

 <p>HOLMAN INSURANCE BROKERS LTD.</p> <p>Holman Insurance Brokers Ltd. 1 Valleywood Drive, Suite 100 Markham, Ontario L3R 5L9 Tel #: 905-886-5630 email: programs@holmanins.com</p>	<p align="center">Canadian Paralegal Professional Liability Insurance Application Form</p> <p align="right">website: www.paralegalinsurance.ca</p>
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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.

This Program has been specifically designed for Individual Paralegals.

Who is Eligible?

Any Paralegal that operates in Canada is eligible to apply for insurance under this program. In Ontario, the professional liability insurance policy you are applying for provides insurance coverage for individual Class P1 licensed paralegals as defined by the Law Society of Ontario or equivalent in other Provincial jurisdictions.

“Applicant” means the individual Paralegal 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, costs inclusive

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.

- 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).
- 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.
- 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.
- 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.
- The limits for Defence Costs are included in the limit of liability.

Program Highlights

- Professional Liability \$1,000,000 per claim / \$2,000,000 Aggregate
- Wrongful Act \$1,000,000 per claim / \$2,000,000 Aggregate
- Libel & Slander \$100,000 per claim / \$300,000 Aggregate
- Unintentional Breach of Confidentiality \$100,000 per claim / \$300,000 Aggregate
- Loss of Document \$100,000 Aggregate
- Personal Information Protections and Electronic Document Act \$100,000 per claim / \$100,000 Aggregate
- Criminal Proceedings Defence Costs \$25,000 Aggregate
- Legal Representation Costs \$1,000,000 Aggregate
- Disciplinary Action Reimbursement \$100,000 Aggregate
- Duty to Defend \$100,000 Aggregate
- Non- Licensed Administrative Staff maximum 2
- Prior Acts included provided no lapse or gap in prior coverage
- Optional Run off Extension for 12 months
- Law Society of Ontario automatically included as an additional named insured and includes 60-day cancellation notice

Meets the insurance requirements of the Law Society of Ontario

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

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OPTIONAL - COMMERCIAL GENERAL LIABILITY POLICY – “Occurrence Basis”

Commercial General Liability is available as an optional addition. Coverage under Professional Liability must be purchased for this additional coverage to apply. Insurance under Commercial General Liability is on an “Occurrence Basis”.

What is Commercial General Liability Insurance?

Insurance to protect a person against legal responsibility arising out of a negligent act or failure to act as a prudent person would have acted to which results in bodily injury or property damage to another party, such as slip and fall on premises.

COMMERCIAL GENERAL LIABILITY POLICY – “Occurrence Basis”

- Bodily Injury and Property Damage Liability - optional limits up to \$5,000,000
 - Personal Injury and Advertising Liability \$1,000,000
 - Medical Payments \$2,500 per person
 - Tenants Legal Liability \$1,000,000
 - Non- Owned Automobile Liability \$1,000,000
- Extensions:

 - Employee Benefits Extension \$1,000,000
 - Employer’s Liability Extension \$1,000,000

In the event of a claim, the **Applicant** will be required to produce qualification certificates.

APPLICANT ACKNOWLEDGEMENT

Signature

Print Name

Date

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WARNING

If the Applicant receives a claim or becomes aware of a circumstance that may give rise to a claim, the Applicant must contact the Insurer immediately to ensure that the claim notification provisions under the policy are adhered to. Failure to do so could prejudice the Applicant's ability to claim under the Applicant's insurance policy.

PERSONAL INFORMATION OF THE APPLICANT (YOU)

1.a.	Full Name of Applicant :	First Name	Initial	Last Name
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b.	Location Address:	Street Address		
	City	Province	Postal Code	

2.a. Do you operate under a Business Entity or Partnership? ☐ Yes ☐ No
 If yes, Full Name of Business:

Note for Incorporated Business Entity or Partnership Coverage:

This policy being applied for will cover the Business Entity or Partnership if incorporated and up to 2 administrative non-professional staff that do not provide any of the insured services. There is an additional charge for an Incorporated companies and partnerships. All professionals must apply for individual coverage separately.

2 b.	Telephone Number:	Business #	Cell #
2.c.	Email Address:	Fax #	Website:
	Date of Birth (mm/dd/yyyy)	<input type="checkbox"/> Female <input type="checkbox"/> Male	

QUALIFICATIONS AND EMPLOYMENT

3.a. Date you became a licensed paralegal (mm/dd/yyyy):	
3.b. Paralegal license number:	
3.c. Province(s) / Territory in which you are licensed:	

DETAILS OF ACTIVITIES

4.a. Please indicate ☒ which Professional Services the **Applicant** provides also indicate % of Revenue:

	%		%		%
<input type="checkbox"/> Administrative Tribunals		<input type="checkbox"/> Employment law		<input type="checkbox"/> Collection Agency	
<input type="checkbox"/> Immigration Law		<input type="checkbox"/> Landlord and Tenant		<input type="checkbox"/> Provincial Offences	
<input type="checkbox"/> Small Claims Court		<input type="checkbox"/> Summary Convictions		<input type="checkbox"/> Traffic Tickets	
<input type="checkbox"/> WSIB Claims – additional charge applies		<input type="checkbox"/> Automobile Personal Injury (SABS) – additional charge applies		<input type="checkbox"/> Family Law	
<input type="checkbox"/> Administrative Law clerk under supervision of a Lawyer		<input type="checkbox"/> Notary Public Services defined by the Law Society of Ontario – additional charge applies		<input type="checkbox"/> Other	
Must total 100%					

4.b. Does the **Applicant** perform professional services other than those permitted as a Class P1 Licensee, as defined by the Law Society of Ontario, its by-laws and regulations or equivalent in other Provincial jurisdictions? ☐ Yes ☐ No

If any activities are being performed outside of those allowed under the Class P1 License, then they are
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excluded from coverage.

If yes, please provide details of the professional services you provide that are beyond those services permitted:

Type of Service	Brief Description

- 4.c. Does the **Applicant** provide services or perform activities outside Canada or for clients who are outside Canada? If yes please provide details. ☐ Yes ☐ No

- 4.d. What is your gross revenue? Past 12 months: Anticipated for next 12 months:
\$ _____ \$ _____

Note: if your revenue exceeds \$100,000, you must apply for coverage with the fully completed application and details of your sources of revenue.

INSURANCE COVERAGE

- 5.a. Has the **Applicant** ever previously purchased Paralegal Professional liability / E&O insurance? ☐ Yes ☐ No

- 5.b. If yes, please provide the following details for the past three years.

Insurer	Policy Period	Expiring Premium	Limit	Deductible
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

- 5.c. Has insurance coverage ever been declined or cancelled, or the renewal thereof been refused? ☐ Yes ☐ No
If yes, please provide details.

- 5.d. Please indicate the date you would like your coverage to begin (mm/dd/yyyy):

LOSS EXPERIENCE

- 6.a. 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

- 6.b. Is the **Applicant** aware of any facts, circumstances or situations which may reasonably give rise to a claim? If yes, please provide details. ☐ Yes ☐ No

- 6.c. Is or has the **Applicant** ever been the subject of a disciplinary hearing by a regulatory association or body? If yes, please provide details. ☐ Yes ☐ No

There is no coverage under the proposed policy for any matters as noted in 6.a., 6.b and 6.c. above.

ADDITIONAL INSURED

- 6 d. Do you require liability coverage for any Additional Insured's? ☐ Yes ☐ No

It is requested the following entities are to be added to the policy as Additional Insured, but only with respect to the operation of the Named Insured. The certificate applies to the named insured only while operating within the scope of your Professional Services.

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Name and complete address, including postal code AND email of Additional Insured:			Interest in the insurance:
Name:			<input type="checkbox"/> Corporate Name <input type="checkbox"/> Municipality <input type="checkbox"/> Studio <input type="checkbox"/> Sponsor <input type="checkbox"/> Landlord
Email:			
Address: (Street)	Province:	Postal Code:	

7. Do you obtain an engagement letter in writing from each client prior to accepting client.? ☐ Yes ☐ No
8. Have any negligence claims ever been made against you whether successful or otherwise? ☐ Yes ☐ No
9. Have any claims for dishonesty ever been made against you whether successful or otherwise? ☐ Yes ☐ No
10. Have any complaints or investigations ever been made or undertaken against you? ☐ Yes ☐ No
11. Have you ever had a document relating to the **Applicant's** activities unintentionally destroyed, damaged, lost or mislaid? ☐ Yes ☐ No
12. Have you ever been charged or convicted of a criminal offence, other than a motoring offence, or have any prosecution pending? ☐ Yes ☐ No
13. Have any libel or slander claims, infringement of copyright or breach of confidentiality ever been made against you? ☐ Yes ☐ No
14. Have any sexual harassment and/or abuse claims ever been made against you? ☐ Yes ☐ No
15. 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 8-15 above is **YES**, please provide full details:

16. Do you currently purchase Professional Liability / Errors and Omissions 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.

- 17.. 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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PREMIUM CALCULATION & INVOICE

If you answered "NO" to Questions 4b, 6a, 6b and 6c, you may use the self-rating premium calculation below to determine the total amount to remit. If your answer to question 4d is less than \$100,000 you may use the self-rating premium calculation below. Please send this payment with your Application Form. Otherwise, please complete the bottom section of the form and submit to Holman Insurance Brokers Limited.

COVERAGE - Professional & General Liability "Claims Made" and reported

Please select and check off the required limit and category. Write the applicable premium in the column. ▼

▼ Check off one LIMIT OF INDEMNITY	A. Base Annual Premium	B. Statutory Accident Benefits SABS or WSIB Claims Question 4.a.	C. Notary Public Services Question 4.a.	PREMIUM (A+B+C)
<input type="checkbox"/> \$1,000,000 Per Claim, \$2,000,000 Aggregate	\$875	Add \$800	Add \$150	\$
<input type="checkbox"/> \$2,000,000 Per Claim, \$4,000,000 Aggregate	\$1,000	Add \$875	Add \$190	
<input type="checkbox"/> \$3,000,000 Per Claim, \$5,000,000 Aggregate	\$1,100	Add \$950	Add \$210	
<input type="checkbox"/> \$4,000,000 Per Claim, \$5,000,000 Aggregate	\$1,175	Add \$1,000	Add \$230	
<input type="checkbox"/> \$5,000,000 Per Claim, \$5,000,000 Aggregate	\$1,250	Add \$1,100	Add \$250	
▼ If you answered YES to the following questions loading applies. Check off all that apply				
<input type="checkbox"/> Business Entity – Question 2 a	Add	\$100	\$	
<input type="checkbox"/> Do you require your company added as an additional insured? – Question 6 d This only covers the acts of the named insured whilst operating under this name and does not cover any other Paralegals.	Add	\$150	\$	
Total Professional Liability				\$
Optional: Commercial General Liability Please select and check off the required limit.		Premium		\$
<input type="checkbox"/> \$1,000,000 Per Occurrence / \$1,000,000 Aggregate		\$200		
<input type="checkbox"/> \$2,000,000 Per Occurrence / \$2,000,000 Aggregate		\$250		
<input type="checkbox"/> \$3,000,000 Per Occurrence / \$3,000,000 Aggregate		\$350		
<input type="checkbox"/> \$5,000,000 Per Occurrence / \$5,000,000 Aggregate		\$450		
Total Commercial General Liability				\$
Add Broker Policy Fee				\$60.00
TOTAL BEFORE TAX				
For residents of Ontario add 8%, Manitoba add 7%, Newfoundland & Labrador add 15% Saskatchewan 6% TAX				\$
All premiums are annual and 100% retained. Policy is subject to a \$1,000 Deductible except \$5,000 Deductible for Paralegals doing WSIB claims or SABS				\$
TOTAL INCLUDING TAX				

NOTE: COVERAGE CAN ONLY BE BOUND AND CONFIRMED BY HOLMAN INSURANCE BROKERS LTD.

Please advise the date insurance required is to be effective:	MM/DD/YYYY
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Please retain a copy for your records as no other invoice will be provided.

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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.

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
- Advising the **Applicant** of other products or services
- Negotiating, maintaining, or renewing insurance on the **Applicant's** behalf
- Providing claims assistance and service.
- 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 or contact our Privacy Officer at Holman Insurance Brokers Ltd.

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

The undersigned Applicant declares on behalf of all parties applying for insurance that to the best of his/her knowledge and belief the statements provided herein are true and complete and all material facts or circumstances have been fully disclosed. The undersigned declares and agrees that the Application together with any other information supplied shall form the basis of any subsequent contract of insurance and undertakes to inform the Insurer of any material alteration to those facts occurring before completion of the contract of insurance.

**Applicant's
Signature**

Signature

Date

Print Name

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Paralegal Professional Liability Checklist

- Application completed in full. All questions must be answered. ☐
- All pages #1 to #8 must be returned. (Including page #1). ☐
- Copy of prior insurance policy if prior retro date is required. (Question 5.b.) ☐
- Premium calculation including tax for options– page 6 ☐

Method of Payment (must accompany application, instructions next page)

- ☐ cheque attached (your cancelled cheque is your receipt)
- ☐ online Internet payment (Bill Pay) Bank confirmation # _____ Name of Bank _____
confirmation receipt provided by bank provider
- ☐ Visa/Master Card - email confirmation receipt will be sent provider upon transaction

Please keep a copy your application and payment receipt (ie cheque, Bank confirmation or online payment receipt).

An invoice will not be issued.

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

Email: programs@holmanins.com

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PAYMENT OPTIONS

By Credit Card – Visa or Mastercard

If you wish to pay by VISA or Mastercard, <https://www.policypayments.com/Holman?step2> Please note there is an administration/convenience fee charged for this option.

Interac e-Transfer ®If you wish to pay by Interac e-Transfer ® you can send to etransfer@holmanins.com with no need to provide an answer to a security question. Is it safe to send an Interac e-Transfer® transaction without a security question as Holman Insurance Brokers Ltd. is registered for Autodeposit, whereby our bank has verified our identity.

Internet Banking

Each bank has designed a unique format for their web site. However, the necessary procedures are generally similar.

1. Under Bill Payment: Choose Add Payee/Bill.
 2. Enter Holman. Choose All Categories and province Ontario and submit.
 3. Under Bill company/Payee - Select Holman Insurance Brokers Ltd. and enter your account number which is THE FIRST FOUR LETTERS OF YOUR LAST NAME FOLLOWED BY XX1
 4. Select the account you wish to withdraw the funds from. (i.e. credit card, savings, chequing, line of credit). Indicate the amount of payment and submit. A confirmation and reference number will be displayed to acknowledge your payment.
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Telephone Banking

1. Request your bank set up a new Payee/Bill to do a Bill Payment.
 2. Request the addition of a new Payee/Bill Company: Holman Insurance Brokers Ltd.
 3. Your account number is THE FIRST FOUR LETTERS OF YOUR LAST NAME FOLLOWED BY XX1
 4. Your banking institution will then take your payment over the telephone by your choice of payment method.
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Debit Card Payments

1. Contact your bank by telephone or visit in person. Request that they set up an option to allow you to make Bill Payments by Debit Card.
 2. Request the addition of a new Payee/Bill Company: Holman Insurance Brokers Ltd.
 3. Your account number is THE FIRST FOUR LETTERS OF YOUR LAST NAME FOLLOWED BY XX1
 4. Once you have set up Holman Insurance Brokers Ltd., you are able to proceed with payments via your branch ATMs with your debit card.
 5. Choose banking option: Bill Payment and follow your bank instructions.
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In Person at the Bank

1. At your own bank, request they set up a new Payee/Bill to do a Bill Payment.
2. Request the addition of a new Payee/Bill Company: Holman Insurance Brokers Ltd.
3. Your account number is THE FIRST FOUR LETTERS OF YOUR LAST NAME FOLLOWED BY XX1
4. You can choose to pay via the different accounts you hold with that particular bank or by other financial institution credit cards.
5. When paying in person at different financial institutions, bring your invoice/statement and request to make a Bill Payment.
6. Advise the teller that the Payee is Holman Insurance Brokers Ltd. and follow the prompts from step #2.

Note: Do not ask for a wire transfer or funds transfer, the banks charge you extra for this service and charge us extra for which we do not reimburse. These additional fees can range as high as \$50 or more.

By Mail

Cheque or money order payable to:

Holman Insurance Brokers Ltd.
1 Valleywood Drive, Suite #100
Markham, Ontario L3R 5L9
Tel #: 905-886-5630

Please note: NSF Payments – there will be an additional \$25 service charge