

APPLICATION
FOR SPIKE UP IN ANNUAL PRACTICE LIMITS FOR A
SINGLE PROJECT

PROFESSIONAL LIABILITY INSURANCE

This is an annual practice insurance. Please note the Spike Up limits will be annually renewed subject to approval by reinsurers.

Is this project to be carried out under the mandate of Infrastructure Ontario? Yes No

If "Yes", please contact Pro-Demnity Insurance Company before proceeding.

1. APPLICANT

• Name of Holder as shown on Certificate of Practice: _____

2. PROFESSIONAL SERVICES

• Describe the professional services for the Project: _____

Attach Agreement with client or extract recording the services.

3. PROJECT (If for more than one project for a single client, please name and describe all projects)

• Name of Project owner: _____

• Name of Project: _____

• Location of Project: _____

• Description of Project: _____

• Estimated total construction value (including fees): _____

• Number of stories: _____

• Name of contractor: _____

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- 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:

- | | <u>Check <input checked="" type="checkbox"/> please</u> |
|--|---|
| • Rain Screen, self-draining, pressure equalized | <input type="checkbox"/> |
| • Face sealed | <input type="checkbox"/> |
| • Solid masonry or solid concrete | <input type="checkbox"/> |
| • Masonry veneer | <input type="checkbox"/> |
| • Acrylic stucco (EIFS) system | <input type="checkbox"/> |
| • Glass and metal curtain wall | <input type="checkbox"/> |
| • Window wall | <input type="checkbox"/> |
| • Pre-engineered enclosure system (describe) _____ | <input type="checkbox"/> |
| _____ | |
| _____ | |
| • Cement Stucco | <input type="checkbox"/> |
| • Metal siding | <input type="checkbox"/> |
| • Hardboard siding | <input type="checkbox"/> |
| • Wood siding | <input type="checkbox"/> |
| • Insulated concrete form (ICF) – with separate cladding | <input type="checkbox"/> |
| – without separate cladding (face sealed) | <input type="checkbox"/> |
| Other: _____ | <input type="checkbox"/> |

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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.

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4. TOTAL GROSS FEES FOR THE PROJECT

Indicate as provided below:

Financial year ended:	____/____:	20____	20____	20____	20____	20____	Total
	DAY MONTH						
TOTAL GROSS FEES:	\$	\$	\$	\$	\$	\$	\$
<i>Deduct</i> – Fees paid to consultants retained by you	(\$)()()()()()(
<i>Deduct</i> – Disbursements (reimbursable expenses)	(\$)()()()()()(
NET FEES	\$	\$	\$	\$	\$	\$	\$

5. 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) _____	_____	_____
_____	_____	_____
_____	_____	_____

Please note it is recommended that all consultants be required to attain/maintain the same limits of insurance as required for your firm

6. 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: _____

7. 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 or have there been any circumstances that could create a claim that have not already been reported to Pro-Demnity Insurance Company ? Yes No

8. COVERAGE REQUESTED

Pro-Demnity Insurance Company will provide a quotation for a "Spike Up" that will be "excess" to your annual practice limits only with respect to the specified project.

Indicate TOTAL **PER 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: \$ _____

Please note the deductible currently showing on your annual practice Certificate of Insurance will apply.

- List special insurance clauses required for this project.

Attach extract of agreement with client requiring these clauses. Please note there is no assurance these can be provided.

Attachments:

- Agreement with client or extract recording the services
- Résumés
- Specimen consultant agreement
- Extract of agreement with client requiring special insurance clauses

DECLARATION

I/We, _____, do hereby (jointly and severally)
Print Name(s) of Holder(s)

certify that the facts set out in this application together with any addendum hereto or other written materials submitted in connection herewith (collectively, the "Application") are true and correct in every particular to the best of my (our) knowledge and belief, and that all particulars which may have a bearing upon the assessment of the practice as a professional liability risk have been revealed. I/We understand that this Application shall form the basis of the contract.

I/We further (jointly and severally) agree that, if in the time between the submission of this Application and the date coverage is effected, I/we become aware of any information which would change the answers furnished in this Application, such information shall be revealed forthwith in writing to the President of Pro-Demnity Insurance Company.

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 Pro-Demnity 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 Holder

PD.FORM 4(g)/15 (Spike Up)