

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

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? NO YES

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

1. **APPLICANT** (Name of Holder as shown on Certificate of Practice):

2. **PROFESSIONAL SERVICES**

Feasibility Studies

Full Architectural Services

Other (please specify): _____

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

Name of Project owner: _____

Name, description and location of Project: _____

Type of Project:

New Building

Addition or Renovation

Interior Design Only

Other (please specify): _____

- Estimated total construction value (including fees): _____

5. CLAIMS HISTORY

Have any claims for professional negligence, errors or omissions been made against this firm or any of its present or former partners or employees or have there been any circumstances that could create a claim that have not already been reported to Pro-Demnity Insurance Company? NO YES If Yes, please explain:

6. 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:

- | | | | |
|-------------|--------------------------|-------------|--------------------------|
| \$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.

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 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: _____
Authorized Signature _____