



STAGING PROFESSIONALS APPLICATION FORM

Errors & Omissions, Commercial General Liability, Property and Crime

Applicant Information

CSP Member #: _____ Name: _____

Operating Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Phone #: _____

Cell #: _____ Fax #: _____

E-mail: _____

Website: _____

Effective Date: _____ Payment: One Pay Monthly

Errors and Omissions

Year Established: _____ Individual Partnership Corporation

Gross revenue for the last completed fiscal year: _____

Projected gross revenue for the coming fiscal year: _____

Any services subcontracted? Yes No

If yes, are Certificates of Insurance obtained? Yes No

Percentage of operations performed in:

Canada	%	USA	%	Foreign	%
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Total number of employees (including self):

Professional		Consultants		Clerical	
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Does the applicant issue guarantees and/or warranties to customers? Yes No

If yes, please attach full details.

Has applicant ever purchased Professional Liability or Errors and Omissions Insurance? Yes No

If yes, please provide the following details for the last three years: _____

Insurer	Policy Period	Expiring Premium	Limit	Deductible

Please list all professional credentials and years' experience: _____

Please list all services provided for which the insurance is to apply to: _____

Commercial General Liability

List all locations that you own or lease (other than home location):

Location Address	Occupancy/ Construction Date	Square Footage	<input type="checkbox"/> Owned	<input type="checkbox"/> Leased

Are all employees covered by Workers Compensation? Yes No N/A

Describe the service the applicant provides:

Is the applicant involved in any business or profession other than as described above?

Does the applicant's operations involve any structural or architectural work?

Yes No

Location Details

(Other than home location)

Construction Details:

- Fire Resistive (reinforced concrete with concrete roof)
- Non-Combustible (masonry walls with steel deck roof)
- Masonry (solid brick or concrete block with wood joist roof)
- Wood Frame, Brick Veneer, Aluminum Siding over frame (with wood joist roof or floor)

Year Built: _____

Number of Stories: _____

If building is over 25 years old, has it been gutted or renovated in the last 20 years?

Yes No

Loss History

Has insurance coverage ever been declined or cancelled?
If yes, please attach details. Yes No

Has applicant or any of his/her employees ever been the recipient of any allegations of professional negligence either verbally or in writing? Yes No

Is the applicant or any of his/her employees aware of any facts or circumstances or situations which may reasonably give rise to a claim, other than advised above? Yes No
If yes, please attach details.

Current Insurer: _____ Policy #: _____

Expiry Date: _____ Premium: _____

Five year loss history:

Date (dd/mm/yyyy)	Type	Amount Paid	Amount O/S	Details

Without limitation of any other remedy available to the insurer, it is agreed that if there be knowledge of any such fact, circumstance or situation, any claim or action subsequently emanating therefrom is excluded from coverage under the proposed insurance.

Outline of Coverages

- \$50,000 Business Contents
- \$50,000 Off Premises Contents
- \$10,000 Crime Coverage
- Included Business Interruption - ALS
- \$2,000,000 Commercial General Liability
- \$1,000,000 Professional Liability

Please contact our office if additional limits are required.

Warranty Statement

I hereby declare that the above statements are true and that I have not omitted, suppressed or misstated any material facts. The undersigned authorized officer of the Organization, on behalf of the Organization and all persons proposed for this insurance, declares that, to the best of his/her knowledge and belief, the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information from each and every person proposed for this insurance to facilitate the proper and accurate completion of this application form. The undersigned further agrees that if any significant changes in the condition of the applicant are discovered between the date of this application form and the effective date of the policy, which would render this application form inaccurate or incomplete, notice of such change will be reported in writing to Northbridge General Insurance Corporation immediately.

Although the signing of this application form does not bind the undersigned on behalf of the Organization or any person proposed for this insurance to effect insurance, the undersigned, on behalf of those persons proposed for this insurance and the Organization, agrees that this form and the information furnished pursuant hereto shall be the basis of the contract should a policy be issued and this form will be attached to and become part of the policy.

It is also agreed that should a policy be issued, it is understood that eligibility for this program is contingent upon membership in good standing with the Canadian Staging Professionals Association.

Signature of Applicant:

Date:

Broker:

Or Fax to

416 259-7178