

LANDSCAPE ARCHITECTS' 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 3 – Applicant Information

GENERAL INFORMATION

1. Name of Applicant firm: _____
2. Names of predecessor firms (if any): _____
3. Address of Head Office _____
Any branch offices (if applicable): _____
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: \$1,000 \$2,500 \$5,000 \$10,000 Other: _____

APPLICANT INFORMATION

1. Date established: _____
2. Number of staff: Professional Personnel: _____ Full-time: _____ Part-time: _____
Technical Personnel: _____ Full-time: _____ Part-time: _____
3. 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 |
|--|------------|--------|-----------------------|------------------------------|---|
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4. 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: | | |

5. Please indicate percentage (%) of gross fees, derived from the following practices (**must total 100%**):

| | | | |
|--------------------------------------|-------|----------------------|-------|
| Residential (Private) | _____ | Municipal | _____ |
| Residential (Multi unit) | _____ | Golf Course Projects | _____ |
| Industrial | _____ | Swimming Pools | _____ |
| Recreational | _____ | Fountain Projects | _____ |
| Institutional | _____ | Retaining Walls | _____ |
| Commercial | _____ | Other | _____ |
| Not Resulting in Construction (NRIC) | _____ | | |
| Please provide details of NRIC | _____ | | |

LANDSCAPE ARCHITECTS' 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
- Do more than 25% of the Applicant's fees emanate from a single client?
 If YES, please state client's name: _____ YES NO
- Does the Applicant have written contracts with all of its clients? YES NO
 - If NO, please indicate the percentage (%) of projects that are undertaken with a written contract: _____%
 - Percentage (%) of standard written contracts (provided by their provincial association): _____%
 - Percentage (%) of non-standard contracts: _____%

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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 Landscape Architects' Professional Liability insurance? YES NO
 If YES, please complete the following for all previous policies:

| INSURER | TERM | LIMIT | DEDUCTIBLE | PREMIUM |
|---------|------|-------|------------|---------|
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2. Has any Application for Landscape Architects' 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
- b) Claimant's name
- c) Nature of claim
- d) Amount of indemnity payment and amount of defense costs
- e) Final dispositions or current status 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 A) above.

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.

1. 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.

2. 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.

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.

SIGNED: _____
(Authorized Representative)

DATED: _____

NAME (Please Print): _____

TITLE/POSITION: _____