

ADDENDUM 2

TO BE COMPLETED BY EACH INDIVIDUAL OR ENTITY THAT IS TO BE INCLUDED AS AN ADDITIONAL NAMED INSURED.

1. APPLICANT

• Name of Firm: _____

• Address of Head Office: _____

• Date firm established: _____

2. PROJECT

• Name of Project: _____

		<u>Check \checkmark</u>
• Contractual agreement with:	Prime consultant	<input type="checkbox"/>
	Project owner	<input type="checkbox"/>
	Other: Please specify:	<input type="checkbox"/>

3. PROFESSIONAL SERVICES

• Indicate your professional discipline: _____

• Description of the professional services: _____

• *Attach Agreement with client or extract of the scope of services.*

- Details of partners and senior employees engaged to perform the professional services:

<u>Name</u>	<u>Position</u> (Partner, project manager, site architect, etc.)	<u>Professional qualification</u>	<u>Employment service</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Attach resumes.

4. INDICATE FOR THE PROJECT:

- the anticipated professional fees payable to you: \$ _____
- the anticipated construction value applicable: \$ _____

5. DETAILS OF ANNUAL PROFESSIONAL LIABILITY INSURANCE:

Name of Insurer:

Renewal Date:

Limits of liability: Claim amount \$ _____ Aggregate amount \$ _____

Claims expenses payable: In addition to limit Yes No
 Included in limit Yes No

Is coverage applicable in excess of the single project insurance: Yes No

6. CLAIMS HISTORY

- Have any claims for professional negligence, errors or omissions been made against this firm or any of its present or former partners, principals or employees during the last five years? Yes No
- Is the firm aware of any act, error, omission or circumstance which could give rise to a claim against the firm or any predecessor in business, or any present or former partner, principal or employee? Yes No

If “Yes” to any of the above, please *attach claims history from the insurance company(ies) involved.*

(Single project insurance claims and circumstances must also be declared)

- Have any claims for professional negligence, errors or omissions been made against this firm or any of its present or former partners, principals or employees for this project, or have any circumstances already arisen on the project that might give rise to a claim? Yes No

If “Yes”, please *provide explanation (on separate sheet) and claims reports from the insurance company(ies) involved.*

7. IN RESPECT OF PROFESSIONAL LIABILITY INSURANCE, HAS ANY INSURER(S):

- declined an application or renewal for any of the entities of any partner or principal? Yes No
- imposed specified terms? Yes No
- cancelled an insurance? Yes No

If “Yes”, please provide details: _____

Attachments:

- Agreement with client or extract of scope of services
- Résumés
- Claims history from insurance company(ies)

DECLARATION

We hereby declare the above statements are true 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 the insurance.

It is further understood and agreed that if, following submission of the application to the Insurance Company and prior to the date requested for coverage to be effective, the Applicant becomes aware of any information which has a bearing on Question 6 of this application, the Insurance Company shall be immediately notified in writing of such information.

I/We HEREBY consent on behalf of all individuals who are present or former officers, directors, employees and shareholders, to the collection, use and disclosure of personal information by Insurance Company for the purpose of communicating with you, underwriting, evaluating and rating risks, establishing premiums and deductibles, investigating or paying claims, risk-sharing with reinsurance and excess insurance companies and any other insurance matters, protecting against and preventing fraud, compiling statistics, undertaking any activity under current law and in complying with applicable law in accordance with the Personal Information Protection And Electronic Documents Act.

Date _____ Signature of Applicant _____