" Policy

13. Applicants approximate gross billable dollars for the past 12 months are:
- ☐ Under \$50,000                      ☐ \$50,000 to \$100,000                      ☐ \$100,000 to \$150,000  
☐ \$150,000 to \$250,000                      ☐ \$250,000 to \$500,000                      ☐ \$500,000 to \$1,000,000                      ☐ \$1,000,000 & over
14. Does Applicant's practice also involve acting in the capacity of any of the following?
- (a) Insurance agent or broker \_\_\_\_\_  
(b) Accountant \_\_\_\_\_  
(c) Real Estate agent or broker \_\_\_\_\_  
(d) Title abstractor \_\_\_\_\_  
(e) Title agent \_\_\_\_\_
15. Is/Was the applicant or any Partner or Lawyer of the Firm a salaried employee, partner, officer, director or owner of any organization other than the Firm? ☐ Yes ☐ No  
*(If so, please provide details including any interests held on a separate page)*
16. Does (or did) the Applicant ever provide legal services on behalf of clients with respect to Investment visas? ☐ Yes ☐ No  
If so, please list and provide brief details of the legal services provided for each, with date(s).
- An Investment Visa is defined as: "A visa for alien entrepreneur which involves the investment of the alien's money in a business or business entity, including but not limited to a corporation, partnership, joint venture or sole proprietorship pursuant to Section 203(b)(5) of the Immigration and Naturalization Act, also codified at 8 U.S.C. 1153(b)(5), or which involves the investment of the alien's money in any other visa program which involves creation of employment in the United States."**
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17. Have any negligence claims ever been made against you whether successful or otherwise? ☐ Yes ☐ No
18. Have any claims for dishonesty ever been made against you whether successful or otherwise? ☐ Yes ☐ No
19. Have any complaints or investigations ever been made or undertaken against you? ☐ Yes ☐ No
20. Have you ever had a document relating to the **Applicant's** activities unintentionally destroyed, damaged, lost or mislaid? ☐ Yes ☐ No
21. Has the **Applicant** ever been convicted of a criminal offence, other than a motoring offence, or have any prosecution pending? ☐ Yes ☐ No
22. Have any libel or slander claims, infringement of copyright or breach of confidentiality ever been made against you? ☐ Yes ☐ No
23. Have any sexual harassment and/or abuse claims ever been made against you? ☐ Yes ☐ No
24. Are you aware of any circumstances which may give rise to a potential claim or request for indemnity under this professional liability insurance? ☐ Yes ☐ No

**NOTE:** If the answer to any of 10-17 above is **YES**, please provide full details:

25. Do you currently purchase Liability, Medical Malpractice and/or Professional Liability Insurance? If **YES**, please give full details: ☐ Yes ☐ No  
Name of Company: \_\_\_\_\_

LIMIT:	DEDUCTIBLE	EXPIRY DATE MM/DD/YY	TYPE OF INSURANCE	PREMIUM
				\$

If you had a "Claims Made" policy and require retro date coverage, please provide evidence of prior insurance policy.

**Foreign Legal Consultant Professional Liability Insurance Application  
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- 26.. Have you ever had a claim made against you whether successful or otherwise in respect of bodily injury, property damage, premises (including tenant's liability), liability, personal injury, advertising liability or medical expenses? If **YES**, please give full details: ☐ Yes ☐ No
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- 27.. Please provide the following information:  
Enclose a sample of your retainer/agreement letter and letterhead

**COVERAGE "Claims Made" Professional & General Liability**  
*Please select and check off the required limit.*

▼ Check off one

**LIMIT OF INDEMNITY**

☐ \$1,000,000 Per Claim, \$2,000,000 Aggregate

☐ \$2,000,000 Per Claim, \$4,000,000 Aggregate

☐ \$5,000,000 Per Claim, \$5,000,000 Aggregate

**\$5,000 Deductible Applicable**

\* **Retroactive Date:** You may request the same Retroactive Date that is on your present policy if you have had continuous "claims made" coverage since that date. If you are not currently insured by a "claims made" Lawyers Professional Liability Insurance Policy, then your Retroactive Date will be at Inception, which means no coverage will be afforded for any acts, errors or omissions committed, in whole or in part, prior to the Inception Date of any policy issued by Underwriters.

**Retro-date Required:** \_\_\_\_\_ (mm/dd/yyyy)

**Please advise the date insurance required is to be effective:**

**MM/DD/YYYY**

**NOTE: COVERAGE CAN ONLY BE BOUND AND CONFIRMED BY HOLMAN INSURANCE BROKERS LTD.**  
Rates are subject to change without notice.

## Foreign Legal Consultant Professional Liability Insurance Application for "Claims Made" Policy

### 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
- Negotiating, maintaining or renewing insurance on the **Applicant's** behalf
- Providing claims assistance and service.
- Advising the **Applicant** of other products or services
- 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.

### 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.

### PROGRAM DISCLOSURE

Your coverage will be placed with a program administered by Holman Insurance Brokers Ltd. We have engaged in a marketing process to offer a competitive product on a group basis with insurers but we have not acted as a broker for any individual participant. Should your application not be accepted for whatever reason by the insurer, the information may be used by Holman to seek an alternative insurer if available.

### 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

I/we declare that the above statements are true in every respect. I/we hold qualification certificate(s) for the therapy(ies) stated on this application form. I/we have not withheld or misrepresented any material fact. I/we agree that this application will form the basis of the contract between me/us and Holman Insurance Brokers Ltd.

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**Applicant's Signature**

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**Date**

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**Print Name**

### Return completed application and additional materials requested to:

Holman Insurance Brokers, Ltd.  
1 Valleywood Drive, Suite #100, Markham, ON L3R 5L9  
Telephone (905) 886-5630  
(905) 886-5622 Fax  
E-mail: [programs@holmanins.com](mailto:programs@holmanins.com)

**Foreign Legal Consultant Professional Liability Insurance Application  
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**SUPPLEMENTAL TAX QUESTIONNAIRE**

**If your type of work includes Estate Planning, Estate/Probate/Trust or Taxation you MUST complete this form.**

- (1) Has the applicant rendered legal opinions regarding the legality, appropriateness or efficacy of any tax benefit transactions, tax treatment, tax strategy or tax shelters within the past five years? ☐ Yes ☐ No
- (2) If the answer to question (1) is yes, has the applicant made a determination as to whether any of the transactions that are the subject of such opinions constitute listed or reportable transactions within the meaning of Sections 6011 or 6112 of the Internal Revenue Code?
- (3) If the answer to question (1) is yes, were the fees or other compensation charged or received by the applicant in connection with any such opinion based solely upon its customary hourly rates for legal services? If not, please describe the manner in which the fees or other compensation charged or received by the applicant in connection with any such opinion were calculated.
- (4) Is the applicant aware of whether the IRS, US Treasury Department or any state or local taxing authorities have released any notices, opinions, announcements, regulations or revenue rulings or any other published guidance, regardless of form, in the past five years, in which they question, change, prohibit or negatively discuss a tax treatment or strategy that formed the basis for the applicant's opinion to a client or clients? If the response to this question is yes, please provide the number of such instances and details regarding the disposition of each situation.
- (5) Within the past five years, has the applicant discontinued the issuance of or withdrawn an opinion or opinions on a tax treatment or strategy following the release of any notices, opinions, announcements, regulations or revenue rulings by the IRS, the US Treasury Department or any state or local taxing authorities? If the response to this question is yes, please provide the number of such instances and details regarding each situation.
- (6) Within the past five years, has the applicant discontinued the issuance of or withdrawn an opinion or opinions on a tax treatment or strategy following the release of any notices, opinions, announcements, regulations or revenue rulings by the IRS, the US Treasury Department or any state or local taxing authorities? If the response to this question is yes, please provide the number of such instances and details regarding each situation.
- (7) Within the past five years, has the applicant received a subpoena or other request for information (including but not limited to an administrative summons or promoter summons), whether formal or informal, from the IRS, US Treasury Department or any state or local taxing authority in connection with the applicant's role in any tax benefit transactions, tax treatment or tax strategy implemented by or on behalf of any of its clients? If the response to this question is yes, please provide the number of such instances and details regarding the disposition of each situation.
- (8) Within the past 5 years has the applicant referred any client to any other professional entity to provide any services that are referred to in this Questionnaire? If the response to this question is yes, please provide the number of such instances and details regarding the disposition of each situation.

If you answered YES to any questions, please attach separate page with explanations

I UNDERSTAND THE INFORMATION SUBMITTED HEREIN BECOMES PART OF THE APPLICANT'S LAWYERS PROFESSIONAL LIABILITY APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS

Signature of Applicant:

Print Name:

Title:

Date: