



APPLICATION FOR  
**ARCHITECTS/ENGINEERS PROFESSIONAL LIABILITY INSURANCE**  
 THIS APPLICATION IS FOR A "CLAIMS MADE" INSURANCE POLICY

**APPLICANT'S INSTRUCTIONS**

1. ALL QUESTIONS MUST BE ANSWERED COMPLETELY. PLEASE TYPE OR PRINT CLEARLY. IF ANY QUESTIONS CONSIDERED "NOT APPLICABLE", PLEASE EXPLAIN WHY.
2. IF YOU NEED MORE SPACE, CONTINUE ON A SEPARATE SHEET & INDICATE QUESTION NUMBER.
3. PLEASE COMPLETE THE SUPPLEMENTS REQUIRED.
4. **THIS APPLICATION AND ALL SUPPLEMENTS MUST BE SIGNED AND DATED BY A PRINCIPAL OF THE FIRM.**

- 1 Name of Applicant:
 

<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
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- 2 Address:
 

City: \_\_\_\_\_ Country: Canada

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_
- 3 Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_
- 4 Branch Office Address(es) – use a separate addendum if applicable.
- 5 Date Established (current entity): \_\_\_\_\_

**PERSONNEL**

- |  | Last Year | This Year |
|--|-----------|-----------|
| <b>6 a.</b> Number of Staff                                      |           |           |
| Principals/Partners/Directors:                                   |           |           |
| Others Licensed Professionals:                                   |           |           |
| Other Staff:   |           |           |
| <b>Totals Licensed Professionals</b>                             |           |           |
| <b>b.</b> Please indicate the Applicant's annual staff turnover: |           |           |
| <b>c.</b> Please attach CVs of Principals                        |           |           |

**GROSS BILLING** \*Total Gross Billings for professional services (whether collected or not) to include reimbursable expenses and sub consulting fees.

<i>Professional Services</i>	<i>Total Gross Billings (Including Billings Attributable to Consultants)</i>	<i>Construction Value (Pro-rated for Multi-Year Projects)</i>
7 a. Joint Venture projects (Your portion of JV billings):	\$	\$
b. Projects Insured under separate Project Policies:	\$	\$
c. Projects which have been permanently abandoned:	\$	\$
d. Feasibility studies, master plans, reports, opinion or interior design, Note: Interior design refers to interior non-structural services such as space planning and the selection of furniture, fixtures and finishes, it does not include services associated with renovations (other than space planning):	\$	\$
e. Landscape Architecture:	\$	\$
f. Land Survey:	\$	\$
g. Direct reimbursable by contract (i.e., travel, per diem, billings for reproduction, ect.). <u>Do not</u> include consultants.	\$	\$
h. All other billings:	\$	\$
i. TOTAL PAST ACCOUNTING YEAR: (a+b+c+d+e+f+g+h):	\$	\$
j. Three year gross receipts (to include reimbursable expenses and sub consulting fees). Fiscal Year (mm/yyyy):		
Current Fiscal Year	\$	Last Fiscal Year
Two Years Ago	\$	\$
8 Please indicate percentage of the Applicant’s gross billings derived from projects in:		
Canada	%	USA
	%	Other Countries
	%	%
9 Were more than 20% of the Applicant’s billings during the past fiscal year derived from a single client or contract?	Yes	No

**PROFESSIONAL DISCIPLINES**

10 Specify as a percentage of the Applicant’s Gross Billings. (Total must equal 100%)

Architecture	%	Landscape Architecture	%	HVAC Engineering	%
Civil Engineering	%	Land Surveying	%	Marine/Coastal Engineering	%
Mechanical Engineering	%	Construction Management	%	Nuclear Engineering	%
Electrical Engineering	%	Process Engineering	%	Mining Engineering	%
Structural Engineering	%	Chemical Engineering	%	Interior Design	%
Soils Engineering	%	Environmental *	%	Land Use Planning	%
Laboratory Testing	%	Hydrogeology/Geology	%	Design/Build **	%

\* If yes, Supplement 1 must be submitted | \*\* If yes, Supplement 2 must be submitted

11 Please indicate the percentage of the Applicant’s billings derived from work performed on a “Fast Track” basis; i.e. those projects in which construction begins before design is complete. %

12 Please indicate the percentage by fees or current projects where the construction contract is a:

Bid Contract: % Negotiated contract: %

13 Please indicate the percentage of the Applicant’s billings derived from repeat business: %

## PROJECTS

**14** Please indicate types of projects as a percentage of the Applicant's Gross Billings.

<b>a.</b> Schools, college or public buildings	%	<b>m.</b> Water systems	%
<b>b.</b> Hospitals, retirement homes or convalescent hospitals	%	<b>n.</b> Bridges, trestles, or tunnels	%
<b>c.</b> Hotels, motels or resort properties	%	<b>o.</b> Land reclamation design	%
<b>d.</b> Condominiums	%	<b>p.</b> Structures for offshore use	%
<b>e.</b> Garages, theatres, or grandstands	%	<b>q.</b> Harbors, jetties, docks, or piers	%
<b>f.</b> Shopping centers	%	<b>r.</b> Machine design/mechanical design	%
<b>g.</b> Office/mercantile/commercial buildings	%	<b>s.</b> Earth dams/reservoirs	%
<b>h.</b> Public utilities or industrial buildings	%	<b>t.</b> Pipelines	%
<b>i.</b> Single family residential subdivisions	%	<b>u.</b> Petrochemical	%
<b>j.</b> Custom single family residential	%	<b>v.</b> Mines and quarries	%
<b>k.</b> Apartments and other multi-unit residential	%	<b>w.</b> Nuclear projects	%
<b>l.</b> Sewage or waste disposal systems	%	<b>x.</b> Other (please specify:	%

## SERVICES

**15** Please indicate percentages of the Applicant's Gross Billings derived from each of the following. *(Total must equal 100%)*

<b>a.</b> Design with construction review	%
<b>b.</b> Design without construction review	%
<b>c.</b> Construction review without design	%
<b>d.</b> Project or construction management	%
<b>e.</b> Feasibility, economic or other studies	%
<b>f.</b> Boundary surveying	%
<b>g.</b> Subsurface soils testing, soils analysis, ground testing	%
<b>h.</b> Material testing	%
<b>i.</b> Foundation design	%
<b>j.</b> Interior design/Space planning	%
<b>k.</b> Forensic/Expert witness	%
<b>l.</b> Other (please specify):	%

## CONTRACTS

**16** Please indicate the types of contracts utilized by the Applicants. *(Total must equal 100%)*

<b>a.</b> Standard industry contract (ACEC, AIA, ASFE, ect.)	%
<b>b.</b> Firm's standard contract	%
<b>c.</b> Letter Agreement	%
<b>d.</b> Purchase Order	%
<b>e.</b> Client contract	%
<b>f.</b> Oral Agreement	%

**CLIENTS**

**17** Please indicate percentage of the Applicant's Gross Billings attributable to the following types of clients.  
(Total must equal 100%)

- |   |   |  |   |
|---|---|--|---|
| <b>a.</b> Government or Public Entities       | % | <b>f.</b> Developers                         | % |
| <b>b.</b> Owners acting as their own builders | % | <b>g.</b> Financial and lending Institutions | % |
| <b>c.</b> Turnkey contractors                 | % | <b>h.</b> Other design professionals         | % |
| <b>d.</b> Design/Build contractors            | % | <b>i.</b> Other (please specify)             | % |
| <b>e.</b> Other contractors                   | % |  |   |

**FINANCIAL AND RELATED INTERESTS**

**18** During the past twelve months, has the Applicant or any subsidiary, parent or other organization related thereto, been engaged in:

- |   |     |                       |    |                       |
|---|-----|-----------------------|----|-----------------------|
| <b>a.</b> Actual construction, fabrication, or erection.  | Yes | <input type="radio"/> | No | <input type="radio"/> |
| <b>b.</b> Development, sale or leasing of computer software.  | Yes | <input type="radio"/> | No | <input type="radio"/> |
| <b>c.</b> Real Estate development.  | Yes | <input type="radio"/> | No | <input type="radio"/> |
| <b>d.</b> Manufacture, sale, leasing or distribution of any product, process or patented production process | Yes | <input type="radio"/> | No | <input type="radio"/> |
| <b>e.</b> Design of a building, component or systems which might be used on more than one project.          | Yes | <input type="radio"/> | No | <input type="radio"/> |

**19** Has the Applicant entered into any Joint Ventures?

If Joint Venture coverage required? If yes, Supplement 4 must be submitted

- |     |                       |    |                       |
|-----|-----------------------|----|-----------------------|
| Yes | <input type="radio"/> | No | <input type="radio"/> |
| Yes | <input type="radio"/> | No | <input type="radio"/> |

**20** Does the Applicant or any principal have any financial interest in any projects for which it has provided professional services?

Is coverage for Equity interest required? If yes, Supplement 5 must be submitted

- |     |                       |    |                       |
|-----|-----------------------|----|-----------------------|
| Yes | <input type="radio"/> | No | <input type="radio"/> |
| Yes | <input type="radio"/> | No | <input type="radio"/> |

**21** Does the Applicant have any abandoned projects? If Yes, provide details.

- |     |                       |    |                       |
|-----|-----------------------|----|-----------------------|
| Yes | <input type="radio"/> | No | <input type="radio"/> |
|-----|-----------------------|----|-----------------------|

**SUBCONTRACTORS/SUBCONSULTANTS**

**22 a.** Please indicate the types and percentages of work the Applicant subcontracts to others:

- |              |   |                          |   |
|--------------|---|--------------------------|---|
| Architecture | % | Soils                    | % |
| Civil        | % | Structural               | % |
| Mechanical   | % | HVAC                     | % |
| Electrical   | % | Other (please specify) : | % |

**b.** Please describe the process by which the Applicant selects subcontractors and sub consultants:

- |  |     |                       |    |                       |
|--|-----|-----------------------|----|-----------------------|
| <b>c.</b> Are written contracts used for all subcontractors and sub consultants?   | Yes | <input type="radio"/> | No | <input type="radio"/> |
| <b>d.</b> Do the Applicant's contracts with subcontractors and sub consultants contain Indemnification and hold harmless provisions? | Yes | <input type="radio"/> | No | <input type="radio"/> |
| <b>e.</b> Does the Applicant obtain certificates of insurance from the Subcontractors and sub consultants?                           | Yes | <input type="radio"/> | No | <input type="radio"/> |
| <b>f.</b> Is the Applicant named as an Additional Assured under all subcontractor and sub consultant General Liability policies?     | Yes | <input type="radio"/> | No | <input type="radio"/> |

**MANAGEMENT**

- 23 a. Does the Applicant have an in-house quality control procedure? Yes  No
- b. Is it in written form? Yes  No
- c. Are all appropriate staff members familiar with these procedures? Yes  No
- 24 Has the name of the Applicant changed or has any other firm or been merged organization amalgamated with or into the Applicant, or is any such change pending? If yes, please give full details by attachment Yes  No
- 25 Is the Applicant controlled, owned by or associated with, or does the Applicant control or own any other entity? *If yes, please give full details by attachment.* Yes  No

**LOSS HISTORY**

- 26 a. After enquiry, have any claims or suits been made against the Applicant? (Please include those claims arising from separately insured projects). *If yes, Supplement 6 must be submitted.* Yes  No
- b. After enquiry, are any member(s) of the Applicant aware of any circumstances, allegations or contention as to any incident which may result in a claim being made against the Applicant? *If yes, Supplement 6 must be submitted.* Yes  No
- c. Has the Applicant or any principal been the subject of disciplinary action by authorities as a result of their professional activities? *If yes, please give details by attachment.* Yes  No

**INSURANCE**

- 27 Has insurance of the type for which the Applicant is now applying ever been declined, cancelled or had the renewal thereof refused? *If yes, please give details by attachment.* Yes  No
- 28 Please give details of previous insurance (past five years):

Carrier	Policy No.	Limits Each Claim/Aggregate	Deductible	Paid Premiums	Effective
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	

- 29 Retroactive Date of current policy:
  - A. Coverage Limits of Liability
  - B. Self Insured Retention

The Applicant declares that, after enquiry, to the best knowledge of all persons to be insured the statements set forth herein and in any attachments made hereto are true, and no material facts have been suppressed, omitted, or mis-stated.

Underwriters reserve the right to amend the terms, conditions and limitations of any policy issued as a result of this application, if subsequent to the date of this application, but prior to the inception of such policy, there are any material alterations to the information contained herein.

Completion of this application does not bind the Underwriter to provide coverage, but it is agreed that the statements and particulars contained herein will be relied upon by Underwriters in the event a policy is issued.

This application is signed on behalf of all Owners, Principals, Partners, Shareholders, Directors and Employees.

MUST BE SIGNED BY OWNER, PARTNER OR OFFICE:

Authorized signature of Applicant | \_\_\_\_\_  
 Title | \_\_\_\_\_  
 Date \_\_\_\_\_

