

BILL 124 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: _____

Corporation Partnership Individual Other (please advise)

2. Address of Head Office. Please indicate any 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. Do you require coverage to comply with The Ontario Building Code and the legislative, legal and regulatory requirements of Ontario Bill 124 Legislation, including a Certificate of Insurance for the Ministry of Municipal Affairs & Housing (the Provincial Government of Ontario)? Yes No

7. Is your firm a Registered Code Agency (RCA)? Yes No

8. Please provide the following information:

Name of Professional	Qualifications	Date Qualified	Graduation Year	Province Registered to Practice

FEE BREAKDOWN

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

Dates	Last 12 Months (mm/yy)	Current 12 Months (mm/yy)	Projected 12 months (mm/yy)
Gross Revenues (including b, c, d, & e)	\$	\$	\$
Canadian Fees	\$	\$	\$
USA Fees	\$	\$	\$

Fees paid to Subcontractors*	\$	\$	\$
Fees from other Territories	\$	\$	\$
Construction Values	\$	\$	\$
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): \$ _____
 What services do the subcontractors provide?

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

DISCIPLINES AND PROJECTS

11. Please provide an approximate percentage breakdown of how your revenue is generated from your services:

Description	Percentage	Description	Percentage
Architectural Design / Drafting	%	Planning Supervisor	%
Construction Management	%	Project Co-Ordinator	%
Electrical Design	%	Project Management	%
Mechanical Design / HVAC	%	Other (please provide full details)	%
	%		%

12. Please provide a percentage breakdown of your revenues generated from your services supplied to the following:

Description	Percentage	Description	Percentage
Airports (airside or landside)	%	Office Building / Library	%
Apartments/Condo (Low Rise)	%	Recreational / Sports	%
Apartments/Condo (over 4 storeys)	%	Residential – Single Family	%
Churches / Religious	%	Residential – Multi-Family	%
Habour / Ports /Piers	%	Schools / Colleges	%
Hotels/Motels	%	Shopping Centres / Retail / Restaurants	%
Institutional	%	Warehouse	%
Manufacturing / Industrial	%	Other (please provide details):	%

13. Feasibility Studies – of the fees earned from architectural and engineering work, please state the approximate percentage of fees for work on feasibility studies (where no further service is provided) and/or design work on aborted projects: _____ %

14. Planning Supervisor Role – of the fees earned, please confirm that these services are only carried out by those persons who have passed the relevant professional body's training courses. Yes No

15. Please confirm that all work is undertaken to well established techniques in which new and/or original thought developments, processes or designs are employed? Yes No

16. a) Do more than 25% of the Applicant's fees derive from a single client? Yes No
If "Yes", please provide full details:

- b) What percentage of the fees that the Applicant derives from the following type of clients:

Description	Percentage	Description	Percentage
Commercial / Industrial	%	Housing Association	%
Contractor Client	%	Local Authority / Government	%
Developers	%	Other (please provide full details)	%
Domestic	%		

17. Please complete the following in respect to you five largest projects in the past five years:

Customer/Owner	Project Type	Professional Service Provided	Project /Construction Value	Professional Fees	Date/length of project

18. Is the Applicant or any partners, principal or directors or any other company or organization related to the Applicant engaged in:

- a) Property development Yes No
 b) Design and build contracts (other than as a consultant to a contractor or employer) Yes No
 c) Actual construction, fabrication, installation or assembly Yes No
 d) The manufacture, sale, leasing or distribution of any product or process Yes No
 e) Joint ventures separately insured Yes No

If "Yes", please provide full details:

19. a) Is the Applicant or any partners, principal or directors connected or associated (by way of shareholding, financial interest, contract of employment or otherwise) hold an interest with any other company or organization? Yes No
 b) Is the organization owned, controlled or related by any other business entity? Yes No

INSURANCE

20. Please provide details of your current (or predecessors firms) Professional Liability Insurance (if applicable):

	Company Name	Expiry Date	Retro-active Date	Limit	Deductible	Premium
Current Insurer				\$	\$	\$
Previous Insurer				\$	\$	\$

Please provide the date when the Applicant has continuously carried professional liability insurance:

21. Has any application for insurance been made on behalf of the Applicant or any of the present partners, officers, directors, or employees or to the knowledge of the firm, on behalf of their predecessors in business, been declined or cancelled, or has renewal been refused in the past 5 years: Yes No
- If "Yes", please provide full details:
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PRIOR ERRORS OR CLAIMS

22. 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) Aware of any facts or circumstance 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 22a), b) or c) is "Yes", complete provide 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:
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NOTE: THE INSURANCE WILL NOT COVER CLAIMS MENTIONED IN REPLY TO QUESTION 22 a), b) or c) ABOVE, OR CLAIMS RESULTING FROM THE FACTS MENTIONED IN QUESTION 24 a), b) or c) 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	\$	<hr/>
Aggregate	\$	<hr/>
Deductible requested	\$	<hr/>
Deductible options	\$	<hr/>

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 information:

- 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.