



Professional Liability Insurance Application for Architects and Engineers

1. Name of Applicant: _____
2. Address (Head Office): _____
 Branch Office: _____
 Date Established: _____ (Day/Month/Year)
 Telephone: _____ Fax: _____ Website: _____

3. Former Names of Applicant/Firm	Date Est.	Closed
a) _____		
b) _____		

4. Is the Applicant engaged by others as an employee? Yes No
5. Are any employees qualified as a Registered Code Agent? Yes No

6. Partners and Officers (Attached Resume)	University Attended	Degree	Year (to practice In)	Prov. Licensed
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

7. Number of employees not including Partners and Officers
- Architects _____ Engineers _____ Surveyors _____ Technologists _____
 Transitmen _____ Draftsmen _____ Office _____ Other _____

8. Please describe the nature of your practice (Attach Brochure):

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

10. When is your fiscal year end? _____

11. Please list your five largest projects done during the past five years.

Name of Project	Fee	Total of Construction Value	Value of Your Portion
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

12. Is the applicant controlled by, owned by, or related to any other firm, corporation, or company? Yes No
If yes, please give details: _____

13. Do any of the partners or officers of the Applicant hold an interest in any other corporation with whom the Applicant carries on business? Yes No

If yes, please give details: _____

14. Does the Applicant, any partner, officer or related company engage in the actual work of construction or fabrication other than supervision? Yes No

If yes, please give details: _____

15. Are more than 25% of your Professional Services provided for one client? Yes No

If yes, please give details: _____

16. Fees	Previous 12 Mo. Mo/Yr. to Mo/Yr.	Expiring 12 Mo. Mo/Yr. to Mo/Yr.	Project 12 Mo. Mo/Yr. to Mo/Yr.
	____/____	____/____	____/____
a) GROSS FEES (Include b, c, d & e)	\$ _____	\$ _____	\$ _____
b) Fees paid to subconsultants*	\$ _____	\$ _____	\$ _____
c) Fees derived from projects which have been separately insured	\$ _____	\$ _____	\$ _____
d) Fees for projects in USA	\$ _____	\$ _____	\$ _____
e) Fees for projects outside of North America	\$ _____	\$ _____	\$ _____
f) Construction Values	\$ _____	\$ _____	\$ _____

*Does the Applicant require evidence of Professional Liability Insurance for its sub-consultants by obtaining certificates of insurance on an annual basis? Yes No

What type of work is sub-contracted? _____

17. Please indicate percentage of fees derived from the following **ARCHITECTURAL** activities.
(To be completed by Architectural applicants).

	% Last 12 Months	% Anticipated Next 12 Months
a) Work not resulting in construction	_____	_____
b) Interior Design	_____	_____
c) Landscape Architecture	_____	_____
d) Private Homes	_____	_____
e) Apartments/Condos/Town Houses	_____	_____
f) Commercial and Office Complexes	_____	_____
g) Industrial	_____	_____
h) Institutional	_____	_____
i) Recreational	_____	_____
j) Project Management Services	_____	_____
k) Other (describe)	_____	_____
Totals 100%	_____	_____

18. Please indicate percentage of fees derived from the following **ENGINEERING** activities.
 (To be completed by Engineering applicants).

	% Last 12 Months	% Anticipated Next 12 Months
a) Feasibility Studies, Work not resulting in construction	_____	_____
b) Expert Witness	_____	_____
c) Structural Engineering	_____	_____
d) Building Inspection	_____	_____
e) Sewage and Water Services	_____	_____
f) Roads and Highways	_____	_____
g) Oil and Gas Pipelines	_____	_____
h) Bridges, Tunnels, Dams (describe)	_____	_____
i) Marine / Docks / Harbours	_____	_____
j) Geotechnical	_____	_____
k) Mechanical Engineering	_____	_____
l) Electrical Engineering	_____	_____
m) H.V.A.C.	_____	_____
n) Acoustical Engineering	_____	_____
o) Corrosion Engineering	_____	_____
p) Environmental Engineering*	_____	_____
q) Hydrology / Geology	_____	_____
r) Project / Construction Management	_____	_____
s) Surveying	_____	_____
t) Land Use Planning	_____	_____
u) Laboratory / Material Testing	_____	_____
v) Chemical Engineering	_____	_____
w) Process Engineering	_____	_____
x) Quantity Surveying	_____	_____
y) Drafting	_____	_____
z) Other (describe)	_____	_____
Totals 100%	_____	_____

19. Please list **joint ventures** separately insured:

20. Please provide names of all **projects** separately insured:

21. Does the Applicant currently carry professional or errors and omissions liability insurance? Yes No
- a) If Yes, please indicate the name of the Insurer: _____
- b) Is such coverage offered on: Occurrence Basis Claim-made Basis
- c) If the current coverage is on a claim-made basis, what is the retroactive date? _____
- d) What is your current policy limit? \$ _____
- e) What is your current deductible? \$ _____
- f) If you are presently insured, are renewal terms being offered? Yes No
If no, please state reason: _____

22. 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

23. 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.22) OR Q.23) IS YES, COMPLETE THE ENCLOSED CLAIMS HISTORY FORM

NOTE: THE POLICY DOES NOT COVER ANY CLAIM OR CIRCUMSTANCE STATED IN 22) AND/OR 23) 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.

24. Has any Partner, Executive Officer, Director or Professional Employee had their licence suspended, been fined or reprimanded during the past five years? **(If Yes, attach details).** Yes No

25. 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, please give details: _____

26. Insurance required:

- | | | | |
|----------------|---|---------------------|---------------------------------------|
| LIMITS: | <input type="checkbox"/> \$250,000/500,000 | DEDUCTIBLES: | <input type="checkbox"/> \$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: _____ |
| | <input type="checkbox"/> \$ 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 19 a) or 19 b) of this application, the Insurer shall be immediately notified in writing of such information

NAME OF FIRM: _____

 Signature (signing Officer) Title Date

CLAIMS HISTORY

Applicant Name: _____

Date: _____

Claimant: _____

Date of Loss: _____

Amount Claimed: \$ _____ Estimated Liability: \$ _____ Indemnity Paid: \$ _____

Expenses Paid: \$ _____

Closed: Yes No

Description of Claim: _____

Claimant: _____

Date of Loss: _____

Amount Claimed: \$ _____ Estimated Liability: \$ _____ Indemnity Paid: \$ _____

Expenses Paid: \$ _____

Closed: Yes No

Description of Claim: _____

Claimant: _____

Date of Loss: _____

Amount Claimed: \$ _____ Estimated Liability: \$ _____ Indemnity Paid: \$ _____

Expenses Paid: \$ _____

Closed: Yes No

Description of Claim: _____

