

**ARCHITECTS AND ENGINEERS
 PROFESSIONAL LIABILITY INSURANCE
 DESIGN & BUILD**

1. Name of Applicant _____

2. Address (Head Office) _____

Branch Office _____

Date Established Day _____ Month _____ Year _____

Telephone # _____ Fax # _____ Web site: _____

3. Former names of Applicant/Firm Date Estab. Closed

a) _____

b) _____

4. The applicant is: (please check where applicable) Who acts primarily as: (please check where applicable)

- | | | | |
|-----------------------|--------------------------|-----------------|--------------------------|
| a) A Corporation | <input type="checkbox"/> | g) A Contractor | <input type="checkbox"/> |
| b) Partnership | <input type="checkbox"/> | h) An Engineer | <input type="checkbox"/> |
| c) Individual | <input type="checkbox"/> | i) An Architect | <input type="checkbox"/> |
| d) Sole Proprietor | <input type="checkbox"/> | j) A Developer | <input type="checkbox"/> |
| e) Corporate Division | <input type="checkbox"/> | k) Other | <input type="checkbox"/> |
| f) Other | <input type="checkbox"/> | | |

5. The Applicant is a member in good standing of The Canadian Construction Association. Yes No

6. Please note the professional associations to which the Applicant belongs:

7. When undertaking Design/Build activities, the Design is performed:

a) In-house	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) By professional architectural/engineering sub-consultant	Yes <input type="checkbox"/> No <input type="checkbox"/>
c) By an affiliated company in direct contract with owner/client	Yes <input type="checkbox"/> No <input type="checkbox"/>
d) Other	Yes <input type="checkbox"/> No <input type="checkbox"/>

And the construction is performed:

e) In-house	Yes <input type="checkbox"/> No <input type="checkbox"/>
f) By sub-contract to a contracting firm which is a member in good standing with the Canadian Construction Association	Yes <input type="checkbox"/> No <input type="checkbox"/>
g) By an affiliated company in direct contract with owner/client	Yes <input type="checkbox"/> No <input type="checkbox"/>
h) Other	Yes <input type="checkbox"/> No <input type="checkbox"/>

8. Division of Duties for Past Completed Financial Year:

	Function	Last Completed Financial Year	Estimated Next Financial Year
a)	Total Construction Value where the Applicant designs and constructs from their own design and provides full technical supervision	_____	_____
b)	Total Construction Value where the Applicant constructs and provides full technical supervision from designs by sub-consultants appointed by the Applicant, or others for whom the Applicant is responsible	_____	_____
c)	Fees earned where the Applicant provides only design services and/or technical supervision	_____	_____
d)	Income earned where the Applicant provides any other professional services not included in the above (please specify)	_____	_____
e)	Total Construction Value where the Applicant has work with no professional input (e.g. construction only activities) not covered by this proposed insurance (please specify)	_____	_____
	Total Revenue	_____	_____
	Indicate the percentage of work that applies to projects located in the U.S.A.	_____	_____
	Indicate the percentage of work that applies to projects located in other foreign countries	_____	_____

State to the location, fees and construction values for each foreign project on a separate sheet of paper.

NOTE: THE TERM "TECHNICAL SUPERVISION" IS NOT INTENDED TO EXTEND TO THE SUPERVISORY ACTIVITIES WHICH UNDER A TRADITIONAL FORM OF CONTRACT WOULD BE THE RESPONSIBILITY OF THE CONTRACTOR, AND NOT THE PROFESSIONAL TEAM.

9.	a)	DESIGN/BUILD		
		Indicate percentage of total professional services derived from the following disciplines:		Indicate percentage of (9.a) sublet to sub-consultants.
	i)	Services not resulting in construction	_____	_____
	ii)	Structural	_____	_____
	iii)	Soils	_____	_____
	iv)	Civil	_____	_____
	v)	Mechanical	_____	_____
	vi)	Electrical	_____	_____
	vii)	H.V.A.C.	_____	_____
	viii)	Industrial Process	_____	_____
	ix)	Materials Testing	_____	_____
	x)	Architectural	_____	_____
	xi)	Environmental (please complete attached addendum)	_____	_____
	xii)	Other _____	_____	_____
		Total	100%	Total _____

b) CONSULTING SERVICES ONLY - NO CONSTRUCTION

Of the total consulting services indicate percentage:

- i) Performed by Applicant directly to third parties _____
- ii) Performed by an affiliated company as:
 - 1) Sub-consultant _____
 - 2) Under separate contract _____

c) CONSTRUCTION ONLY - NO DESIGN

Of the total construction services indicate percentage:

- i) Performed by Applicant directly to third parties _____
- ii) Performed by an affiliated company as:
 - 1) Sub-consultant _____
 - 2) Under separate contract _____

10. a) If either design or construction work is sub-let to others, or performed by an affiliated company, complete Schedule "A" attached.
- b) Please list your five largest contracts entered into over the past five years on Schedule "B" attached.

11. Partners and Officers (Attach Resume)	University attended	Degree	Year	Prov. Licensed to practice in
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

12. Number of employees not including Partners and Officers

Architects _____ Engineers _____ Technologists _____ Technicians _____

Transitmen _____ Draftsmen _____ Office _____ Others _____

PLEASE ATTACH CURRICULUM VITAE OF ARCHITECTS AND ENGINEERS

13. When is your fiscal year end? _____

14. Indicate percentage of total construction values derived from the following project types:

	Design Only	Design & Construct
a) Mines (advise details on work sheet)	_____ %	_____ %
b) Harbours and jetties	_____ %	_____ %
c) Water and sewage systems	_____ %	_____ %
d) Bridges, tunnels and dams (Describe length and use on a separate sheet)	_____ %	_____ %
e) Nuclear and atomic projects (Describe type of work done on a separate sheet)	_____ %	_____ %
f) Petrochemicals, refineries, fertilizer, ammonia, urea plants (Describe type of work done on a separate sheet)	_____ %	_____ %
g) Hospitals, schools, municipal buildings or nursing homes	_____ %	_____ %
h) Churches, religious or other eleemosynary buildings	_____ %	_____ %
i) Industrial buildings	_____ %	_____ %
j) Commercial Buildings	_____ %	_____ %
k) Private dwellings, apartments, condominiums	_____ %	_____ %
l) Parking Structures	_____ %	_____ %
m) Other (Please specify)	_____ %	_____ %
TOTAL	100%	100%

15. Please list current coverages subscribed to by the Applicant:

	LIMIT	DEDUCTIBLE	INSURER	EXPIRY
Comprehensive General Liability	_____	_____	_____	_____
Architects/Engineers Professional Liability	_____	_____	_____	_____

16. Does the Applicant currently carry professional or errors and omissions liability insurance?

Yes No

i) If Yes, please indicate the name of the Insurer: _____

ii) Please indicate if such coverage was offered on an occurrence basis or claims made basis.

Occurrence

Claims Made

iii) If current coverage is on a claims made basis, what is the retroactive date? _____

iv) What is your current policy limit? \$ _____

v) What is your current deductible?: \$ _____

vi) If you are presently insured, are renewal terms being offered? Yes No

vii) If No, please state reason: _____

17. a) Have any claims ever been made to the knowledge of the Applicant against the Applicant, any business predecessors, or any of the present or former partners or officers? Yes No
- b) Is the Applicant aware of any act, error, omission or circumstances which could give rise to a claim against the Applicant or any predecessor in business, or any present or former partner or officer? Yes No

IF THE ANSWER TO EITHER Q.17 a) OR Q.17 b) IS YES, COMPLETE THE ENCLOSED CLAIMS HISTORY FORM

NOTE: THE POLICY DOES NOT COVER ANY CLAIM OR CIRCUMSTANCE STATED IN 17 a) AND/OR 17 b) OR ANY ACT, ERROR, OMISSION OR CIRCUMSTANCE WHICH COULD GIVE RISE TO A CLAIM, OF WHICH THE APPLICANT HAS KNOWLEDGE PRIOR TO THE INCEPTION OF THE POLICY.

18. Has any Partner, Executive Officer, Director or Professional Employee had their licence suspended, been fined or reprimanded during the past five years? Yes No

If Yes, attach details.

19. To the Applicant's knowledge, has any company declined or terminated the insurance for the Applicant, any present partner of officer or for any predecessor in the business, past partners or officers? Yes No

If Yes, provide details: _____

20. Insurance required:

LIMITS:	\$ 250,000 / 500,000 <input type="checkbox"/>	DEDUCTIBLES:	\$ 2,500 <input type="checkbox"/>
	\$ 500,000 / 1,000,000 <input type="checkbox"/>		\$ 5,000 <input type="checkbox"/>
	\$ 1,000,000 / 1,000,000 <input type="checkbox"/>		\$ 10,000 <input type="checkbox"/>
	\$ 1,000,000 / 2,000,000 <input type="checkbox"/>		\$ 25,000 <input type="checkbox"/>
	\$ 2,000,000 / 2,000,000 <input type="checkbox"/>		Other _____
	\$ 3,000,000 / 3,000,000 <input type="checkbox"/>		
	\$ 4,000,000 / 4,000,000 <input type="checkbox"/>		
	\$ 5,000,000 / 5,000,000 <input type="checkbox"/>		
	Other _____		

We hereby declare that the above statements and particulars are true and that we have not suppressed or misstated any material facts and we agree that this declaration shall be the basis of any binder or contract or insurance with the Insurer, and that the limits and deductibles as stated in the said binder or contract of insurance shall govern.

It is understood and agreed that the completion of this application does not bind the Insurer to the issue of the insurance nor the Applicant to the purchase of the insurance.

It is further understood and agreed that if, following submission of this application to the Insurer and prior to the date requested for coverage to be effective, the Applicant becomes aware of any information which has a bearing on question 17 a) or 17 b) of this application, the Insurer shall be immediately notified in writing of such information.

NAME OF FIRM _____

Signature (Signing Officer)

Title

Date

PLEASE ATTACH CORPORATE BROCHURE AND FINANCIAL STATEMENT TO APPLICATION

SCHEDULE A

Refer to question 10.a) of the application

	Brief Description of Project and total Construction Value	Work sub-contracted (1) Engineer (2) Architect (3) Construction	If Professional Sub-consultant, do they carry Professional Liability insurance? If so, state Insurer.
1. Name of unrelated firm to which work has been sub-contracted.			
2. Name of affiliated firm to which work has been sub-contracted.			

The Insurer may require additional information on any firms listed above. Any additional documentation such as brochures, financial statements, etc. will be of assistance.

SCHEDULE B

Refer to question 10.b) of the application

Description of Project	Date Entered Into	Completion Date	Total Construction Value	Designed In-house or by Sub-Consultant	Name Design Sub-Consultant if used

The Insurer may require additional information on any firms listed above. Any additional documentation such as brochures, financial statements, etc. will be of assistance.

ADDENDUM
ENVIRONMENTAL LIABILITY QUESTIONNAIRE

1. Please indicate the approximate percentage of total fees reported in your application for insurance (including those paid to sub-consultants but not projects insured separately) derived from each of the following project types:

	Past Accounting Year (%)	Current Accounting Year (Estimated %)
a. Studies and Reports (excluding soils investigations or remediation)		
(1) Environmental impact studies or assessments	_____	_____
(2) Environmental permit review or approval	_____	_____
(3) Building Inspections / Audits	_____	_____
(4) Environmental Monitoring (describe type of service)	_____	_____
(5) Air Emission Control Services	_____	_____
b. Waste Disposal		
(1) Waste site evaluation or selection	_____	_____
(2) Design, monitoring or closure of landfills	_____	_____
c. Design or construction services for remedial action of contaminated buildings	_____	_____
d. Services related to the evaluation, removal or replacement of underground storage tanks	_____	_____
e. Industrial Process Engineering (Non-Petrochemical)	_____	_____
f. Petrochemical Engineering	_____	_____
g. Design of Laboratories	_____	_____
h. Soils Investigations		
(1) Underground investigations for possible contamination	_____	_____
(2) Determination of extent of contaminated sites	_____	_____
(3) Design of remedial action of contaminated sites	_____	_____
(4) Investigations not related to waste or contamination detection	_____	_____

2. How many years has your firm provided services for the detection, monitoring, handling or disposal of hazardous substances? _____

3. Personnel (indicate the number of staff involved in environmental work)

- a. Architects/Civil Engineers _____
- b. Process Engineers _____
- c. Geotechnical Engineers _____
- d. Chemists and Biologists _____
- e. Industrial Hygienists or Toxicologists _____
- f. Geologists / Hydrologists _____
- g. Environmental Engineers _____
- h. Other Personnel _____

(Please attach Curriculum Vitae of key personnel if not previously submitted)

4. Have you accepted, or do you plan to accept responsibility (either directly or as an agent of the owner) for the actual clean-up, transportation, storage or disposal of a "pollutant"?
YES NO If YES, please explain _____

5. For what percentage of environmental work in the past year have you been able to obtain client agreement for:

- a. Complete indemnification _____
- b. Partial indemnification _____
- c. Limitation of liability (please attach sample) _____

CLAIMS HISTORY

Applicants Name: _____ Date: _____

Claimant: _____

Project Name & Location: _____

Date of Loss: _____

Suit: Yes No

Amount Claimed:\$ _____

Estimated Liability:\$ _____

Indemnity Paid:\$ _____

Expenses Paid:\$ _____

Closed: Yes No

Description of Claim: _____

Claimant: _____

Project Name & Location: _____

Date of Loss: _____

Suit: Yes No

Amount Claimed:\$ _____

Estimated Liability:\$ _____

Indemnity Paid:\$ _____

Expenses Paid:\$ _____

Closed: Yes No

Description of Claim: _____

Claimant: _____

Project Name & Location: _____

Date of Loss: _____

Suit: Yes No

Amount Claimed:\$ _____

Estimated Liability:\$ _____

Indemnity Paid:\$ _____

Expenses Paid:\$ _____

Closed: Yes No

Description of Claim: _____
