

ARCHITECTS & ENGINEERS MEDIATECH PROFESSIONAL LIABILITY INSURANCE APPLICATION

THIS APPLICATION IS FOR A CLAIMS MADE POLICY

FOR PURPOSES OF THE *INSURANCE COMPANIES ACT (CANADA)*, THIS DOCUMENT WAS ISSUED IN THE COURSE OF LLOYD'S UNDERWRITERS INSURANCE BUSINESS IN CANADA.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY. DO NOT LEAVE ANY SPACE BLANK. INDICATE N/A IF A QUESTION IS INAPPLICABLE. IF THE SPACE PROVIDED IS INSUFFICIENT TO ANSWER A QUESTION FULLY, PLEASE ATTACH DETAILS ON A SEPARATE SHEET.

PLEASE ENSURE THAT THE FOLLOWING ARE PROVIDED WITH THE APPLICATION:

- Supplementary Application Pollution Liability Coverage
- Description of services or corporate brochure
- Resumes of all associates listed in Question 1. Applicant Information

GENERAL INFORMATION

1. Name of Applicant firm: _____

2. Names of predecessor firms (if any): _____

3. Address of head office _____
and any branch offices: _____
4. Web Site Address: _____
5. Telephone Number: _____ Fax Number: _____
6. Please indicate Limits 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: \$2,500 \$5,000 \$10,000 \$25,000 Other: _____

Directors & Officers Liability: \$100,000 \$250,000 \$500,000

Employment Practices Liability: \$100,000 \$250,000 \$500,000

APPLICANT INFORMATION

1. Company Structure: Sole Proprietor Corporation Partnership Joint Venture Franchise Other _____
2. Year established: _____ Company is Canadian registered : YES NO

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3. Total Number of Employees: Full-time: Cdn: _____ US: _____ Part-time: Cdn: _____
 US: _____

Number of Professional Personnel: Full-time: _____ Part-time: _____
 Number of Technical Personnel: Full-time: _____ Part-time: _____

Total Payroll: \$ _____

4. Please complete the following table:

NAMES OF PARTNERS, ACTIVE DIRECTORS, INCLUDING SOLE PRACTITIONERS	UNIVERSITY	DEGREE	YEAR OF GRADUATION	% OF OWNERSHIP IN FIRM	PROVINCE IN WHICH REGISTERED TO PRACTICE

5. Please complete the following table. Please note that gross fees must include fees reported at sections b), c), d), and e), and must not include reimbursables (i.e. travel costs, administrative costs, etc.):

FEE INCOME	LAST TWELVE (12) MONTHS OR LAST FISCAL YEAR	ANTICIPATED NEXT TWELVE (12) MONTHS OR NEXT FISCAL YEAR
a) Gross fees:		
b) Fees paid to sub-consultants:		
c) Fees emanating from projects insured separately:		
d) Fees emanating from services performed in the USA or for USA projects (\$Cdn):		
e) Fees emanating from services performed overseas or for overseas projects (\$Cdn):		
f) Construction value:		

6. Please indicate percentage (%) of gross fees, (excluding fees emanating from single projects insured separately), derived from the following disciplines:

DISCIPLINES OF SERVICE	%	DISCIPLINES OF SERVICE	%	DISCIPLINES OF SERVICE	%
Acoustical Engineering	%	Environmental Engineering/Consulting	%	Mechanical Engineering	%
Architecture	%	HVAC Engineering	%	Mining Engineering	%
Chemical Engineering	%	Forensic Engineering	%	Naval/Marine Engineering	%
Civil Engineering	%	Illumination Engineering	%	Process Engineering	%
Communication Engineering	%	Interior Design	%	Soil/Geotechnical	%
Construction/Project Management	%	Industrial Engineering	%	Surveying (please provide breakdown)	%
Agency	%	Laboratory Testing (excluding soils & construction materials testing)	%	Construction Stakeout	%
				Topographic / Boundary	%
				Other	%
At-Risk	%	Landscape Architects	%	Structural Engineering	%
Electrical Engineering	%	Material Testing	%	Others (please describe)	%

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7. Please indicate the approximate percentage (%) of fees derived from the following project types (Total must equal 100%):

PROJECT	%	PROJECT	%	PROJECT	%
Amusement Parks	%	Dam / Reservoirs	%	Power Plants/Nuclear Facilities	%
Apartment	%	Hospitals	%	Private Schools	%
Airport Terminals	%	Hotels/Motels	%	Processing/Manufacturing Facilities	%
Arenas/Sports Facilities	%	Libraries/Museums	%	Public Schools (K-12)	%
Asbestos Abatement	%	Marine/Offshore Facilities/Docs/Piers	%	Remediation Engineering	%
Bridges/Trestles	%	Mass Transit Systems	%	Restaurants	%
Casinos	%	Mines/Quarries	%	Retail/Malls/Shopping Centers	%
Chemical/Pharmaceutical Plants	%	Mold Abatement	%	Roads/Highways	%
Churches	%	Multi-Family Townhomes	%	Single Family Residential/Custom	%
Colleges/Universities	%	Offices	%	Single Family Residential/Subdivision	%
Condominiums	%	Oil Refineries/Pipelines	%	Utilities	%
Convalescent/Retirement Facilities	%	Parks/Playgrounds/Pools	%	Waste Brokering	%
Convention Centers	%	Parking Garages	%	Water/Wastewater Treatment System	%
Correctional Facilities	%	Phase I Property Assessments	%	Wetland Mitigation	%
Courthouses	%	Phase II & III Property Evaluations	%	Other (please describe)	%

8. Please indicate the percentage (%) of the following services:

SERVICE	%
Feasibility studies, master plans, reports, surveys	%
Design without supervisory services	%
Design & Observations	%
Construction observation without design	%
Inspection services on existing structures or roads and highways	%
Inspection of homes/commercial properties for prospective buyers or lenders	%
Other (describe):	%

TECHNOLOGY / PRIVACY LIABILITY EXPOSURE

- Does the Applicant collect any revenues online or otherwise engage in any e-commerce operations? YES NO
- Are you held harmless for any on-line payments that are contracted to a third party? YES NO
- Does the Applicant use commercially available firewall protection systems to prevent unauthorized access to internal networks and computer systems? YES NO
If YES, please list software being used: _____

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- 4. Does the Applicant have and enforce policies concerning when internal and external communications should be encrypted? YES NO
- 5. Does the Applicant encrypt data stored on laptop computers and portable media? YES NO
- 6. Does the Applicant utilize and regularly update Anti-Virus Software?
If YES, please list software being used: _____
 YES NO
- 7. Is all valuable/sensitive data backed-up on a daily basis?
If YES, please advise where back up data is stored. _____
 YES NO
- 8. Does the Applicant terminate all associated computer access and user accounts as part of the regular exit process when an employee leaves the company? YES NO
- 9. Does the Applicant have a business continuity plan, recovery plan and/or incident response plan? YES NO
- 10. Does the Applicant accept credit cards for goods sold or services rendered?
If YES, please answer the following questions: YES NO
 - A) Please state the Applicant's percentage (%) of revenues from credit card transactions in the most recent twelve(12) months: _____%
 - B) Is the Applicant compliant with applicable data security standards issued by financial institutions the Applicant transacts business with (e.g. PCI standards)? YES NO
 - C) If the Applicant is not compliant with applicable data security standards, please describe the current status of any compliance work and the estimated date of completion.

ARCHITECTS & ENGINEERS OPERATION

- 1) Does the Applicant or any related company engage in actual construction, installation or assembly? YES NO
If YES, please complete the Design/Building Coverage Addendum.
- 2) Does the Applicant or any related company engage in actual manufacture, fabrication or assembly? YES NO
If YES, please complete the Design / Building Coverage addendum.
- 3) Does the Applicant or any related company enter into contracts wherein they assume responsibility for any of the activities mentioned in Question 1 or 2 above? YES NO
If YES, please complete the Design / Building Coverage addendum.
- 4) Do more than 25% of the Applicant's fees emanate from a single client? YES NO
If YES, please state client's name: _____
- 5) Does the Applicant have written contracts with all of its clients? YES NO
 - a) If NO, please indicate the percentage (%) of projects that are undertaken with a written contract: _____%
 - b) Percentage (%) of standard written contracts (ACEC, RAIC, etc.): _____%
 - c) Percentage (%) of non-standard contracts: _____%
 - d) Percentage (%) of verbal agreements: _____%
- 6) Does the Applicant require proof of Professional Liability insurance from sub-consultants? YES NO
If YES, please provide an approximate percentage (%) of contracts undertaken with sub-consultants for which proof of insurance was obtained? _____%
- 7) Does the Applicant have an in-house quality control procedure? YES NO
If YES, please specify: _____

PREVIOUS INSURANCE

- 1) During the last five (5) years, has the Applicant carried Engineers' Professional Liability insurance? YES NO
If YES, please complete the following for all previous policies:

INSURER	TERM	LIMIT	DEDUCTIBLE	PREMIUM

- 2) Has any Application for Engineers' Professional Liability insurance made on behalf of the Applicant or any of the present partners, officers or directors been declined, cancelled or non-renewed? YES NO
If YES, please provide details: _____

CLAIMS DECLARATIONS

- 1) In the last five (5) years, has a claim or civil suit been made against the Applicant or any of its partners, officers, directors or employees? YES NO
If YES, please provide the following details on a separate sheet:
 a) Date of claim d) Amount of indemnity payment and amount of defense costs
 b) Claimant's name e) Final dispositions or current status of claim
 c) Nature of claim
- 2) Is the Applicant or any of its partners, officers, directors or employees aware of any situation or circumstance which may reasonably result in a claim against them including a client's refusal to pay fees for services rendered? YES NO
If YES, please provide full details on a separate sheet using the same format as question 1) above.
- 3) Does the Applicant or any of its partners, officers, directors or employees have any knowledge or information regarding being called upon to make any payments or to forego any claim for fees as a result of any job dispute during the last five (5) years? YES NO
If YES, please provide full details on a separate sheet.
- 4) Does the Applicant or any of its partners, officers, directors or employees have any knowledge or information of any of their licenses having been suspended or their having been fined or reprimanded during the last five (5) years? YES NO
If YES, please provide full details on a separate sheet.
- 5) Has the Applicant, its partners, directors or officers ever had a Directors' and Officers' Liability or an Employment Practices Liability claim (whether insured or not)? YES NO
If YES, please provide the following details on a separate sheet.
- 6) Is the Applicant, its partners, directors or officers aware of any situation which might give rise to a Directors' and Officers' Liability or an Employment Practices claim? YES NO
If YES, please describe in detail: _____

For example, but not by way of limitation, an employment practices claim would result from a current or former employee's dissatisfaction with an employment relationship or application process by complaining of discrimination, harassment or unfair treatment.

Without limitation of any other remedy available to the Insurer, it is hereby agreed that if any Applicant possesses knowledge of any such fact, circumstance or situation, whether or not disclosed above in response to questions 1) through 6), any claim or action subsequently emanating therefrom is excluded from coverage under the proposed insurance.

NOTICE CONCERNING PERSONAL INFORMATION

By purchasing insurance from Creechurch International Underwriters Ltd. (Creechurch), a customer provides Creechurch with his or her consent to the collection, use and disclosure of personal information, including that previously collected, for the following purposes:

- i the communication with underwriters;
i the underwriting of policies;
i the evaluation of claims;
i the detection and prevention of fraud;
i the analysis of business results;
i purposes required or authorized by law.

For the purposes identified above, personal information may be disclosed to Creechurch's related or affiliated companies and service providers.

Further information about Creechurch's personal information protection policy may be obtained by contacting their privacy officer at 416-601-2155.

WARRANTY STATEMENT

The undersigned warrants that to the best of his or her knowledge, the statements set forth in this Application are true. The undersigned also warrants that they have not suppressed or misstated any material facts.

If the information provided in this Application should change between the date of the Application and the effective date of the policy, the undersigned warrants he or she will immediately report such changes to the Insurer.

Signing of this Application does not bind the undersigned to purchase this insurance, nor does it bind the Insurer to complete this insurance. However, should the Insurer bind and issue a policy, this Application shall serve as the basis of such contract and will be attached to and form part of the policy.

SIGNED: _____
(Authorized Representative)

DATED: _____

NAME (Please Print): _____

TITLE/POSITION: _____