

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
T: 514-845-7861 or 1-855-845-7861 | F: 514-844-7862 | www.assurancesum.ca

APPLICATION – ARCHITECTS AND ENGINEERS PROFESSIONAL LIABILITY INSURANCE

DESIGN & BUILD

Full Name of the Applicant: _____

Head Office Address: _____

Branch Office: _____

Date Established: Day _____ Month _____ Year _____

Phone: _____ Fax: _____ Email: _____

Website: _____

1. FORMER NAMES OF APPLICANT/FIRM:

NAME	DATE ESTABLISHED	CLOSED

2. THE APPLICANT IS:
(please check where applicable)

- A Corporation
- Partnership
- Individual
- Sole Proprietor
- Corporate Division
- Other _____

WHO ACTS PRIMARILY AS:
(please check where applicable)

- A Contractor
- An Engineer
- An Architect
- A Developer
- Other

3. THE APPLICANT IS A MEMBER IN GOOD STANDING OF THE CANADIAN CONSTRUCTION ASSOCIATION. Yes No

4. PLEASE NOTE THE PROFESSIONAL ASSOCIATIONS TO WHICH THE APPLICANT BELONGS:

5. WHEN UNDERTAKING DESIGN/BUILD ACTIVITIES, THE DESIGN IS PERFORMED:

- a) In-house Yes No
- b) By professional architectural/engineering sub-consultant Yes No
- c) By an affiliated company in direct contract with owner/client Yes No
- d) Other _____ Yes No

And the construction is performed:

- e) In-house Yes No
- f) By sub-contract to a contracting firm which is a member in good standing with the Canadian Construction Association Yes No
- g) By an affiliated company in direct contract with owner/client Yes No
- h) Other _____ Yes No

6. DIVISION OF DUTIES FOR PAST COMPLETED FINANCIAL YEAR::

FUNCTION	LAST COMPLETED FINANCIAL YEAR	ESTIMATED NEXT FINANCIAL YEAR
a) Income where the Applicant designs and constructs from their own design and provides full technical supervision		
b) Income where the Applicant constructs and provides full technical supervision* from designs by sub-consultants appointed by the Applicant, or others for whom the Applicant is responsible		
c) Fees earned where the Applicant provides only design services and/or technical supervision		
d) Income earned where the Applicant provides any other professional services not included in the above (please specify) _____		
e) Income where the Applicant has work with no professional input (e.g. construction only activities) not covered by this proposed insurance (please specify) _____		

Indicate the percentage of work that applies to projects located outside of Canada _____

State to the location, fees and construction values for each foreign project on a separate sheet of paper.

***NOTE:** the term “Technical Supervision” is not intended to extend to the supervisory activities which under a traditional form of contract would be the responsibility of the contractor, and not the professional team.

7. A) DESIGN/BUILD

	INDICATE PERCENTAGE OF TOTAL PROFESSIONAL SERVICES DERIVED FROM THE FOLLOWING DISCIPLINES	INDICATE PERCENTAGE OF (7.A) SUBLET TO SUB-CONSULTANTS.
i) Services not resulting in construction	%	%
ii) Structural	%	%
iii) Soils	%	%
iv) Civil	%	%
v) Mechanical	%	%
vi) Electrical	%	%
vii) H.V.A.C.	%	%
viii) Industrial Process	%	%
ix) Materials Testing	%	%
x) Architectural	%	%
xi) Environmental*	%	%
xii) Other _____	%	%
Total	%	%

* If Environmental work is undertaken, then please complete the attached ADDENDUM 1.

B) CONSULTING SERVICES ONLY - NO CONSTRUCTION

Of the total consulting services indicate percentage:

- i) Performed by Applicant directly to third parties: _____%
- ii) Performed by an affiliated company as:
 - 1) Sub-consultant: _____%
 - 2) Under separate contract: _____%

C) CONSTRUCTION ONLY - NO DESIGN

Of the total consulting services indicate percentage:

- i) Performed by Applicant directly to third parties: _____%
- ii) Performed by an affiliated company as:
 - 1) Sub-consultant: _____%
 - 2) Under separate contract: _____%

8. A) IF EITHER DESIGN OR CONSTRUCTION WORK IS SUB-LET TO OTHERS, OR PERFORMED BY AN AFFILIATED COMPANY, COMPLETE SCHEDULE "A" ATTACHED.

B) PLEASE LIST YOUR FIVE LARGEST CONTRACTS ENTERED INTO OVER THE PAST FIVE YEARS ON SCHEDULE "B" ATTACHED.

9. PARTNERS AND OFFICERS:

NAME (ATTACH RESUME)	UNIVERSITY ATTENDED	DEGREE	YEAR	PROV. LICENSED TO PRACTICE IN

10. NUMBER OF EMPLOYEES NOT INCLUDING PARTNERS AND OFFICERS:

Architects: _____ Engineers: _____ Surveyors: _____ Technologists: _____
 Transitmen: _____ Draftsmen: _____ Office: _____ Others: _____

PLEASE ATTACH CURRICULUM VITAE OF ARCHITECTS AND ENGINEERS

11. INDICATE PERCENTAGE OF TOTAL CONSTRUCTION VALUES DERIVED FROM THE FOLLOWING PROJECT TYPES:

	DESIGN ONLY	DESIGN & CONSTRUCT
a) Mines (advise details on work sheet)	%	%
b) Harbours and jetties	%	%
c) Water and sewage systems	%	%
d) Bridges, tunnels and dams (Describe length and use on a separate sheet)%	%	%
e) Nuclear and atomic projects (Describe type of work done on a separate sheet)	%	%
f) Petrochemicals, refineries, fertilizer, ammonia, urea plants (Describe type of work done on a separate sheet)	%	%
g) Hospitals, schools, municipal buildings or nursing homes	%	%
h) Churches, religious or other eleemosynary buildings	%	%
i) Industrial buildings	%	%
j) Commercial Buildings	%	%
k) Private dwellings, apartments, condominiums	%	%
l) Parking Structures	%	%
m) Other (Please specify)	%	%
TOTAL	%	%

12. HAS THE APPLICANT PREVIOUSLY INSURED FOR PROFESSIONAL LIABILITY?

Yes No If Yes, please provide:

Name of insurer: _____

Date the Policy expires: _____ Limit of Liability: _____

Deductible: _____ Retroactive Date: _____

Basis of cover (claims made or occurrence based): _____

If No, please provide details: _____

13. HAS THE APPLICANT PREVIOUSLY INSURED FOR COMMERCIAL GENERAL LIABILITY?

Yes No If Yes, please provide:

Name of insurer: _____

Date the Policy expires: _____ Limit of Liability: _____

Deductible: _____ Retroactive Date: _____

Basis of cover (claims made or occurrence based): _____

If No, please provide details: _____

14. 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 14 A) or 14 B) is Yes, complete the enclosed CLAIMS HISTORY FORM.

NOTE: THE POLICY DOES NOT COVER ANY CLAIM OR CIRCUMSTANCE STATED IN 14 A) AND/OR 14 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.

15. 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, attach details.

16. TO THE APPLICANT'S KNOWLEDGE, HAS ANY COMPANY DECLINED OR TERMINATED THE INSURANCE, FOR THE APPLICANT, ANY PRESENT PARTNER OR OFFICER OR FOR ANY PREDECESSOR IN THE BUSINESS, PAST PARTNERS OR OFFICERS?

Yes No If YES, attach details: _____

17. WHEN IS YOUR FISCAL YEAR END? _____

18. 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 3 a) or 3 b) 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: _____



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
T: 514-845-7861 or 1-855-845-7861 | F: 514-844-7862 | www.assurancesum.ca

SCHEDULE A

Refer to question 8.A) of the application

	BRIEF DESCRIPTION OF PROJECT AND TOTAL CONSTRUCTION VALUE	WORK SUB-CONTRACTED	IF PROFESSIONAL SUB-CONSULTANT, DO THEY CARRY PROFESSIONAL LIABILITY INSURANCE? IF SO, STATE INSURER.
<p>1. Name of unrelated firm to which work has been sub-contracted.</p> <p>_____</p> <p>_____</p> <p>_____</p>		<input type="checkbox"/> Engineer <input type="checkbox"/> Architect <input type="checkbox"/> Construction	<input type="checkbox"/> Yes <input type="checkbox"/> No Insurer: _____ _____ _____
<p>2. Name of affiliated firm to which work has been sub-contracted.</p> <p>_____</p> <p>_____</p> <p>_____</p>		<input type="checkbox"/> Engineer <input type="checkbox"/> Architect <input type="checkbox"/> Construction	<input type="checkbox"/> Yes <input type="checkbox"/> No Insurer: _____ _____ _____

The Insurer may require additional information on any firms listed above. Any additional documentation such as brochures, financial statements, etc. will be of assistance.

SCHEDULE B

Refer to question 8. B) of the application

DESCRIPTION OF PROJECT	DATE ENTERED INTO	COMPLETION DATE	TOTAL CONSTRUCTION VALUE	DESIGNED IN-HOUSE OR BY SUB-CONSULTANT
				<input type="checkbox"/> In-house <input type="checkbox"/> Sub-consultant Name Design Sub-Consultant if used _____ _____ _____
				<input type="checkbox"/> In-house <input type="checkbox"/> Sub-consultant Name Design Sub-Consultant if used _____ _____ _____
				<input type="checkbox"/> In-house <input type="checkbox"/> Sub-consultant Name Design Sub-Consultant if used _____ _____ _____
				<input type="checkbox"/> In-house <input type="checkbox"/> Sub-consultant Name Design Sub-Consultant if used _____ _____ _____

The Insurer may require additional information on any firms listed above. Any additional documentation such as brochures, financial statements, etc. will be of assistance.

ADDENDUM 1 - ENVIRONMENTAL LIABILITY

1. NAME OF APPLICANT: _____

2. PLEASE INDICATE THE APPROXIMATE PERCENTAGE OF TOTAL FEES REPORTED IN YOUR APPLICATION FOR INSURANCE (INCLUDING THOSE PAID TO SUB-CONSULTANTS BUT NOT PROJECTS INSURED SEPARATELY) DERIVED FROM EACH OF THE FOLLOWING PROJECT TYPES:

A) STUDIES AND REPORTS (excluding soils investigations or remediation)	PAST ACCOUNTING YEAR	CURRENT ACCOUNTING YEAR (ESTIMATED)
(1) Environmental impact studies or assessments	%	%
(2) Environmental permit review or approval	%	%
(3) Building Inspections/Audits	%	%
(4) Environmental Monitoring (describe type of service) _____	%	%
(5) Air Emission Control Services	%	%
B) WASTE DISPOSAL		
(1) Waste site evaluation or selection	%	%
(2) Design, monitoring or closure of landfills	%	%
C) DESIGN OR CONSTRUCTION SERVICES FOR REMEDIAL ACTION OF CONTAMINATED BUILDINGS	%	%
D) SERVICES RELATED TO THE EVALUATION, REMOVAL OR REPLACEMENT OF UNDERGROUND STORAGE TANKS	%	%
E) INDUSTRIAL PROCESS ENGINEERING (NON-PETROCHEMICAL)	%	%
F) PETROCHEMICAL ENGINEERING	%	%
G) DESIGN OF LABORATORIES	%	%
H) SOILS INVESTIGATIONS		
(1) Underground investigations for possible contamination.	%	%
(2) Determination of extent of contaminated sites	%	%
(3) Design of remedial action of contaminated sites	%	%
(4) Investigations not related to waste or contamination detection	%	%

3. HOW MANY YEARS HAS YOUR FIRM PROVIDED SERVICES FOR THE DETECTION, MONITORING, HANDLING OR DISPOSAL OF HAZARDOUS SUBSTANCES? _____

4. PERSONNEL (indicate the number of staff involved in environmental work)

a. Architects/Civil Engineers _____

b. Process Engineers _____

c. Geotechnical Engineers _____

d. Chemists and Biologists _____

e. Industrial Hygienist or Toxicologists _____

f. Geologists/Hydrologists _____

g. Environmental Engineers _____

h. Other Personnel _____

(Please attach Curriculum Vitae of key personnel if not previously submitted)

5. HAVE YOU ACCEPTED, OR DO YOU PLAN TO ACCEPT RESPONSIBILITY (EITHER DIRECTLY OR AS AN AGENT OF THE OWNER) FOR THE ACTUAL CLEAN-UP, TRANSPORTATION, STORAGE OR DISPOSAL OF A "POLLUTANT"?

Yes No If Yes, please explain: _____

6. FOR WHAT PERCENTAGE OF ENVIRONMENTAL WORK IN THE PAST YEAR HAVE YOU BEEN ABLE TO OBTAIN CLIENT AGREEMENT FOR:

a. Complete indemnification: _____%

b. Partial Indemnification: _____%

c. Limitation of liability: _____% (please attach sample)

7. HAS ANY CLAIM BEEN MADE OR LEGAL ACTION BEEN BROUGHT FOR ANY POLLUTION OR ENVIRONMENTAL INJURY OR DAMAGE IN THE PAST THREE (3) YEARS (OR MADE EARLIER AND STILL PENDING) AGAINST YOUR FIRM, ITS PREDECESSORS OR EMPLOYEES?

Yes No If Yes, please provide: _____

CLAIMS HISTORY FORM

Applicant Name: _____

Date: _____

Claimant Name: _____

Project Name & Location: _____

Date of Loss: _____

Description of Claim: _____

SUIT <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Open <input type="checkbox"/> Closed
AMOUNT CLAIMED	\$
LOSS RESERVES	\$
EXPENSE RESERVES	\$
LOSS PAID	\$
EXPENSES PAID	\$

Claimant Name: _____

Project Name & Location: _____

Date of Loss: _____

Description of Claim: _____

SUIT <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Open <input type="checkbox"/> Closed
AMOUNT CLAIMED	\$
LOSS RESERVES	\$
EXPENSE RESERVES	\$
LOSS PAID	\$
EXPENSES PAID	\$

Claimant Name: _____

Project Name & Location: _____

Date of Loss: _____

Description of Claim: _____

SUIT <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Open <input type="checkbox"/> Closed
AMOUNT CLAIMED	\$
LOSS RESERVES	\$
EXPENSE RESERVES	\$
LOSS PAID	\$
EXPENSES PAID	\$

Claimant Name: _____

Project Name & Location: _____

Date of Loss: _____

Description of Claim: _____

SUIT <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Open <input type="checkbox"/> Closed
AMOUNT CLAIMED	\$
LOSS RESERVES	\$
EXPENSE RESERVES	\$
LOSS PAID	\$
EXPENSES PAID	\$

Claimant Name: _____

Project Name & Location: _____

Date of Loss: _____

Description of Claim: _____

SUIT <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Open <input type="checkbox"/> Closed
AMOUNT CLAIMED	\$
LOSS RESERVES	\$
EXPENSE RESERVES	\$
LOSS PAID	\$
EXPENSES PAID	\$