

ARCHITECTS AND ENGINEERS PROFESSIONAL LIABILITY INSURANCE NEW BUSINESS 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: _____
Indicate: Corporation Partnership Individual Other (please advise)

2. Address of Head Office* _____
**Please indicate any other branch offices on a separate sheet*

3. Date Established: _____ Number of Years Under Present Ownership: _____

4. Website: _____

5. Total Number of: Professional Personnel: _____ Technical Personnel: _____
Other: _____

6. Please provide the following information on the Professionals on staff:

Professional's Name	Duty / Job Title	Education/Qualifications	Years of Experience

7. Does the Applicant (or professionals on staff) belong to any professional associations related to your services? Yes No
If "Yes", please list associations below: _____

8. Has the Applicant (or any professionals on staff) ever been investigated or suspended from practice by any governing body of the Applicants profession? Yes No
If "Yes", please provide details: _____

PROFESSIONAL SERVICES AND FEE BREAKDOWN

9. Please indicate your gross revenue in respect of the following years and Professional/Design Fees b), c), d), e):

Last 12 Months Current 12 Months Projected 12 Months

Please state MM/YY

a) Gross Revenue (incl. b, c, d, e.)	\$	\$	\$
b) Canadian Fees	\$	\$	\$
c) USA Fees	\$	\$	\$
d) Fees from other Territories	\$	\$	\$
e) Fees paid to Subcontractors	\$	\$	\$
f) Construction Values	\$	\$	\$
Profit (Loss)	\$	\$	\$

10. Provide a full description of the services provided by your business. Attach additional sheet(s) if required.

11. Please provide a percentage breakdown of your total revenue by your services (total should equal 100%):

Description	Percentage	Description	Percentage
Acoustic Engineering	%	HVAC Engineering	%
Aeronautical Engineering	%	Interior Design	%
Alarm Systems / Fire Protection	%	Land Surveying	%
Architectural	%	Landscape Architecture	%
Chemical Engineering	%	Marine Engineering	%
Civil Engineering	%	Marine Surveying	%
Corrosion Engineering	%	Mechanical Engineering	%
Construction / Project Management	%	Mining Engineering	%
Drafting Services	%	Nuclear Engineering	%
Electrical Engineering	%	Oil / Gas Engineering	%
Environmental Engineering	%	Quantity Surveying	%
Expert Witness	%	Structural Engineering	%
Feasibility Studies	%	Town Planning	%
Forensic Engineering	%	Other (please provide full details)	%
Foundation / Underpinning Engineering	%		
Geologists	%		
Geotechnical / Soil Engineering	%		

PROJECTS

12. Please provide a percentage breakdown of your revenues generated from your areas of work (total should equal 100%):

Description	Percentage	Description	Percentage
Airports (airside or landside)	%	Nuclear	%
Amusement Structures	%	Office Buildings / Banks	%
Bridges / Tunnels	%	Parks / Playgrounds	%
Building Envelope	%	Petrochemical / Refineries	%
Cladding	%	Recreational / Sports	%
Churches / Religious	%	Residential – Single Family	%
Condominiums/Apartments / Co-ops	%	Residential – Multi-Family	%
Convention Centres / Arenas / Stadium	%	Roads / Highway / Transit / Railway	%
Dams	%	Roofs	%
Environmental (describe in detail)	%	Schools / Colleges	%
Harbours / Ports / Piers	%	Shopping Centres / Retail / Restaurants	%
Hospitals / Healthcare	%	Sewer / Water / Wastewater	%
Hotels / Motels	%	Utilities	%
Manufacturing / Industrial	%	Warehouse	%
Mines	%	Other (please provide details)	%

13. Are you or any related company engaged in actual construction work, fabrication, erection, manufacture, or assembly other than supervision. Yes No

14. a) Is the Applicant or any partners, principal or directors hold an interest with any other company firm? Yes No

b) Is the firm owned, controlled, or associated with any other firm, corporation, or entity? Yes No

If you answered “Yes,” to questions **13, 14 a) and/or b)** please provide details on a separate sheet:

CONTRACTS AND RISK MANAGEMENT

15. Please complete the following in respect to your five largest projects in the past five years:

Customer / Owner	Project Type	Professional Service Provided	Project / Construction Value \$	Professional Fees \$	Date / Length of Project

16. Approximately how many customers do you have?
17. a) Do you always carry out work under a written contract and signed by each customer? Yes No
- b) Was the contract reviewed and approved by legal counsel? Yes No

18. How does your firm limit its liability for consequential or financial loss under contract? Do contracts include:
- a) Hold harmless agreement in favour of the Applicant? Yes No
- b) Hold harmless agreement in favour of the customer? Yes No
- c) Please list any other ways that your firm limits its liability for consequential or financial loss under contract:
-
-
-

19. Do your subcontractors carry 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):
-

Please describe the services your subcontractors provide:

20. Does the Applicant have a risk management plan / system in place? Yes No
21. a) Does the Applicant have a disaster preparedness response plan in place, including online and remote IT services that the Applicant owns, utilizes, and operates for its business? Yes No
- b) Is the disaster preparedness response plan reviewed, updated, and tested on a frequent basis (i.e., at least semi-annually)? Yes No

INSURANCE

22. Please provide details of your current and most recent Professional Liability Insurance (if applicable):

Insurer	Expiry Date	Retro-Active Date	Limit	Deductible	Premium

22. Has any application for insurance to the knowledge of the Applicant, firm, or on behalf of their predecessors in business, has ever been declined, or cancelled, or has renewal been refused in the past five years? Yes No
- If "Yes", please provide full details: _____

CLAIMS

23. In the last five years, is 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) Any facts of circumstances which might reasonably give rise to a claim with respect of professional services? Yes No
 - b) Any claim made or a civil suit has been made with respect to professional services being rendered? Yes No

If the answer to either 23 a) or b) is "Yes", please provide full details, to include, but not limited to, claimant, date of loss, copy of the SOC, description of loss, status of loss, amount claims, reserves, paid amount, etc. on a separate sheet.

NOTE: THE INSURANCE WILL NOT COVER CLAIMS MENTIONED IN REPLY TO QUESTION 23 a) or b) ABOVE, OR CLAIMS RESULTING FROM THE FACTS MENTIONED IN QUESTION 23 a) or b) OR CLAIMS RESULTING FROM ANY ACT, ERROR, FAULT, OMISSION OR CIRCUMSTANCE KNOWN TO THE APPLICANT BEFORE THE EFFECTIVE DATE OF THE POLICY.

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

Please attach the following:

- **Brochures and/or promotional literature.**
- **Copy of a representative contract and/or letter of agreement used by your firm.**
- **Resumes of principals, partners, and executive officers.**