

**PROFESSIONAL & COMMERCIAL GENERAL
LIABILITY INSURANCE APPLICATION**



Please contact MRIA Account Manager at 800.663.6828 if you require assistance when completing this application.

1. Name of Applicant:
(If more than one legal entity, please indicate the relationship between each Firm)

2. Please provide the following contact information:

Address: _____ Postal Code: _____

Telephone #: _____ Fax #: _____

Email Address: _____ Website: _____

3. Are you an MRIA Corporate Research Agency in Good Standing? YES NO

4. Are you a Gold Seal Certified Corporate Research Agency Member of MRIA? YES NO

5. Form of Business: Sole Proprietor Incorporated Organization Partnership Joint Venture
 Other *(please specify)* _____

6. What is the date that the Firm was established: _____

7. During the past three years, has the Applicant's name changed, or has the Applicant purchased, merged or consolidated with any other business? YES NO

If YES, did the Applicant assume any liabilities (i.e. responsibility for prior acts) of the acquired, merged or consolidated entity? YES NO
If YES, please confirm the legal name(s) of all entities or individual proprietorships by attaching a separate sheet to this document.

8. Does the Applicant own any Subsidiaries for which coverage is requested? YES NO
If YES, please provide the following information:

Subsidiary Name	Jurisdiction	Description of Professional Services

9. A. Please indicate the business services / operations provided and enter the percentage of total income derived from these services: *(This must total 100%)*

- Training and Education _____ %
- Outbound Telemarketing & Sales for Clients _____ %
- Primary Research *(Qualitative & Quantitative)* _____ %
- Product Testing *(If applicable then please answer questions 8B, 8C and 8D)* _____ %
- Secondary Research *(Market Intelligence)* _____ %

- B. Industries served for product testing: _____
- C. What type of products are being tested: _____
- D. Please describe your role in the product testing process (e.g., data collection, administering the product test, etc.): _____

10. Does the applicant provide any services other than those services listed in Question #9? YES NO
If YES, provide details below. Use a separate sheet if necessary.

11. A. Please provide gross fee revenues from operations / services provided:

			Total Annual Gross Revenues
	Last Fiscal Year-End		\$ _____
	Current Fiscal Year (projected)		\$ _____
Revenue derived from:	Canada: _____ %	United States: _____ %	International: _____ %
<i>(must equal 100%)</i>			

B. Please indicate the percentage of services you physically perform outside of Canada? _____ %

C. Please describe in detail your U.S. operations? _____

D. When entering into a contract with clients domiciled outside of Canada, do you utilize a jurisdiction clause in such contract? YES NO
If YES, what jurisdiction is utilized? _____

E. Do you maintain a physical office in the US or outside of North America? YES NO

F. Do you have any employees domiciled in the US or outside of North America? YES NO

G. Please indicate the number of paid employees at your company: (Use "0" if it applies) Full Time _____ Part Time _____

12. Do you develop, acquire, produce or procure creative material on behalf of your clients? YES NO
If YES please complete the "Intellectual Property" Supplement.

13. A. Describe services, if any, that are provided by subcontractors: _____

B. Please provide the percentage of your revenue derived from work by subcontractors: _____ %

14. A. Does the Applicant have written contracts or agreements with each client? YES NO

B. What percentage of time is contract not used: _____ %

Explain in what instances are contracts not used? _____

15. Has the Applicant or any of your principals, officers, partners, directors or employees ever been the subject of any disciplinary action by any government body or professional association within the last five years? YES NO

16. A. In the past, has the Applicant or any of his/her partners, officers, employees or subsidiaries ever been the recipient of any allegations of professional negligence in writing or verbally which may reasonably give rise to a claim? YES NO
- B. Is the Applicant or any of his/her employees aware of facts, circumstances, or situations which may reasonably give rise to a claim, other than as advised above? YES NO

If YES to either 16A of 16B, please attach details on a separate sheet and attach to this application.

Commercial General Liability Section

Please complete the following questions if you are interested in receiving a quote for Commercial General Liability insurance through the MRIA Program.

1. Does the applicant design, manufacture or test any product or process for creating a product? YES NO
If 'YES', please provide details on a separate sheet.
2. Please provide number of: Principals _____ Partners _____ Officers _____ Employees _____
3. How many of your staff members hold the Certified Marketing Research Professional/CMRP designation? _____
4. Total Payroll over previous 12 month period: \$ _____
5. Please complete the following table:

Current Commercial General Liability Policy	
Name of Insurer:	
Policy Number:	
Limit:	
Deductible:	
Expiry Date:	
Premium:	
Claims:	

Current Errors & Omissions Liability Policy	
Name of Insurer:	
Policy Number:	
Limit:	
Deductible:	
Expiry Date:	
Premium:	
Claims:	

Requested Liability Insurance Limits

Please call MRIA Account Manager at 800.663.6828 if you need clarification on how to select the limits of coverage for Liability Insurance.

	Professional Liability Errors & Omissions	Commercial General Liability
<i>Please select your limit:</i>	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1,000,000
	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,000,000
	<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> \$3,000,000
	<input type="checkbox"/> \$3,000,000	<input type="checkbox"/> \$4,000,000
	<input type="checkbox"/> \$4,000,000	<input type="checkbox"/> \$5,000,000
	<input type="checkbox"/> \$5,000,000	

Have you ever had insurance cancelled or declined? YES NO

If YES, please provide the following information:

Which insurance company? _____

When? _____

For what reason? _____

Five Year Loss History for Liability and/or Office Property:

Date (DD/MM/YY)	Type	Amount Paid	Amount O/S	Details

IMPORTANT NOTICE:

The undersigned declares that to best of his/her knowledge and belief the statements set forth herein are true. Although the signing of this application does not bind The Applicant, it is agreed that should a policy be issued, this application will be attached to and made part of The Policy. If the information supplied on this application or attachments thereto changes between the date of this application and the inception date of the policy, The Applicant will immediately notify The Company of such changes.

PRIVACY DISCLOSURE AND CONSENT:

I am applying for insurance based on the information provided above. With respect to this application or any renewal or change to my coverage, I authorize you to collect, use and disclose information as permitted by law for the purposes necessary to assess the risk, investigate and settle claims, and detect and prevent fraud, such as credit information, driving information and claims history.

Signature of Applicant: _____ **Print Name:** _____ **Date** _____

*Please fax a completed application to the attention of MRIA Account Manager at 416 595 1649.
A completed digital version of this form can be emailed to MRIA@LMS.CA.*