



BUSINESS LIABILITY INSURANCE APPLICATION

CONTACT INFORMATION

Name: Brian *****
Firm name: ***** Consulting ***
Address: **** *
Type of Business: Incorporated entity
Date Established : 2020
Phone Number: +1*****

UNDERWRITING INFORMATION

Please describe in detail the nature of operations and professional services for which coverage is requested:

I provide statistical Consulting for biotech companies.

Give, in approximate percentage, the source of your income related to the activities:

100% statistical Consulting

Are You Part of An Association, if Yes Which One: No.
Outside Canada Revenue: Yes.
Revenue Canada: 50000
Revenue USA: Yes, 400000
12 month revenue forecast: We are expecting to do *****

To whom does the Applicant provide professional services:

to biopharmaceutical companies

Does any one client represent more than 25% of the Applicant's total gross income?:

No.

Do you have written contracts with your clients?

No.

Applicant's position in the company:

president

Partners and associates

No

Employee information:

No.

Have there been any changes in your activities or ownership in the past year?

No.

Does the Applicant sub-contract professional services to others?

I do not use sub contractors.

If yes, what percentage?

I do not use sub contractors

Any claims? If yes, please explain:

No Claims.

Does the Applicant request proof of insurance from sub-contractors?

I do not use sub contractors

Additional Questions

Have you, has any partner, or if a corporation, has any owner, officer, director, employee or solicitor of the firm been the subject of disciplinary action by a regulatory authority?

No.

Has any policy of application for errors and omissions insurance on your behalf, your partners behalf or, in the case of a corporation, any of the present executive officers or directors been declined, cancelled or renewal refused within the last five years?

No.

Have any errors and omissions claims been made against you, your partner(s) (if any), or in the case of a corporation, any of the present executive officers or directors, within the last ten years?

No.

Have any errors and omissions claims been made against you, your partner(s) (if any), or in the case of a corporation, any of the present executive officers or directors, within the last ten years?

No.

Have you ever been investigated by or suspended from practice by any body governing the practice of this profession?

No.

Protection of the Applicant's Personal Information

By completing this application and returning it to PointConversion Inc., the Applicant agrees and consents to the collection, use and disclosure of such information, including any personal information, by PointConversion Inc. 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.PointConversion.ca or contact our Privacy Officer at PointConversion Inc.

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 a broker or agent partner of PointConversion Inc. Our broker and agent partners have engaged in a marketing process to offer a competitive product on a group basis with insurers but 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 PointConversion to seek an alternative insurer if available.

EMAIL AUTHORIZATION

In an effort to bring policy holders the most cost-effective insurance plan, our broker and agent partners correspond 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 PointConversion Inc. 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 PointConversion Inc. 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.

DECLARATION

I/we declare that the above statements are true in every respect. I/we hold qualification certificate(s) for the category(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 PointConversion Inc.

Today's Date:

February 9th 2021

Signature
