



Professional Liability Insurance For Architects – Engineers

1. Name of applicant to be insured \_\_\_\_\_

2. Address (Head Office) \_\_\_\_\_

Branch Office \_\_\_\_\_

Date Established: Date \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

3. Former names of applicant/firm Date Estab. Closed

a) \_\_\_\_\_

b) \_\_\_\_\_

4. Is the Applicant engaged by others as an employee. Yes \_\_\_\_\_ No \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Number of employees not including Partners and Officers:

Architects \_\_\_\_\_ Engineers \_\_\_\_\_ Surveyors \_\_\_\_\_ Technologists \_\_\_\_\_

Transitmen \_\_\_\_\_ Draftsmen \_\_\_\_\_ Office \_\_\_\_\_ Others \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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

Named of Project Fee Total Construction Value Value of your portion

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. FEES:	Previous 12 Mo. Mo/Yr	Expiring 12 Mo. Mo/Yr	Projected 12 Mo. Mo/Yr	Mo/Yr	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					
	\$ _____	\$ _____	\$ _____		

10. 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) Work not resulting in construction, Failures investigation	_____	_____
b) Structural engineering	_____	_____
c) Civil engineering	_____	_____
d) Geotechnical, surveys of subsurface conditions and ground testing	_____	_____
e) Mechanical engineering	_____	_____
f) Electrical engineering	_____	_____
g) H.V.A.C.	_____	_____
h) Project/Construction management	_____	_____
i) Boundary surveys	_____	_____
j) Material testing & inspection services	_____	_____
k) Process Engineering	_____	_____
l) Quantity Survey	_____	_____
m) Other (describe)	_____	_____
Totals 100%	_____	_____

11. Please indicate percentage of last year's fees derived from the following areas:-

- a) Marine, docks and harbours \_\_\_\_\_
- b) Sewage and water services \_\_\_\_\_
- c) Roads and Highways \_\_\_\_\_
- d) Oil and gas pipe lines \_\_\_\_\_
- e) Fairgrounds and Exhibition \_\_\_\_\_
- f) Bridges over 150 ft. abutment to abutment \_\_\_\_\_
- g) Tunnels over 150 ft. (not cut and cover) \_\_\_\_\_
- h) Dams \_\_\_\_\_
- i) Other (describe) \_\_\_\_\_

12. Please indicate percentage of fees derived from the following ARCHITECTURAL activities (to be completed by Architectural applicants)

- 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) Others (describe) \_\_\_\_\_

13. Is the applicant controlled by, owned by, or related to any other firm, corporation or company? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please give details \_\_\_\_\_

14. 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, give details \_\_\_\_\_

15. 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, give details \_\_\_\_\_

16. Are more than 25% of your Professional Services provided for one client? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, give details \_\_\_\_\_

17. Please list joint ventures separately insured:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Please provide names of all projects separately insured:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. Please provide details of previous insurance for past five years:

<u>Insurer</u>	<u>Policy #</u>	<u>Policy Period</u>	<u>Policy Limit</u>	<u>Deductible</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

20. a) Have any claims ever been made to the knowledge of the Applicant against the Applicant, any business predecessors, any of the present or former partners or officers? YES \_\_\_\_\_ NO \_\_\_\_\_
- b) Is the Applicant aware of any act, error, omission or circumstance 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.20 a) OR Q.20 b) IS YES, COMPLETE THE ENCLOSED CLAIMS HISTORY FORM**

NOTE: THE POLICY DOES NOT COVER ANY CLAIM OR CIRCUMSTANCE STATED IN 20 a) AND/OR 20 b) OR ANY ERROR, ACT, OMISSION OR CIRCUMSTANCE WHICH COULD GIVE RISE TO A CLAIM, OF WHICH THE APPLICANT HAS KNOWLEDGE PRIOR TO THE INCEPTION OF THE POLICY.

21. Has any Partner, Executive Officer, Director or Professional employee had their license suspended, been fined or reprimanded during the past five years? YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, attach details.

22. To the Applicant's knowledge, has any company declined or terminated the insurance, for the Applicant, any present partner or officer or for any predecessor in the business, past partners or officers?  
 YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, give details: \_\_\_\_\_  
 \_\_\_\_\_

23. Please note the professional associations to which the Applicant belongs:  
 \_\_\_\_\_  
 \_\_\_\_\_

24. When is your fiscal year end? \_\_\_\_\_

25. Insurance required:

LIMITS:	\$250,000/ 500,000	_____	DEDUCTIBLE	\$5,000 (Min.)	_____
	\$500,000/1,000,000	_____		\$10,000	_____
	\$1,000,000 Single	_____		\$25,000	_____
	Limit	_____			
	\$1,000,000/2,000,000	_____			
	Other	_____		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 of insurance with the Insurance Company, 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 declaration does not bind the Insurance Company to the issue of the insurance nor the Applicant to the purchase of this 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 20a) or 20b) of this application, the Insurer shall be immediately notified in writing of such information.

NAME OF FIRM \_\_\_\_\_

Signature (Signing Officer) \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Declaration must be signed in conjunction with this.

**ENVIRONMENTAL LIABILITY QUESTIONNAIRE**

1. Name of Firm: \_\_\_\_\_

2. 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.	_____	_____

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

4. 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 Hygienist or Toxicologists \_\_\_\_\_
  - f. Geologists/Hydrologists \_\_\_\_\_
  - g. Environmental Engineers \_\_\_\_\_
  - h. Other Personnel \_\_\_\_\_
- (Please attach Curriculum Vitae of key personnel if not previously submitted)

5. 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 \_\_\_\_\_

\_\_\_\_\_

6. 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) \_\_\_\_\_

7. Has any claim been made or legal action been brought for any pollution or environmental injury or damage in the past three (3) years (or made earlier and still pending) against your firm, its predecessors or employees?

YES \_\_\_\_\_ NO \_\_\_\_\_ If "YES", please provide details \_\_\_\_\_

\_\_\_\_\_

**DECLARATION**

I/We declare and warrant that after enquiry all statements and particulars contained in this Proposal and addenda are true and that no information whatsoever has been withheld which might increase the risk of the Underwriters or influence the acceptance of this Proposal and should the above particulars alter in any way I/We will advise Underwriters as soon as practicable. I/We understand that failure to disclose any material facts that would be likely to influence the acceptance and assessment of the Proposal may result in the Underwriters refusing to provide indemnity or voiding the policy in every respect. I/We hereby agree and accept that this Declaration shall be the basis of the contract between both parties if entered into. I/We have been advised by the broker and consent to any information that may be perceived as personal information for collection, appropriate use, and disclosure of to third parties.

*Protection and Electronic Documents Act (PIPEDA)*

\_\_\_\_\_  
*Print name of proposed insured*

\_\_\_\_\_  
Signature of Applicant & Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Broker

\_\_\_\_\_  
Date

Address of Broker: \_\_\_\_\_

Phone No.: \_\_\_\_\_ FAX: \_\_\_\_\_

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

**Note: This application must be reviewed, signed and dated by a principal, partner or officer of the firm.**

**CLAIMS HISTORY**

Applicant Name:

Date:

Claimant(s).....

Project Name & Location:.....

Date of Loss	Suit Y/N	Amount Claimed \$	Estimated Liability \$	Indemnity Paid \$	Expenses Paid \$	Closed Y/N

Description of Claim: .....

.....

.....

Present Status: .....

Claimant(s).....

Project Name & Location:.....

Date of Loss	Suit Y/N	Amount Claimed \$	Estimated Liability \$	Indemnity Paid \$	Expenses Paid \$	Closed Y/N

Description of Claim: .....

.....

.....

Present Status: .....

Claimant(s).....

Project Name & Location:.....

Date of Loss	Suit Y/N	Amount Claimed \$	Estimated Liability \$	Indemnity Paid \$	Expenses Paid \$	Closed Y/N

Description of Claim: .....

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Present Status: .....