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APPLICATION – ARCHITECTS AND ENGINEERS PROFESSIONAL LIABILITY INSURANCE

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. IS THE APPLICANT ENGAGED BY OTHERS AS AN EMPLOYEE?

Yes No

3. PARTNERS AND OFFICERS: _____ :

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

4. NUMBER OF EMPLOYEES NOT INCLUDING PARTNERS AND OFFICERS:

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

5. PLEASE DESCRIBE THE NATURE OF YOUR PRACTICE (ATTACH BROCHURE):

6. PLEASE LIST YOUR FIVE LARGEST PROJECTS DONE DURING THE PAST FIVE YEARS:

NAME OF PROJECT	FEE	TOTAL CONSTRUCTION VALUE	VALUE OF YOUR PORTION

7. 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

8. PLEASE INDICATE PERCENTAGE OF FEES DERIVED FROM THE FOLLOWING ENGINEERING ACTIVITIES (TO BE COMPLETED BY ENGINEERING APPLICANTS):

ACTIVITIES	% LAST 12 MONTHS	% ANTICIPATED NEXT 12 MONTHS
a) Work not resulting in construction, failures investigation		
b) Structural engineering – Over 4 floors		
– 4 floors or less		
c) Civil engineering		
d) Geotechnical, surveys of subsurface conditions and ground testing		
e) Mechanical engineering		
f) Electrical engineering		
g) H.V.A.C.		
h) Project/Construction management		
i) Boundary surveys		
j) Material testing & inspection services		
k) Process Engineering		
l) Quantity Survey		
m) Environmental*		
p) Other (describe) _____		
Totals 100%		

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

9. PLEASE INDICATE PERCENTAGE OF LAST YEAR'S FEES DERIVED FROM THE FOLLOWING AREAS:

- a) Marine, docks and harbours: _____ %
- b) Sewage and water services: _____ %
- c) Roads and Highways: _____ %
- d) Oil and gas pipe lines: _____ %
- e) Fairgrounds and Exhibition: _____ %
- f) Bridges over 150 ft. abutment to abutment: _____ %
- g) Tunnels over 150 ft. (not cut and cover): _____ %
- h) Dams (describe): _____ % _____
- i) Other (describe): _____ % _____

10. PLEASE INDICATE PERCENTAGE OF FEES DERIVED FROM THE FOLLOWING ARCHITECTURAL ACTIVITIES (TO BE COMPLETED BY ARCHITECTURAL APPLICANTS)

ACTIVITIES	% LAST 12 MONTHS	% ANTICIPATED NEXT 12 MONTHS
a) Work not resulting in construction		
b) Interior design		
c) Landscape architecture		
d) Private homes		
e) Apartments/Condos/Town houses		
f) Commercial and office complexes		
g) Industrial		
h) Institutional		
i) Recreational		
j) Project management services		
k) Others (describe)		

11. IS THE APPLICANT CONTROLLED BY, OWNED BY, OR RELATED TO ANY OTHER FIRM, CORPORATION OR COMPANY?

Yes No If Yes, please provide details: _____

12. DO ANY OF THE PARTNERS OR OFFICERS OF THE APPLICANT HOLD AN INTEREST IN ANY OTHER CORPORATION WITH WHOM THE APPLICANT CARRIES ON BUSINESS?

Yes No If Yes, please provide details: _____

13. DOES THE APPLICANT, ANY PARTNER, OFFICER OR RELATED COMPANY ENGAGE IN THE ACTUAL WORK OF CONSTRUCTION OR FABRICATION OTHER THAN SUPERVISION?

Yes No If Yes, please provide details: _____

14. ARE MORE THAN 25% OF YOUR PROFESSIONAL SERVICES PROVIDED FOR ONE CLIENT?

Yes No If Yes, please provide details: _____

15. PLEASE LIST JOINT VENTURES SEPARATELY INSURED:

16. PLEASE PROVIDE NAMES OF ALL PROJECTS SEPARATELY INSURED:

17. HAS THE APPLICANT PREVIOUSLY INSURED FOR PROFESSIONAL INDEMNITY?

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: _____

18. 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 18 a) or 18 b) is Yes, complete the enclosed CLAIMS HISTORY FORM.

Note: THE POLICY DOES NOT COVER ANY CLAIM OR CIRCUMSTANCE STATED IN 18 A) AND/OR 18 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.

19. 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 provide details: _____

20. 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, please provide details: _____

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

22. WHEN IS YOUR FISCAL YEAR END? _____

23. 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 18a) or 18b) 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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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	\$