

**PROFESSIONAL LIABILITY APPLICATION FOR
 ARCHITECTS & ENGINEERS IN PRIVATE PRACTICE**

1. Name of Applicant: _____

2. Address of Head Office: _____

3. Date Established: _____

Telephone No.: _____ Fax No.: _____

4. Location of Branch Offices: _____

5. Predecessor Firms: _____

6. Total No.:

Professional Personnel _____ Full-time _____ Part-time _____

Technical Personnel _____ Full-time _____ Part-time _____

7. Name of partners, Active directors (incl. sole practitioner)	University	Degree	Year of graduation	% Ownership in firm	Province or state in which registered to practice

Please attach curriculum vitae of those listed above.

INSURANCE

8. Has the applicant or predecessor firm previously carried Professional Liability Insurance? Yes No

	Company	Limits	Deductible	Expiry Date	Policy #
Previous Insurer		\$	\$		
Present Insurer		\$	\$		

9. Previous Insurance: 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 five years? Yes No

10. Please indicate limit and deductible required.

- Limit: \$250,000 per claim / \$500,000 annual aggregate
 \$500,000 per claim / \$1,000,000 annual aggregate
 \$1,000,000 per claim / \$1,000,000 annual aggregate
 Other Limit _____

- Deductible: Nil \$5,000 \$10,000 \$25,000
 Other _____

11. Does the applicant usually require proof of Professional Liability Insurance from sub-consultants? Yes No
 If so, indicate approximate percentage of contracts or mandates undertaken during the last 12 months for which proof of insurance was obtained from all sub-consultants _____ %. The answer to this question is NOT ESSENTIAL but may help reduce the applicant's premium.

NATURE OF PRACTICE

12. Fee Income	Last 12 Months or Last Fiscal Year	Anticipated Next 12 Months or Next Fiscal Year
(a) Gross Fees	\$ _____	\$ _____
(b) Fees paid to sub-consultants	\$ _____	\$ _____
(c) Fees emanating from projects & joint ventures separately insured	\$ _____	\$ _____
(d) Fees emanating from services performed in USA or for USA projects (C\$)	\$ _____	\$ _____
(e) Fees emanating from services performed overseas or for overseas projects (C\$)	\$ _____	\$ _____
(f) Market Value of non-monetary compensation received in lieu of fees	\$ _____	\$ _____
13. Total construction values	\$ _____	\$ _____

IF THE ANSWER IS 'YES' TO ANY OF THE QUESTIONS 14, 15, 16, FULL DETAILS OF OPERATIONS AND PERSONNEL INVOLVED MUST BE INCLUDED.

14. Does applicant or any related company engage in actual construction, installation or erection? Yes No
15. Does applicant or any related company engage in actual manufacture, fabrication or assembly? Yes No
16. Does applicant or any related company enter into contracts wherein they assume responsibility for any of the activities mentioned in Questions 14 and 15 above? Yes No
17. Do more than 25% of applicant's fees emanate from a single client? Yes No
 (If yes, please state client's name.)

18. Please indicate the approximate percentage of new mandates or contracts undertaken during the last 12 months for which the applicant used standard contract documents R.A.I.C. #6 or A.C.E.C. #31 _____ %. Under what percentage of these was the applicant successful in including the standard limitation of liability clause? _____ %. The answer to this question is NOT ESSENTIAL but may help reduce the applicant's premium.

ARCHITECTS ONLY

19. Please indicate % of gross consulting fees (do not include fees declared under 12. (c)) derived from the following:

Services not resulting in construction	_____ %	Recreation projects	_____ %
Residential projects (private)	_____ %	Institutional projects	_____ %
Residential projects (multi unit)	_____ %	Commercial projects	_____ %
Industrial projects	_____ %	Other (specify)	_____ %
		Total	_____ 100 %
IMPORTANT: Please indicate percentage of gross fees passed on to sub-consultants			_____ %

ENGINEERS ONLY

20. Please indicate % of gross consulting fees (do not include fees declared under 12. (c)) derived from the following:

Disciplines		Projects	
Services not resulting in construction	_____ %	Buildings (excluding industrial)	_____ %
Structural (Post – Tensioning)	_____ %	Industrial, oil & gas	_____ %
Structural (Other)	_____ %	Municipal (water, sewage, etc.)	_____ %
Soils *	_____ %	Heavy civil (bridges, dams, tunnels)	_____ %
Civil Engineering	_____ %	Light civil, roads	_____ %
Mechanical	_____ %	Marine Engineering	_____ %
Electrical	_____ %	Other (specify)	_____ %
Industrial process	_____ %	Total	_____ 100 %
Materials testing	_____ %		
Environmental/Pollution	_____ %		
Building Envelope Services	_____ %		
Other (specify)	_____ %		
Total	_____ 100 %		

IMPORTANT: Please indicate percentage of gross fees passed on to sub-consultants _____ %.

* *Important: Please enclose curriculum vitae of the senior members of the firm involved in geotechnical work and in work related to bridges, dams or tunnels.*

DECLARATIONS

21. Does the applicant or any of its partners, officers, directors or employees have any knowledge or information of:
- (a) Any alleged error, omission or negligent act which might reasonably give rise to claim against them? Yes No
 - (b) Any claim made or threatened to be made against them in the last five years? Yes No
 - (c) Any unresolved jobdispute or circumstance which might reasonably result in a claim? Yes No
 - (d) Having been called upon to make any payment or to forego any claim for fees as a result of any job dispute during the past five years? Yes No
 - (e) Their license having been suspended or their having been fined or reprimanded during the past five years? Yes No

IN THE EVENT THAT THE ANSWER 'YES' IS GIVEN TO ANY OF THE ABOVE QUESTIONS, FULL DETAILS OF THE CIRCUMSTANCES MUST BE PROVIDED.

ADDITIONAL INFORMATION

PLEASE PROVIDE DETAILS WHERE YOUR ANSWER WAS 'YES' TO THE FOLLOWING QUESTIONS:

9. _____

14.,
15., 16. _____

21. (indicate amount claimed) _____

PLEASE LIST DETAILS OF PROJECTS/JOINT VENTURES INSURED SEPARATELY:

Name of Project/Joint Venture & Location	Insurer	Policy Term
_____	_____	_____
_____	_____	_____
_____	_____	_____

IF NEW APPLICANT, PLEASE ATTACH LIST OF THE 10 LARGEST PROJECTS COMPLETED IN THE PAST FIVE YEARS USING THE FOLLOWING FORMAT. (Also attach recent company brochure).

Name of Project & Location	Insurer	Policy Term
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SIGNATURE

The applicant has read the foregoing and understands that completion of this application does not bind the Insurer or the Broker to complete the insurance. It is agreed, however, that this application is complete and correct to the best of the applicant's knowledge and belief and that all particulars which may have a bearing upon its acceptability as a Professional Liability Risk have been revealed. It is understood that this application shall form the basis of the contract should the Insurer approve the coverage and should the applicant be satisfied with the Insurer's quotation.

It is further agreed that if, in the time between submission of this application and the requested date for coverage to be effective, the applicant becomes aware of any information which would change the answers furnished in response to Question 21 of this application, such information shall be revealed immediately in writing to the Insurer.

Signature of Applicant (authorized representative)

Date