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APPLICATION – ENVIRONMENTAL CONSULTANTS 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 If Yes, please explain:

3. PARTNERS AND OFFICERS

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

4. NUMBER OF EMPLOYEES NOT INCLUDING PARTNERS AND OFFICERS:

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

6. 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: _____

7. 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)

8. PLEASE DESCRIBE THE NATURE OF YOUR PRACTICE (Attach Brochure):

9. PLEASE LIST YOUR FIVE LARGEST PROJECTS DONE DURING THE LAST FIVE YEARS:

NAME OF PROJECT	FEE	TOTAL CONSTRUCTION VALUE	VALUE OF YOUR PORTION
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

10. BREAKDOWN OF FEES:

FEES	LAST 12 MONTHS	CURRENT 12 MONTHS	PROJECTED 12 MONTHS
a) GROSS FEES (include b,c,d &e)	\$	\$	\$
b) Fees paid to sub consultants *	\$	\$	\$
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

** Does the Applicant provide any contracting services themselves or by hiring of subcontractors (including related entities) Yes No

If Yes, does the applicant verify that sub contractors carry appropriate pollution insurance coverage? Yes No

If to a related entity please provide percentage equity interest and details of relationship:

Does the applicant operate any facilities, plants or systems? Yes No

If Yes, is income from this included in 10 a) above? Yes No

In connection with this work please advise if coverage is carried for:

- General Liability Site specific pollution Contractors pollution (please provide details)

Does the applicant manufacture, assemble, install, service, sell or distribute any product, systems or equipment?

- Yes No If Yes, please provide details:

If Yes, is any income from this included in 10 a) above? Yes No

11. 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:

PHASE 1 STUDIES & REPORTS defined as review of available information, visual inspection of sites, review of historical records, aerial photographs, legislation, permits, Certificates of Approval and reports of the findings.

	LAST 12 MONTHS PERCENTAGE OF ANNUAL FEES	CURRENT 12 MONTHS PERCENTAGE OF ANNUAL FEES
Studies and Reports (excluding soils investigations or remediation)	%	%
Environmental impact studies or assessments	%	%
Environmental permit review or approval	%	%
Building Inspections/Audits	%	%
Academic and Biosphere studies	%	%
Training and publication of educational materials	%	%
Other non-intrusive studies (specify) _____	%	%

PHASE 2 TESTING, SAMPLING & MONITORING defined as detailed assessment of airborne, surface and subsurface conditions, confirmation of type & location of contaminants through air, soil, surface and water sampling or monitoring including laboratory analysis and reports of findings.

	LAST 12 MONTHS PERCENTAGE OF ANNUAL FEES	CURRENT 12 MONTHS PERCENTAGE OF ANNUAL FEES
Air quality and emissions monitoring (including mould and asbestos assessments)	%	%
Compliance assessments	%	%
Ground and surface water quality	%	%
Soil testing (for contaminants)	%	%
Laboratory analysis (for contaminants)	%	%
Identification of contaminants	%	%
Determination of extent of contaminated sites	%	%
Waste site or systems inspection, evaluation and selection	%	%

PHASE 3 REMEDIATION PLANNING Phase 3 work is described as the determination of the need and/or method of remediation, including more detailed measurements of area/depth of affected soil & water & the degree of concentration of contaminants. This will also include special disposal method recommendations in a detailed plan, and/or recommendations for ongoing waste management **ALSO INCLUDES SUPERVISION OF THE REMEDIATION PROJECTS AND FINAL REPORTS EXCLUDING PROJECTS WHERE APPLICANTS HIRE CONTRACTORS**

	LAST 12 MONTHS PERCENTAGE OF ANNUAL FEES	CURRENT 12 MONTHS PERCENTAGE OF ANNUAL FEES
Preparation for site remediation plans	%	%
Recommendations for removal/disposal of waste	%	%
Preparation of waste management programs	%	%
Emergency Spill Response (excluding actual clean-up)	%	%
General Engineering/Design (Environmental related)	%	%
Remediation projects site supervision & final reports	%	%
Design or construction services for remedial action of contaminated building	%	%
Services related to the evaluation, removal or replacement of underground storage tanks	%	%
Design, monitoring or closure of landfills	%	%
Design of Waste Disposal processes or facilities	%	%
Preparation of Records of Site Conditions or similar documents	%	%

PHASE 4 REMEDIATION SERVICES Phase 4 work is described as the actual decommissioning, remediation, clean-up, removal, containment, detoxification or neutralization of any property, pollutant or contaminant NOTE POLICY EXCLUDES COVER WHERE CONSULTANT PERFORMS ACTUAL REMEDIATION SERVICES ON BEHALF OF THE OWNER, EITHER DIRECTLY OR THROUGH SUB-CONTRACTORS

	LAST 12 MONTHS PERCENTAGE OF ANNUAL FEES	CURRENT 12 MONTHS PERCENTAGE OF ANNUAL FEES
Remediation directly performed	%	%
Remediation through hiring of contractors	%	%
Emergency response – clean up	%	%
Operation of water, waste water or waste processing plants or facilities	%	%
Other – environmental specify	%	%

12. IS THE APPLICANT CONTROLLED BY, OWNED BY, OR RELATED TO ANY OTHER FIRM, CORPORATION OR COMPANY? Yes No If Yes, please provide details:

13. 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:

14. 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:

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

Yes No If Yes, please provide details:

16. PLEASE LIST JOINT VENTURES SEPARATELY INSURED:

17. PLEASE PROVIDE NAMES OF ALL PROJECTS SEPARATELY INSURED:

18. HAS THE APPLICANT PREVIOUSLY INSURED FOR PROFESSIONAL INDEMNITY?

Yes No If Yes, please provide details:

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:

19. 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 A PREDECESSOR IN BUSINESS, OR ANY PRESENT OR FORMER PARTNER OR OFFICER? Yes No

If the answer to either 19 a) or 19 b) is Yes, complete the enclosed claims history form. NOTE: The policy does not cover any claim or circumstance stated in 19 a) and/or 19 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.

20. 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:

21. 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:

22. PLEASE NOTE THE PROFESSIONAL ASSOCIATIONS TO WHICH THE APPLICANT BELONGS

23. INSURANCE REQUIRED:

- | Limits | Deductible |
|--|--|
| <input type="checkbox"/> \$250,000/\$ 500,000 | <input type="checkbox"/> \$2,500 (Min) |
| <input type="checkbox"/> \$500,000/\$1,000,000 | <input type="checkbox"/> \$5,000 |
| <input type="checkbox"/> \$1,000,000/\$1,000,000 | <input type="checkbox"/> \$10,000 |
| <input type="checkbox"/> \$1,000,000/\$2,000,000 | <input type="checkbox"/> \$25,000 |
| <input type="checkbox"/> \$2,000,000/\$2,000,000 | <input type="checkbox"/> \$50,000 |
| <input type="checkbox"/> \$3,000,000/\$3,000,000 | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> \$4,000,000/\$4,000,000 | |
| <input type="checkbox"/> \$5,000,000/\$5,000,000 | |
| <input type="checkbox"/> Other: _____ | |

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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 19a) or 19b) 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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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	\$