

**Toronto Office:** 18 King St. E., Suite 903 Toronto, ON M5C 1C4  
T: 416-603-7864 or 1-877-603-7864 | F: 416-603-7861 | www.suminsurance.ca

**Montreal Office:** 1001 De Maisonneuve Blvd. W., Suite 900 Montreal, QC H3A 3C8  
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## BILL 124 RENEWAL APPLICATION

1. NAMED INSURED: \_\_\_\_\_

2. FEES:

	LAST 12 MONTHS		CURRENT 12 MONTHS		PROJECTED 12 MONTHS	
Dates	MO. /YR. ___/___	MO. /YR. ___/___	MO. /YR. ___/___	MO. /YR. ___/___	MO. /YR. ___/___	MO. /YR. ___/___
a) GROSS FEES (include b,c,d, & e)						
b) Fees paid to subconsultants*						
c) Fees derived from projects which have been separately insured						
d) Fees for projects in USA						
e) Fees for projects outside of North America						
f) Construction Values						

\* Does the Applicant require evidence of Professional Liability Insurance for its sub-consultants by obtaining certificates of insurance on an annual basis?  Yes  No

3. NUMBER OF EMPLOYEES NOT INCLUDING PARTNERS AND OFFICERS:

Architects \_\_\_\_\_ Engineers \_\_\_\_\_ Surveyors \_\_\_\_\_ Technologists \_\_\_\_\_

Transitmen \_\_\_\_\_ Draftsmen \_\_\_\_\_ Office \_\_\_\_\_ Others \_\_\_\_\_

4. HAVE THERE BEEN ANY CHANGES TO YOUR BUSINESS ACTIVITY OR ANY OTHER STATEMENT MADE IN LAST YEAR'S APPLICATION?

Yes  No If Yes, please provide details:

ACTIVITY	%
	%
	%
	%
	%

5. OTHER THAN AS ALREADY DECLARED TO THE INSURERS:

a) Have any claims ever been made to the knowledge of the Applicant against the Applicant, any business predecessors, any of the present or former partners or officers?  Yes  No

b) Is the Applicant aware of any act, error, omission or circumstance which could give rise to a claim against the Applicant or any predecessor in business, or any present or former partner or officer?  Yes  No

If the answer to either question 5 a) or 5 b) is Yes, please provide full details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NOTE: THE POLICY DOES NOT COVER ANY CLAIM OR CIRCUMSTANCE STATED IN 5 a) AND/OR 5 b) OR ANY ERROR, ACT, OMISSION OR CIRCUMSTANCE WHICH COULD GIVE RISE TO A CLAIM, OF WHICH THE APPLICANT HAS KNOWLEDGE PRIOR TO THE INCEPTION OF THE POLICY

6. HAS ANY PARTNER, EXECUTIVE OFFICER, DIRECTOR OR PROFESSIONAL EMPLOYEE HAD THEIR LICENSE SUSPENDED, BEEN FINED OR REPRIMANDED DURING THE PAST FIVE YEARS?

Yes  No If Yes, please attach details.

7. INSURANCE REQUIRED:

LIMITS:

- \$250,000/\$500,000
- \$500,000/\$1,000,000
- \$1,000,000/\$1,000,000
- \$1,000,000/\$2,000,000
- \$2,000,000/\$2,000,000
- \$3,000,000/\$3,000,000
- \$4,000,000/\$4,000,000
- \$5,000,000/\$5,000,000
- Other: \_\_\_\_\_

DEDUCTIBLE

- \$2,500(Min.)
- \$5,000
- \$10,000
- \$25,000
- \$50,000
- Other: \_\_\_\_\_

We hereby declare that the above statements and particulars are true and that we have not suppressed or misstated any material facts and we agree that this declaration shall be the basis of any binder or contract of insurance with the Insurance Company, and that the limits and deductibles as stated in the said binder or contract of insurance shall govern.

It is understood and agreed that the completion of this declaration does not bind the Insurance Company to the issue of the insurance nor the Applicant to the purchase of this insurance.

It is further understood and agreed that if, following submission of this application to the insurer and prior to the date requested for coverage to be effective, the Applicant becomes aware of any information which has a bearing on question 5a) or 5b) of this application, the Insurer shall be immediately notified in writing of such information.

Signature of Applicant: \_\_\_\_\_ Dated: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

BROKER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE NO: \_\_\_\_\_

FAX NO: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_



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