

ENGINEERS 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:

- 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. Mailing 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: _____

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

APPLICANT INFORMATION

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

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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), e) and f), 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:

<u>DISCIPLINES</u>		<u>PROJECTS</u>	
Services not resulting in construction:	_____ %	Building:	_____ %
Structural:	_____ %	Industrial:	_____ %
Soils:	_____ %	Oil & Gas:	_____ %
Civil Engineering:	_____ %	Municipal – Water:	_____ %
Mechanical:	_____ %	Heavy Civil (bridges, etc.):	_____ %
Electrical:	_____ %	Light Civil (roads):	_____ %
Industrial Process:	_____ %	Marine Engineering:	_____ %
Material Testing	_____ %	Other (specify): _____	_____ %
Environmental:	_____ %		
Other (specify): _____	_____ %		
TOTAL	100%	TOTAL	100%

ENGINEERS' OPERATION

- Does the Applicant or any related company engage in actual construction, installation or assembly?
If YES, please provide full details of operations on a separate sheet. YES NO
- Does the Applicant or any related company engage in actual manufacture, fabrication or assembly?
If YES, please provide full details of operations on a separate sheet. YES NO
- 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?
If YES, please provide full details of operations on a separate sheet. YES NO

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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: _____%
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

8. 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

9. 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

10. 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
11. 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 A) above.
12. 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.
13. 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.
14. Has the Applicant, its partners, directors or officers ever had an Employment Practices Liability claim (whether insured or not)? YES NO
If YES, please provide the following details on a separate sheet.

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15. Is the Applicant, its partners, directors or officers aware of any situation which might give rise to 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 there be knowledge of any such fact, circumstance or situation, 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:

- the communication with underwriters;
- the underwriting of policies;
- the evaluation of claims;
- the detection and prevention of fraud;
- the analysis of business results;
- 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.

QUEBEC RESIDENTS ONLY:

I hereby confirm my request that the present document and any other document and correspondence pertaining to the present insurance be in the English language.

SIGNED: _____
(Authorized Representative)

DATED: _____

NAME (Please Print): _____

TITLE/POSITION: _____