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ARCHITECTS AND ENGINEERS NEW BUSINESS APPLICATION

INSTRUCTIONS

The information requested in this application is needed by the underwriters to evaluate your firm and develop a better understanding of your firm's activities. **If your firm provides Environmental Services and/or these services represent 25% or more of your gross receipts, please DO NOT PROCEED with this form and obtain an ENVIRONMENTAL APPLICATION from your broker.**

PLEASE ATTACH THE FOLLOWING :

- Resumes of principals, partners, executive officers.
- Latest corporate brochure.
- **LIST OF PROJECTS ADDENDUM** with your firm's five largest projects in progress or completed within the last five years.
- A copy of your firm's standard contract and/or letter of agreement.

POLICY OPTIONS

Limits of Liability Per Claim/Aggregate Limits	
\$ 250,000/500,000	
\$ 500,000/1,000,000	
\$ 1,000,000/1,000,000	
\$ 1,000,000/2,000,000	
\$ 2,000,000/2,000,000	

Deductible Per Claim	
\$ 5,000	
\$ 10,000	
\$ 25,000	
\$ NIL	

NOTE : If deductible requested exceeds \$75,000 or 3% of your firm's last fiscal year's gross receipts, please enclose your financial statements for review.

POLICY EXPIRATION DATE :
DATE QUOTATION REQUESTED :
CURRENT INSURER :

PROFESSIONAL LIABILITY APPLICATION

Firm's Name (to be designated as First Named Insured) _____

____ / ____ / ____
 D M Y
 Date Established

Street Address _____

Mailing Address (if different) _____

() _____

() _____

Telephone Number

Fax Number

Internet Address _____

If we are adding any other firms to this policy including predecessor firms, please complete the SUPPLEMENTARY INFORMATION addendum.

1. BRANCH OFFICES:

City / Province / State _____

% of Gross Receipts for Last Fiscal Year _____

2. PERSONNEL:

a) Principals, partners, executive officers (attach resumes) : _____

b) Project managers, architects, engineers (not included above): _____

Total Employees : _____

3. FINANCIAL INFORMATION:

	PROJECTED FISCAL YEAR	LAST COMPLETED FISCAL YEAR	2 YEARS AGO	3 YEARS AGO
FISCAL YEAR END DATES :				
Total Gross Receipts *	\$ _____	\$ _____	\$ _____	\$ _____
Of Total Gross Receipts *, how much are:	\$ _____	\$ _____	\$ _____	\$ _____
a. Reimbursable expenses (e.g.travel)				
**b. Separately insured project fees	\$ _____	\$ _____	\$ _____	\$ _____
c. Paid to insured subconsultants	\$ _____	\$ _____	\$ _____	\$ _____

* **Gross Receipts** means: gross revenues, including subconsultant fees, separately insured projects fees, and reimbursable expenses, but **excluding** (1) interest income; (2) rental income on real estate; (3) sales and service taxes and (4) revenues that are not part of your firm's usual professional services.

** Please complete a **PROJECT SPECIFIC INSURANCE ADDENDUM**

4. SERVICES: Did your firm's services include any of the following during the last fiscal year? If so, please enter the percentage of gross receipts attributable to each:

Design with construction review	%
Design without construction review	%
Construction review without design	%
Plan checking without design	%
Quantity or cost estimates without design	%
Roofing Inspection as a stand alone service	%
* Machinery Design	%

* Industrial process design	%
Building envelope review	%
Inspection as a stand alone service	%
Forensic and/or expert witness service	%
Feasibility, planning, or economic studies	%
Other: Please describe	%
	%

* Please describe activities in detail on a separate page.

5. PROFESSIONAL DISCIPLINES	PROJECTED FISCAL YEAR	LAST COMPLETE FISCAL YEAR
Architecture	%	%
Structural Engineering	%	%
Mechanical Engineering	%	%
Electrical Engineering	%	%
Civil Engineering: Other	%	%
Civil Engineering: Wastewater Treatment Plants	%	%
Land Surveying	%	%
Landscape Architecture	%	%
Interior Design	%	%
** Environmental Engineering	%	%
** Environmental Science	%	%
Geotechnical Engineering (Soil Mechanics for Structures)	%	%
Geotechnical Field Services: Compaction Testing	%	%
Laboratories: Non-Environmental (construction, materials testing)	%	%
**Laboratories: Environmental (Analyses)	%	%
Traffic Engineering	%	%
Architectural Planning	%	%
Acoustical Engineering	%	%
*Process Engineering	%	%
*Other	%	%
TOTAL	100%	100%

*Please provide us with details of these activities.

If environmental services exceed 25% of **gross receipts, complete an **ENVIRONMENTAL APPLICATION**.

6. **PROJECT DELIVERY METHOD** : Provide the percentage of your **firm's Gross Receipts** attributable to projects delivered in the following manner during the last fiscal year:

	% of Gross Receipts
Design-Build (submit design/build questionnaire)	%
Fast Track (excluding mechanical/electrical)	%
Turnkey (Provide sample contract)	%
*Construction Management	%
Project Management	%

*Do you assume responsibility for construction activities? Yes No

During the last year, was you **firm** or any of your subconsultants responsible for construction means, methods, techniques, procedures, or job site safety? Yes No

If yes to either question above please provide a copy of the contract.

7. **FOREIGN PROJECTS**: Has your **firm** provided professional services outside of Canada during the last complete fiscal year? Yes No

If yes, please complete the **Supplementary Information addendum**.

8. **TYPES OF PROJECTS:** For the last fiscal year, please enter the percentage of **gross receipts** attributable to each.
(Total should equal 100%)

RESIDENTIAL	% of Gross Receipts
Single Family Subdivisions	%
Apartments	%
***Multi-Unit Residential and Condominium Buildings	%
Custom Homes	%
*Other	%
	%
	%
	%

COMMERCIAL FACILITIES	% of Gross Receipts
Malls, Shopping Centres, Retail Stores	%
Hotels, Motels	%
All buildings over 15 stories	%
*Sports Complexes, Arenas, Grandstands	%
*Convention Facilities, Theatres	%
Offices, Warehouses, Processing, Manufacturing, and production buildings	%
Parking Garages	%
*Other	%

INDUSTRIAL	% of Gross Receipts
*Processing, Manufacturing & Production Systems design	
*Mines, Quarries, Tunnels	
*Oil Refineries, Chemical Plants, Pipelines	
Industrial Waste Treatment	
*Other	

INSTITUTIONAL	% of Gross Receipts
Schools, through grade 12	
Colleges & Universities	
Hospitals	
Retirement Homes, Convalescent Hospitals	
Correctional Institutions	
*Other	

INFRASTRUCTURE	% of Gross Receipts
Roads, Highways, Airport Runways	
Bridges, Trestles	
Passenger Transportation Terminals	
Utilities	
Non-nuclear Power Plants	
Facilities Related to Nuclear Activities	
Water Treatment Systems	
Wastewater / Sewage Treatment Systems	
Dams	
*Structures for Offshore or Marine use; piers, wharves	
*Other	

OTHER	% of Gross Receipts
**Environmental	
*Other	

- * Please describe activities.
- ** Please complete **ENVIRONMENTAL ADDENDUM**.
- *** Please complete the **MULTI-RESIDENTIAL AND CONDOMINIUM ADDENDUM**.

9. Have you provided services in connection with building envelopes for multi-residential or condominium projects?

Yes No

If yes, please complete the **Multi-Residential and Condominium Addendum**.

10. **CLIENTS:** For the last fiscal year, please enter the approximate percentage of your **firm's gross receipts** attributable to the following:

	% of Gross Receipts
Public Sector	%
Developers	%
Design Professionals	%

	% of Gross Receipts
Owners	%
Contractors	%
Other (describe)	%

11. Do any other entities, or individuals not employed by your **firm**, have any ownership interest in your firm?

Yes No

If yes, list the owners and indicate their percentage of interest in your firm on a separate page.

12. Does your **firm(s)** or any of its **key personnel** own or have a financial interest in any other entities?

Yes No

If yes, provide the following information on reverse side of this page : name, location, relationship to your **firm(s)**, nature of activities, last complete fiscal year fees and percentage of ownership.

13. Are professional services provided by your **firm** to any entity or project in which your **firm** or **key personnel** maintains a cumulative ownership interest greater than ten percent (10%)?

Yes No

If yes, complete the **Entity Ownership Questionnaire**.

14. Have any of your **firm's key personnel** been subject to disciplinary action, or had their license revoked in relation to any of their professional services?

Yes No

If yes, please provide details.

15. In the past five years, has any insurer cancelled, refused to renew, or declined to quote professional liability insurance for your **firm** or any of its **key personnel** when they were partners, principals, directors or officers with prior firms?

Yes No

If yes, please explain on a separate page.

16. **BUSINESS PRACTICES:** Within the last fiscal year, what percentage of your **firm's** total number of projects was contracted using:

	% of Gross Receipts		% of Gross Receipts
Your firm's standard contract? (<i>attach copy</i>)	%	*A pre-printed purchase order form? (<i>attach copy</i>)	%
A professional association contract form?	%	**A verbal agreement?	%
Your firm's letter of agreement (<i>attach copy</i>)	%	Other?	%
*Your client's contract form?	%		%

* Describe what steps your **firm** takes to protect itself against unfavourable contract language.

** Describe what steps you **firm** takes to confirm agreement by all parties.

17. Does you **firm's** business practices include:

- ⇒ A written quality control manual? Yes No
- ⇒ Are all contracts reviewed by a principal or partner before signing? Yes No
- ⇒ Use of specification and design checklists and procedures for their review? Yes No
- ⇒ Procedural and/or technical manuals for both in-house and field personnel? Yes No
- ⇒ Continuing education and training programs for professional and technical personnel? Yes No
- ⇒ Giving ownership of drawings and specifications to clients? Yes No
- If yes, does your **firm** use a written disclaimer regarding reuse of your documents?
- ⇒ ISO Certification Yes No

18. Professional societies and associations to which your **firm** or **key personnel** belong :

19. Has your **firm** completed an organizational peer review program conducted or sponsored by a professional association? Yes No

If yes, when? _____ Name of Association: _____

CLAIMS AWARENESS

20. Within the past five years, have any professional liability **claims** as defined below been made and/or has your **firm** given notice to any professional liability insurance company of any actual or alleged negligent act, error, omission, deficiency, property damage or bodily injury circumstances, incident, situation, accident, unresolved job controversy or fee dispute? Yes No

If yes, please complete the **Claims Information Addendum**.

21. Does any of your **firm's key personnel** or project managers have knowledge of any incident, situation, accident, condition, dispute, unresolved job controversy (including owner/contractor dispute), prior negligent act, error, omission, or any other circumstance which could potentially give rise to claim against the **firm**? Yes No

If yes, please complete the **Claims Information Addendum**.

DEFINITIONS

Claim(s) means a) a demand against you or the filing of a suit or the initiation of an arbitration proceeding naming you, seeking damages for an alleged error, omission, negligent act or personal injury arising out of your professional services; or b) an event of which you have knowledge that may result in a demand against you seeking damages arising out of your professional services.

Firm includes : the existing firm(s); any pre-existing firm(s); any predecessor firm(s); any principal, partner or executive officer or any employee of the firm(s).

Key personnel refers to all principals, partners, and exexutive officers.

PROFESSIONAL LIABILITY INSURANCE HISTORY	Policy Period (from / to)	Professional Liability Insurer	Limits of Liability	Deductible
Current				
Prior Year				

DECLARATION

I / We have made specific inquiry of all partners, principals, executive officers and project managers in the firm as to their knowledge of any claims or circumstances which could potentially give rise to a claim against the firm at some point in the future. All have responded negatively to such inquiry, or have identified circumstances that have been reported to the firm's current insurer (if any) and are listed on **CLAIMS INFORMATION ADDENDA**.

I / We declare that if the firm or any of its members become aware of any information that would change answers furnished in the application, the firm will reveal such information in writing to the Company prior to the effective date of coverage.

On behalf of the applicant firm, I declare that this application, including attachments, supplementary pages and other exhibits attached, is complete and correct to the best of my knowledge and belief. I understand that the application shall form the basis of the contract of insurance should the Company offer coverage and should the firm accept the Company's quotation. I also understand that completion of this application does not bind the Company or broker to provide insurance.

_____ **Date of Application**

_____ **Signature of Principal, Partner or Executive Officer**

_____ **Name (please print)**

_____ **Title**

MULTI-RESIDENTIAL CONDOMINIUM ADDENDUM

Name of Firm

Please provide information for each project for which services will or have been provided in the last ten (10) years.

Name of Project: _____

Owner: _____

Developer: _____

General Contractor: _____

Construction Value: \$ _____ Total fees paid to your firm: \$ _____

Location of Project: _____

Number of Units: _____

Number of Stories: _____

Roof Overhangs? _____ Yes _____ No

Please describe the building envelope's construction (stucco, OSB Board, Tyvek).

1. After completion, were you, the developer or contractor asked to evaluate or perform any manner of additional work to correct problems with this project? Yes No

a) If yes, over what period and how extensive was this additional work?

b) Did any of the problems relate to water ingress or entrapment?

2. Has a moisture survey been done on this project? Yes No

3. Was this project brought to the attention of the Barrett Commission? Yes No

4. Is there any circumstance in connection with this project which could result in a claim against you? Yes No

PROJECT SPECIFIC INSURANCE ADDENDUM

Project Name: _____

Gross receipts paid to your firm:

	PROJECTED FISCAL YEAR	LAST COMPLETE FISCAL YEAR	2 YEARS AGO	3 YEARS AGO
FISCAL YEAR END DATES				
Total Gross Receipts	\$	\$	\$	\$

Description: _____

Location: _____ Construction value: \$ _____

Services provided by your firm: _____

Please indicate the following:

Insurer: _____ Limits and Deductible: _____

	Beginning Date	Completion Date
Design Phase:		
Construction Phase:		
Substantial Completion Date		
Extended Reporting/Discovery Period		

Project Name: _____

Gross receipts paid to your firm:

	PROJECTED FISCAL YEAR	LAST COMPLETED FISCAL YEAR	2 YEARS AGO	3 YEARS AGO
FISCAL YEAR END DATES				
Total Gross receipts	\$	\$	\$	\$

Description: _____

Location: _____ Construction value: \$ _____

Services provided by your firm: _____

Please indicate the following:

Insurer: _____ Limits and Deductible: _____

	Beginning Date	Completion Date
Design Phase:		
Construction Phase:		
Substantial Completion Date		
Extended Reporting/Discovery Period		

LIST OF PROJECTS ADDENDUM

Name of Firm

Name and Location:		
Type:	Name of client/owner:	Length of Relationship:
Professional services provided by firm:		
Firm's total fees on this project:	Project construction value*:	Year/estimated year of substantial completion:

Name and Location:		
Type:	Name of client/owner:	Length of Relationship:
Professional services provided by firm:		
Firm's total fees on this project:	Project construction value*:	Year/estimated year of substantial completion:

Name and Location:		
Type:	Name of client/owner:	Length of Relationship:
Professional services provided by firm:		
Firm's total fees on this project:	Project construction value*:	Year/estimated year of substantial completion:

Name and Location:		
Type:	Name of client/owner:	Length of Relationship:
Professional services provided by firm:		
Firm's total fees on this project:	Project construction value*:	Year/estimated year of substantial completion:

Name and Location:		
Type:	Name of client/owner:	Length of Relationship:
Professional services provided by firm:		
Firm's total fees on this project:	Project construction value*:	Year/estimated year of substantial completion:

* Construction value of work that relates to the fees paid to your firm.

ENTITY OWNERSHIP QUESTIONNAIRE

Name of Firm

Our professional liability insurance policy **does not apply** to claims against your firm by any other ENTITY insured under the policy, or any ENTITY that maintains an ownership interest in your firm. ENTITY means any legally separate enterprise, e.g., sole proprietorship, corporation, partnership, limited liability corporation, limited liability partnership, joint venture.

Except for third party claims, our professional liability insurance policy **does not apply** to claims against your firm by any ENTITY in which your firm or any KEY PERSONNEL maintains a cumulative ownership interest greater than ten percent (10%).

Does your firm or any KEY PERSONNEL maintain a cumulative ownership interest greater than ten percent (10%) in any other ENTITY? Yes No

If yes, please complete the remainder of this form.

Provide the following information for each ENTITY in which your firm or any KEY PERSONNEL, maintain a cumulative ownership interest greater than ten percent (10%).

1. Name of the ENTITY: _____
2. Location : _____
3. Description of the ENTITY: _____
4. Gross Revenues of the ENTITY: _____
5. Description of the services provided by your firm to the ENTITY: _____

6. The dollar value of your services provided: _____
7. List all owners of the ENTITY and the percentage owned by each:

Name: _____	_____	%
Name: _____	_____	%
Name: _____	_____	%
Name: _____	_____	%
Name: _____	_____	%
Name: _____	_____	%

ENVIRONMENTAL ADDENDUM

Complete this addendum when providing environmental services and requesting coverage.

Firm Name _____

- ⇒ If your firm provides environmental site assessment (ESA) or Preliminary Site Assessments (PSA), please attach a sample report.
- ⇒ Please attach copies of your firm's quality assurance / quality control, health and safety and business plans.

For the last fiscal year, please enter the percentage of gross environmental receipts attributable to each category.

	% of Gross Receipts from Design or Consulting	% of Gross Receipts from Construction
a. Environmental Site Assessments (PSA or ESA) Phase I	%	
b. Investigations and Studies:	%	
1. Media Sampling / Site Investigation (Phase II PSA / ESA)	%	
2. Siting and Closure Studies	%	
3. Remedial Investigations / Feasibility Studies (RI / FS)	%	
4. RCRA, CAA Studies / Investigations or Regulatory Compliance Audits	%	
5. Hydrogeological / Hydrological Studies	%	
6. Other Environmental Studies or Natural Resource Assessments	%	
c. Design Services:	%	
1. Plans and Specifications for Remediation Systems	%	
2. Landfill Design and Closure for Treatment, Storage or Disposal Facilities	%	
3. Air Emission Control Systems	%	%
d. Site Remediation Activities:	%	%
1. Installation of Groundwater Control / Treatment Systems	%	%
2. UST / AGT Removal Including Soil / Water Removal or Remediation	%	%
3. Biological Remediation Systems	%	%
4. Other HAZMAT / Toxic Waste Remediation	%	%
5. Asbestos Remediation	%	%
6. Lead Abatement	%	%
e. Construction or Environmental Project Management other than Remediation <i>Please describe activities</i>	%	%
f. Permitting	%	%
1. Hazardous Waste or Material Facilities (RCRA)	%	%
2. Applications for Air, Water, Wastewater, etc., Sources	%	
3. Other ENV Permitting (<i>Please explain</i>)	%	
g. Laboratory analysis for other than the firm's projects	%	
h. Environmental Training and Manuals	%	
1. ENV Training for Other Than the Firm	%	
2. Health & Safety Manuals / Plans for other than the firm	%	
i. Fish & Wildlife or Botanical Studies	%	
j. Forensic / Expert Witness	%	
k. Other Environmental Projects (<i>Please Explain</i>)	%	
TOTAL	100%	100%

Has your firm ever performed environmental projects utilizing verbal agreements?

Yes No

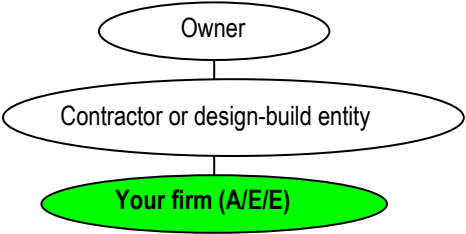
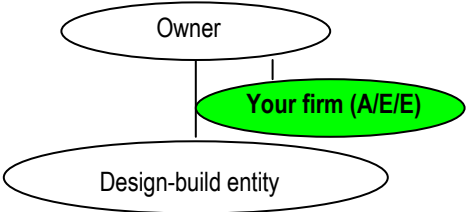
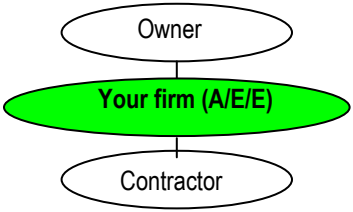
If yes, please explain

DESIGN-BUILD QUESTIONNAIRE

Firm Name _____

Review the diagram below and indicate which diagram(s) reflects the contractual relationship(s) of your design-build activities: *(Lines indicate the contractual relationship; shading indicates you're A/E/E firm.)*

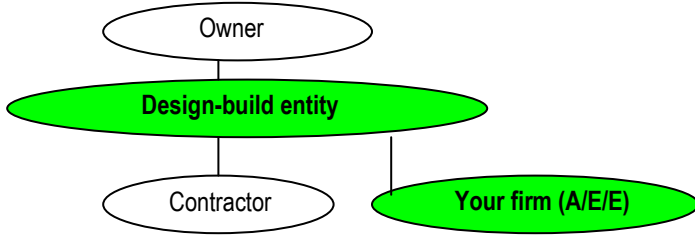
- (a) **Contractor or other entity prime** – The Prime retains the A/E/E firm’s design services.
- (b) **Bridging** – The owner retains the A/E/E firm and has no contractual relationship with the design-build entity.
- (c) **A/E/E prime** - The A/E/E firm acts as the single point of contract for the owner on a design-build project and subcontracts the “build” to the contractor.
- (d) **Design-build shell entity** -This entity is comprised of and is owned in whole or in part by the A/E/E firm and contractor. All design and construction are subcontracted to the contractor and A/E/E firm. The “shell” entity performs no design or construction.
- (e) **Design-build entity** – The Design/Build entity performs design and construction in-house.
- (f) **Other form of design build.**

<p>(a) Contractor prime Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>Design-build entity is not related to your firm (A/E/E)</i></p> 	<p>(b) Bridging Yes <input type="checkbox"/> No <input type="checkbox"/></p> 
<p>(c) A/E/E prime Yes <input type="checkbox"/> No <input type="checkbox"/></p> 	

STOP if all your design-build GROSS RECEIPTS were derived from projects as described in (a), (b) and (c) above. You don't need to complete the rest of this questionnaire.

(d) Design-build shell entity

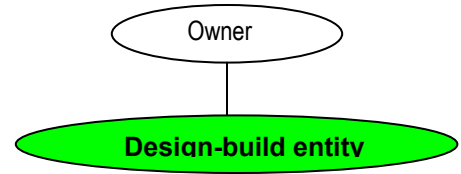
Yes No



*Provide copies of the contracts between 1) your firm and any other parties establishing the design-build entity and 2) the owner and design-build entity.

(e) Design-build entity

Yes No



*This design-build is comprised of contractor and A/E/E in-house and performs design and construction.

(f) Other form of design-build

Yes No

If yes, identify and diagram

Number Of Design-Build Projects / Design Fees And Construction Costs

When	Number of Projects	Design Fees	Construction Costs
Estimated Current Year		\$	\$
Last Complete Year		\$	\$
Two Years Ago		\$	\$
Three years Ago		\$	\$

1. How did the owner select the design-build entity?

Quality-based Selection Pre-qualified Past Experience Bid Other (Explain)

2. Was insurance required of all design-build team members?

Yes No

If no, please explain.

CLAIMS INFORMATION ADDENDUM

Name of Firm

Claim(s) means a) a demand against you or the filing of a suit or the initiation of an arbitration proceeding naming you, seeking damages for an alleged error, omission, negligent act or personal injury arising out of your professional services; or b) an event of which you have knowledge that may result in a demand against you seeking damages arising out of your professional services.

1. Name and description of project: _____

2. Location of project: _____

3. Owner / Client: _____

4. Name(s) of claimants / plaintiffs or potential claimants / plaintiffs: _____

5. Names of other defendants, if any: _____

6. Date reported to insurance company: _____

7. Date of alleged act, error or omission, or year project completed: _____

8. Allegations and / or nature of claim: _____

9. Status of claim : Closed Open Claim Number: _____

Insurer: _____

Policy Limits: _____ Deductible: _____

10. Amount of demand: \$ _____

11. Your firm's claim costs: (within your deductible)

Expenses paid (defense costs): _____ Loss paid (damages or settlement): _____

12. Your insurance company's claim costs: paid and reserves (anticipated cost) :

Expenses paid & reserves: _____

Loss paid & reserved: _____

SUPPLEMENTARY INFORMATION ADDENDUM

1. Please list firms to be included as Named Insureds:

2. PREDECESSOR FIRM INFORMATION:

Legal/Registered Name	Type of Entity	Relationship to Firm	Dates of Existence From - To	Liabilities Assumed

Please confirm that the gross receipts for additional and predecessor firms are include under the **FINANCIAL INFORMATION** section. Yes No

3. FOREIGN PROJECTS:

Approximate Fees for:	United States	Specify State	Other	Specify Country
Last Fiscal Year	\$		\$	
Last Fiscal Year	\$		\$	
Last Fiscal Year	\$		\$	
Last Fiscal Year	\$		\$	
Last Fiscal Year	\$		\$	