

ARCHITECTS AND ENGINEERS PROFESSIONAL LIABILITY INSURANCE RENEWAL APPLICATION

Please fully answer all questions and submit all requested information. If no answer is available, please write "not applicable" in the space provided. If more space is required to answer a question, continue on a separate sheet.

THE APPLICANT

1. Name of Firm: _____
2. Expiring Policy Number: _____

DISCIPLINES AND PROJECTS

3. a) Has there been any changes in the firm's ownership since the inception of the current policy? Yes No
- b) Has there been a change to the firm's name or address since the inception of the current policy? Yes No
- c) During the past 12 months has there been, or in the coming 12 months will there be any purchases, merger, or consolidations of the firms? Yes No
- d) During the past 12 months has there been, or in the coming 12 months will there be any changes in the nature of services offered by the Applicant? (Please refer to the last full application on file) Yes No
- e) During the past 12 months has there been, or in the coming 12 months will there be any changes in the type of projects being worked on? (Please refer to the last full application on file) Yes No

If you have answered "Yes" to any of the questions above, please provide full details on a separate sheet.

FEE BREAKDOWN

4. Please indicate your gross revenue in respect of the following years:

	Last 12 Months	Current 12 Months	Projected 12 Months
Dates (MM/YY)			
a) Gross Fees (incl. b, c, d, e.)	\$	\$	\$
b) Canadian Fees	\$	\$	\$
c) USA Fees	\$	\$	\$
d) Fees paid to Subcontractors*	\$	\$	\$
e) Fees from other Territories	\$	\$	\$
Profit (Loss)	\$	\$	\$

- * Do subcontractors have their own professional liability and general liability insurance? Yes No

If "Yes", what limit of liability is carried by the subcontractor (for professional liability and general liability):

PRIOR ERRORS OR CLAIMS

5. **Other than previously reported to the Insurer**, does the Applicant or any of the partners, principals, officers, directors, or employees or to the knowledge of the firm, on behalf of their predecessors in business aware of:
- a) Aware of any facts of circumstances which might reasonably give rise to a claim with respect of professional services? Yes No
 - b) Subject to one or more claims within regards to professional services? Yes No
 - c) Given written notice of a possible claim to an insurer with respect to professional services? Yes No

If the answer to either 5 a), b), c) is "Yes", please complete the claims section on page 3.

LIMIT REQUEST

Per Claim	\$	_____
Aggregate	\$	_____
Deductible Requested	\$	_____
Deductible Options	\$	_____

The undersigned declares that all statements made in the Application and the information contained in documents submitted with it are true. Signing of this document does not bind the Applicant to complete the insurance, but it is agreed that the Application shall be the basis of the contract, should a policy be issued.

Applicant Name: _____ Signature: _____

Title: _____ Date: _____

MUST BE SIGNED BY THE PRESIDENT OR CHAIRPERSON OF THE BOARD OR THE EXECUTIVE DIRECTOR

CLAIMS OR CIRCUMSTANCES

Please include full details, to include, but not limited to, claimant, date of loss, description of loss, current status of loss, amount claimed, reserves, paid amount etc. Please use a separate sheet if necessary: