

APPLICATION FOR PROFESSIONAL LIABILITY INSURANCE (RENEWAL)

Name of Holder of a Certificate of Practice

Address of Principal Office

Telephone of Principal Office

E-mail Address of Principal Office

Website Address of Principal Office

All sections of the application form **must be completed** (Please print).
Where sections do not apply use "Nil" or "Not required".

1. Applicant: Name of Holder as it appears on Certificate of Practice

1.1 Full name of Principal to whom loss prevention material is to be addressed

Principal's e-mail address:

2. Indicate number of:

*Members of Association _____ Structural Professional Engineers _____ Technical _____
Intern Architects _____ Mechanical & Electrical Professional Engineers _____ Employees Other _____

*Note: You must have at least one Member of the Association employed at the firm including the principal(s).

3. Income (See Guidelines)

3.1 TOTAL GROSS FEES for the year ended _____ \$ _____
(As per last annual financial statement) MM / DD / YYYY

(Do NOT include "taxes", or income derived from such items as: rent, sale of equipment, dividends, interest, etc.)

3.1.1 CONSULTING FEES NOT included in line 3.1 (Complete question 8) \$ _____

3.1.2 The VALUE of NON-MONETARY COMPENSATION received in lieu of fees \$ _____

3.2 ROYALTY OR FEE received for the sale, licensing or assignment of copyright, industrial design or patent NOT included in line 3.1 (Complete question 9) \$ _____

3.3 Total (Add lines 3.1 to 3.2) (3.3) \$ _____

4. From line 3.3 above deduct the following:
(Do NOT deduct items which are NOT included in line 3.3)

4.1 Fees for projects for which a separately insured Single Project policy has been issued by an insurer other than Pro-Demnity Insurance Company (Complete question 14) \$ _____

4.2 Fees for projects for which a separately insured Single Project policy has been issued by Pro-Demnity Insurance Company (Complete question 15) \$ _____
(Do NOT include fees for projects for which Spike-up limits were purchased)

4.3 Fees for services performed by consultants retained by you.
Do NOT include fees paid to other holders of Certificates of Practice insured by Pro-Demnity Insurance Company. Include consultants and other services paid by you on behalf of your client. (See Guidelines) \$ _____

4.4 Reimbursable expenses
Do NOT include payments made to consultants on behalf of your client. (If amount of reimbursable expenses exceeds 10% of Total Gross Fees, provide a list of items and the associated amounts as per Guidelines) \$ _____

4.5 SUB-TOTAL (Add lines 4.1 to 4.4) (4.5) (\$ _____)

4.6 NET INCOME (Line 3.3 minus line 4.5) (4.6) \$ _____

5. Applicable ONLY to holders that are a holder of Certificate of Authorization and require coverage for the performance of in-house structural, mechanical or electrical professional engineering services in connection with a building. All fees MUST be included in the Total Gross Fees (line 3.1). (Please provide a copy of the Certificate of Authorization for our files and complete the Engineering Addendum)

5.1 Fees for **in-house** mechanical and electrical professional engineering services \$ _____

5.2 Fees for **in-house** structural professional engineering services \$ _____

6. Of the Net Income declared in line 4.6, indicate the amount derived from:
(Do **NOT** include Consultant fees or Reimbursable expenses)

6.1 Feasibility studies, existing facility assessments, expert witness, renderings, or perspectives, and others listed in the Guidelines, which are not included in lines 6.2 to 6.5 inclusive. \$ _____

6.2 Services **provided to other holders** of Certificates of Practice **insured by Pro-Demnity Insurance Company**, which are not included in lines 6.1, 6.3 to 6.5 inclusive \$ _____

6.3 **Additional** services for interior design which are not included in lines 6.1, 6.2, 6.4 and 6.5. (ONLY include fees for interior design services that are not part of construction, are in addition to architectural services and where there is a clear and separate fee charged for this service) \$ _____

6.4 Abandoned projects which are not included in lines 6.1 to 6.3 inclusive, and 6.5. Do not include fees for projects where there is a dispute with the owner regarding services performed or payment of fees; if construction has been postponed; or the project has been moved to another architect. \$ _____

6.5 Teaching, writing, speaking engagements, and similar items which do **NOT** relate to a building project, which are not included in lines 6.1 to 6.4 inclusive. (Do **NOT** include salary paid as an employee of a school or university) \$ _____

7. Does any portion of the Total Gross Fees included in line 3.1 consist of salary or fees where your services relate to the utilizing of the staff, equipment or premises of the entity paying the salary or fees?

Yes No

If "Yes", explain:

8. Applicable ONLY to holders that show consulting fees in line 3.1.1.

8.1 Explain why these fees are not included in Total Gross Fees and describe the nature of the services:

(Additional information may be required)

9. Applicable ONLY to holders that show royalties or fees from the sale, licensing or assignment of copyright, industrial design or patent shown in line 3.2.

9.1 Indicate which of the following are sold, licensed or assigned:

Copyright	Yes	No
Industrial Design	Yes	No
Patent	Yes	No

9.2 Describe the nature of the services involved:

10. Do you retain consultants? (If no, please indicate and proceed to Question 11) Yes No

Do you usually request proof of professional liability insurance from consultants retained by you? Yes No

If "Yes", do you request:

10.1 an endorsement requiring 60 days prior written notice of cancellation or modification of coverage? Yes No

10.2 proof of renewal of coverage of the insurance obtained from the consultants? Yes No

11. Indicate where 25% or more of the professional services performed during the last fiscal year were for one client or arose out of one client relationship.

Yes No

If "Yes", please explain:

(Additional information may be required)

12. Does the applicant or any of the partners, directors, officers or employees or the practice management company or affiliated company, or any personal management company(ies) of the sole proprietor applicant or any officer, director, partner or employee of the applicant, have any knowledge of a claim or circumstance likely to give rise to a claim which occurred during the expiring period of insurance **which has not been reported** to Pro-Demnity Insurance Company?

Yes No

If "Yes", provide the following details:

Name of Project _____

Date on which you had knowledge of the claim or circumstance _____

Amount claimed or potential cost of the circumstance \$ _____

Nature of Problem _____

Status _____

(Use a separate sheet if necessary)

13. Applicable ONLY to holders with TOTAL GROSS FEES in excess of \$250,001 as shown in line 3.1 above.

Deductible available: (See Guidelines for schedule of maximum deductibles and premium credits)

\$ 5,000

\$ 10,000

\$ 25,000

\$ 50,000

\$ 75,000

\$ 100,000

14. Applicable ONLY to holders with projects separately insured through an insurer other than Pro-Demnity Insurance Company.

14.1 List details of all projects insured through a **separately insured Single Project policy** issued by an insurer **OTHER THAN** Pro-Demnity Insurance Company. **Please include a copy of the separately insured Single Project policy including all endorsements.**

Name of Project	Estimated substantial completion date of project MM/DD/YYYY	Fees in the LAST FINANCIAL YEAR declared in line 4.1
1		\$
2		\$
3		\$
4		\$
5		\$
Total fees declared in line 4.1		\$

(Use a separate sheet if necessary)

NOTE: Where Ontario Architects Excess Endorsement or equivalent is NOT included in the project policy, the project policy provides coverage from the first dollar up and Pro-Demnity does NOT provide any coverage until the project insurance expires.

Notwithstanding anything contained in this application to the contrary, it is warranted that all single project, specific project or joint venture professional liability insurance policies issued by any other insurer have been listed in Question 14 (above) of this application for insurance.

15. Applicable ONLY to holders with single project insurances issued by Pro-Demnity Insurance Company.

(Do NOT include fees for projects for which Spike-up limits were purchased.)

15.1 List details of all single project insurances issued by Pro-Demnity Insurance Company:

Name of Project	Fees as per last financial statement declared in line 4.2	
1	\$	
2	\$	
3	\$	
4	\$	
5	\$	
Total fees declared in line 4.2		\$

(Use a separate sheet if necessary)

16. COMPLETE AS INDICATED

16.1 Do you require coverage for:

.1 Pollution (**Other than the USA**)?

(Completion of a Pollution Addendum required)

Yes No

.2 Other persons or entities?

(Please specify): _____

Yes No

.3 Services "not usual or customary" for a holder of a Certificate of Practice?

(If "Yes", additional information will be required depending on the coverage required)

Yes No

16.2 Indicate the percentage of fees and number of projects as follows (if not applicable, check "Nil"):

.1 performed by the Ontario office for projects situate:

➤ In the U.S.A.

➤ Other countries (Please specify)

% Fees*	# of projects	Nil
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>

.2 performed by any of the following office(s):

➤ Office(s) situate in other provinces of Canada

➤ Office(s) situate outside of Canada, **other than the U.S.A.**

➤ Office(s) situate in the U.S.A

(Additional information may be required)

**per last financial statement

% Fees*	# of projects	Nil
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>

16.3 Is coverage required for:

.1 Claims made and proceedings instituted in:

➤ the U.S.A.?

➤ other foreign jurisdiction?

(Completion of a Foreign Jurisdiction Questionnaire required)

Yes No

Yes No

.2 Office(s) situate in other provinces of Canada?

Yes No

.3 Office(s) situate outside of Canada, **other than the U.S.A.**?

Yes No

.4 Office(s) situate in the U.S.A.?

Yes No

(Completion of an Offices outside of Ontario Addendum required)

16.4 Total construction values : For financial year reported in 3.1

Anticipated for next financial year

Note: If construction values are unknown, indicate "unknown".

\$ _____
\$ _____

16.5 In the first column, indicate the number of projects started construction in the last financial year.
 In the second column, indicate the approximate percentage of fees for the last financial year derived from each category.

	# of projects started construction in last financial year	% fees
.1 Part 9: Housing and Small Buildings		
Single Family	_____	_____
Residential Multi-Unit	_____	_____
Residential Other Part 9	_____	_____
.2 Part 3		
Group A: Assembly		
- Education	_____	_____
- Other Assembly	_____	_____
Group B: Care and Detention		
- Hospital	_____	_____
- Homes for the aged, Long-term Care, Nursing homes	_____	_____
- Other Care or Detention	_____	_____
Group C: Residential		
- Condominium - low rise (6 storeys or fewer)	_____	_____
- Condominium - high rise (7 storeys or more)	_____	_____
- Seniors' Apartments	_____	_____
- Other Multi-Unit Residential - low rise (6 storeys or fewer)	_____	_____
- Other Multi-Unit Residential - high rise (7 storeys or more)	_____	_____
- Other Residential	_____	_____
Group D: Business & Personal Services		
Group E: Mercantile		
Group F: Industrial		
Other: (Please describe) _____	_____	_____
_____	_____	_____
.3 Interior Design		
	_____	_____
		%
		100%

16.6 List the 5 largest projects over the **last 5 years**:

Name	Location of Projects (Country/Province)	Type of Project	Your Total Fees \$ (including consultants)	Total Construction Value \$ (where known)	# of Storeys	Area (SF/SM)
.1						
.2						
.3						
.4						
.5						

(Use a separate sheet if necessary)

Note: If unknown, indicate "unknown" or provide best estimate.

17. Complete as indicated.

17.1 Please indicate limits required. Your attention is drawn to the change in Regulations to the *Architects Act* with respect to minimum mandatory claim limits. Please refer to chart below.

MANDATORY LIMITS OF LIABILITY Effective January 1, 2016

Total Gross Fees (Line 3.1)	Minimum Claim Limit
\$0 - \$499,999	\$250,000
\$500,000 - \$999,999	\$500,000
\$1,000,000 and above	\$1,000,000

Claim Limit required:

\$ 250,000 \$ 500,000 \$ 1,000,000 \$ 2,000,000

\$ 3,000,000 \$ 4,000,000 \$ 5,000,000

Other Please specify: _____

(Note: Project and Aggregate Limits are determined based on Claim Limit selected above.)

18. Do you purchase annual practice excess insurance through the insurance industry (other than Pro-Demnity Insurance Company)? Yes No

If "Yes", please specify:

Limits of Liability in excess of Pro-Demnity's Policy: \$ _____ each claim \$ _____ aggregate _____

Name of Insurer: _____

Expiration date of policy: _____
MM/DD/YYYY

DECLARATION

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

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 and of the premium.

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.

Check this Box to Evidence your Signature for the Declaration

Signature for Applicant (Authorized Representative)

Date Application Completed