

APPLICATION
FOR
SINGLE PROJECT
PROFESSIONAL LIABILITY INSURANCE

1. APPLICANT

- Name of Firm or Joint Venture: _____

- Address of Head Office: _____

2. OTHER INDIVIDUALS OR ENTITIES TO BE INSURED: Yes No

If “Yes”, complete Addendum 1. Each additional individual or entity must complete Addendum 2.

3. PROFESSIONAL SERVICES

- Describe the professional services for the Project: _____

Attach Agreement with client or extract recording the services.

- Is this project to be carried out under the mandate of Infrastructure Ontario? Yes No
If “Yes”, please contact Insurance Company before proceeding.

4. PROJECT

- Name of Project owner: _____

- Name of Project: _____

- Location of Project: _____

- Description of Project: _____

- Total construction value: _____
- Number of stories: _____
- Name of contractor: _____

Application for Single Project Professional Liability Insurance

- Type of construction agreement:
 - Stipulated Sum _____
 - Cost Plus _____
 - Guaranteed Maximum Price/
Upset Limit _____
 - Other (specify) _____
- Anticipated commencement date of:
 - Feasibility studies _____
 - Design _____
 - Construction _____
- Anticipated date of completion of construction: _____
- Anticipated date of final completion including maintenance: _____
- Are any prototype or innovative construction techniques, designs or materials intended to be used or specified? Yes No
- If "Yes", please explain: _____
- _____
- _____

- Indicate the exterior wall system characteristics to be used on this project as provided below:

Check please

- Rain Screen, self-draining, pressure equalized
- Face sealed
- Solid masonry or solid concrete
- Masonry veneer
- Acrylic stucco (EIFS) system
- Glass and metal curtain wall
- Pre-engineered enclosure system (describe) _____
- _____
- _____
- Cement Stucco
- Metal siding
- Hardboard siding
- Wood siding
- Insulated concrete form (ICF) – with separate cladding
- without separate cladding (face sealed)
- Other: _____

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- Describe the procedures for substitutions or equivalences for products, materials or systems, prior to their acceptance: _____

- Is the project “time sensitive”? Yes No
 If “Yes”, describe the process of monitoring that the project is “on time” and the process for expediting the construction where necessary: _____

- Are there any penalty provisions respecting adherence to schedule Yes No
 If “Yes”, explain: _____

- Advise which consultant established or reviewed the construction budget (e.g. quantity surveyor, cost consultant, etc.): _____

- Amount of contingency for “design issue” included in the construction budget: \$ _____

- 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 résumés.

5. TOTAL GROSS FEES FOR THE PROJECT

Indicate as provided below:

• Financial year ended: ____/____: 200____	200____	200____	200____	200____	Total
DAY MONTH					
• Total Gross Fees:	\$	\$	\$	\$	\$
Deduct – Fees paid to consultants retained by you	\$	\$	\$	\$	\$
Deduct – Disbursements (reimbursable expenses)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Net fees	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

6. OTHER CONSULTANTS

- Are consultants retained by you? Yes No
- If “Yes”, indicate as provided below:

<u>Discipline</u>	<u>Location</u>	<u>Amount of professional liability coverage</u>
Structural	_____	_____
Mechanical	_____	_____
Electrical	_____	_____
Civil	_____	_____
Soils	_____	_____
Others: _____	_____	_____
(Specify) _____	_____	_____
_____	_____	_____
_____	_____	_____

Attach a copy of a specimen consultant agreement.

7. ARE YOU OR ANY OF YOUR CONSULTANTS RETAINING ANY OF:

- ___ Surveyor Yes No
- ___ Geotechnical/soils consultant Yes No
- ___ Hazardous materials specialists Yes No

If “Yes” to any of the above, explain: _____

8. 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.***

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

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

If “Yes”, please provide details: _____

10. COVERAGE REQUESTED

Indicate claim limit required – Check .

- | | | | |
|-------------|--------------------------|-------------|--------------------------|
| \$1,000,000 | <input type="checkbox"/> | \$4,000,000 | <input type="checkbox"/> |
| \$2,000,000 | <input type="checkbox"/> | \$5,000,000 | <input type="checkbox"/> |
| \$3,000,000 | <input type="checkbox"/> | Other | <input type="checkbox"/> |

Please specify: \$ _____

• Deductible required: Indicate amount: \$ _____

• Is full pollution coverage (*other than the USA, asbestos or asbestos products*) required? Yes No
If “Yes”, complete Addendum 3.

• Indicate the additional years of insurance required following the completion of the project:

Years – Check .

- | | | | |
|------|--------------------------|---|--------------------------|
| None | <input type="checkbox"/> | 3 | <input type="checkbox"/> |
| 1 | <input type="checkbox"/> | 4 | <input type="checkbox"/> |
| 2 | <input type="checkbox"/> | 5 | <input type="checkbox"/> |

• Indicate date insurance required: ____/____/_____
MM DD YYYY

• List special insurance clauses required for this project.

Attach extract of agreement with client requiring these clauses.

Attachments:

- Addendum 1 – Other individuals or entities to be covered
- Addendum 2 – Additional Insureds
- Agreement with client or extract recording the services
- Résumés
- Specimen consultant agreement
- Claims history from insurance company(ies)
- Addendum 3 – Full Pollution Coverage
- Extract of agreement with client requiring special insurance clauses

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 issuance 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 8 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 _____