

**ACCOUNTANTS ERRORS & OMISSIONS - RENEWAL QUESTIONNAIRE**

1. Name of Applicant (Legal Registered Name): \_\_\_\_\_
2. Staff:
  - a) Total number of proprietors, partners and officers: \_\_\_\_\_
  - b) Number of other chartered accountants employed: \_\_\_\_\_
3. a) Please indicate the Applicant's gross annual fees or income:
  - i) Previous Year: \$ \_\_\_\_\_ ii) Anticipated for Next Year: \$ \_\_\_\_\_
- b) Largest Client: \_\_\_\_\_ Last Fiscal Year: \$ \_\_\_\_\_ Percentage to 3(a) above: \_\_\_\_\_  
 If over 50%, please state client and services performed.  
 Second Largest Client: \_\_\_\_\_ Last Fiscal Year: \$ \_\_\_\_\_  
 Approximate number of clients: \_\_\_\_\_

4. Give, in approximate percentage, the source of your revenue for the following categories:

Categories	Yes	No	Percentage of Fees & Commissions
Bookkeeping/Benefit Administration	<input type="checkbox"/>	<input type="checkbox"/>	%
Consulting – Computer/Publications	<input type="checkbox"/>	<input type="checkbox"/>	%
Consulting – Investment/Financial	<input type="checkbox"/>	<input type="checkbox"/>	%
Consulting – Mergers/Acquisitions/Re-organization	<input type="checkbox"/>	<input type="checkbox"/>	%
Directorship	<input type="checkbox"/>	<input type="checkbox"/>	%
Financial Statement – Auditing/Public traded/Financial Auditing(others)	<input type="checkbox"/>	<input type="checkbox"/>	%
Financial Statement – Review & Engagement	<input type="checkbox"/>	<input type="checkbox"/>	%
Financial Statement – Non Review	<input type="checkbox"/>	<input type="checkbox"/>	%
Non-Profit Organization Work	<input type="checkbox"/>	<input type="checkbox"/>	%
Property Management for Others	<input type="checkbox"/>	<input type="checkbox"/>	%
Receivership/Liquidation/Insolvency/Bankruptcy	<input type="checkbox"/>	<input type="checkbox"/>	%
Tax Return – Companies	<input type="checkbox"/>	<input type="checkbox"/>	%
Tax Return – Individuals	<input type="checkbox"/>	<input type="checkbox"/>	%
Tax and Estate Planning	<input type="checkbox"/>	<input type="checkbox"/>	%
Trust Fund Management	<input type="checkbox"/>	<input type="checkbox"/>	%
Other, please specify	<input type="checkbox"/>	<input type="checkbox"/>	%
Total:			100%

5. Are you, your employees or any of your associates listed in 13 (b) aware of any circumstance, allegation, contention or incident which may potentially result in a claim for an error or omission in the performance of a professional service being made against your entity, you, any broker or associate or employee present or past associated or working with your entity? **If yes, please attach an additional page with full details including the date of the claim or allegations.**  YES  NO
6. Are there any E&O loss paid or outstanding in the last 5 years against the firm, an individual or any employees or associates of the company?  YES  NO  
 If yes, please provide all details of these claims (attach a separate sheet if needed), including the total amount paid:  
 \_\_\_\_\_
7. Have you or any of financial / investment advisors under the applicant:
  - a) Had their license suspended or terminated by a regulatory authority?  YES  NO
  - b) Ever been called before an investigative committee for disciplinary proceedings for professional misconduct by a professional society / board or any statutory registration board?  YES  NO
  - c) Been censured or fined by a regulatory authority?  YES  NO
  - d) Ever been the recipient of any allegations of fraud or ever been investigated for or implicated in fraud?  YES  NO

**If you answered yes to any of above questions, please provide details below :**

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

8. **Additional Insured(s) (If applicable):** \_\_\_\_\_

**DECLARATION / CONSENT:**

**PLEASE READ BEFORE SIGNING:** A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim.

The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, 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.

**NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.**

**Applicant's Name:** \_\_\_\_\_ **Position Held:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Brokerage:** \_\_\_\_\_ **Broker Name:** \_\_\_\_\_

**Broker Email:** \_\_\_\_\_ **Broker phone:** \_\_\_\_\_

*Premier Canada Assurance Managers Ltd. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).*

**\*\* Email application and attachments to - [processingcommercial@premiergroup.ca](mailto:processingcommercial@premiergroup.ca) \*\***

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