



[Professional Liability Application]

## **PROSURE ARCHITECTS & ENGINEERS APPLICATION**

### **INSURANCE FOR ARCHITECTS & ENGINEERS**

This is an application for an errors and omissions package policy designed specifically for architects and engineers. As well as errors and omissions the policy includes pollution liability, breach of contract, intellectual property rights infringement, general liability and property. Limits available are up to \$10,000,000 and worldwide cover is provided as standard. Simply complete the form and return it to your insurance broker.



**canSURE**

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# PROSURE A&E APPLICATION

## INSURANCE FOR ARCHITECTS & ENGINEERS

### INTRODUCTION

The purpose of this application form is for us to find out who you are and to obtain information relevant to the cover provided by the Completion of this application form does not oblige either party to enter into a contract of insurance.

Insurance is a contract of utmost good faith, which means that the information you provide in this application form must be complete, accurate and not misleading. It also means that you must tell us about all facts and matters which may be relevant to our consideration of your application for insurance. Any failure by you in this regard may entitle us to treat this insurance as if it never existed. If a contract of insurance is agreed between you and us this application form will form the basis of the contract.

### HOW TO COMPLETE THIS FORM

Whoever fills out the form must be a principal, partner or director of the applicant firm and should make all the necessary enquiries of their fellow partners, directors and employees to enable all the questions to be answered.

If you require any extra room to complete the answers to questions contained within this application form please continue your response in the Additional Information section at the back of the form. Once you have completed the form please return directly to your insurance broker.

## PART 1 COMPANY DETAILS

- 1.1 Please state the name and address of the principal Company for whom this insurance is required. Cover is also provided for the subsidiaries of the principal Company, but only if you include the data from all of these subsidiaries in your answers to all of the questions in this form:

Insured Company:

Contact name:

Address:

Postal Code:

Telephone:

Email Address:

Fax:

Website:

- 1.2 Please state when your company was established:

DD | MM | YY

- 1.3

b) Please state the details of all Partners/Directors:

Name	Years in position	Years experience	Qualifications

c) Please state the number of employees:

Professional:

Clerical:

Other:

1.4 Please state your fees received in respect of the following years:

	Last complete financial year	Estimate for current financial year	Estimate for next financial year
Domestic revenue:			
USA revenue:			
Other territory revenue:			
Total revenue:			

DD | MM | YY

## PART 2 ACTIVITIES

2.1 Please briefly describe the nature of your business activities.

*If you have a brochure, or company literature, please attach to this form.*

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2.2 Please provide a full breakdown of your total revenue by activity.  
*The total of all activities listed here should equal 100%.*

Architectural:	_____ %	Nuclear Engineering:	_____ %
Town Planning:	_____ %	Hydraulic/Fire Engineering:	_____ %
Structural Engineering:	_____ %	Plumbing Engineering:	_____ %
Mechanical Engineering:	_____ %	Environmental Engineering:	_____ %
Drafting Engineering:	_____ %	Marine Engineering:	_____ %
Geotechnical / Soil Engineering:	_____ %	Feasibility Studies:	_____ %
Electrical Engineering:	_____ %	Expert Witness:	_____ %
Civil Engineering:	_____ %	Design and Construct:	_____ %
Foundation / Underpinning Engineering:	_____ %	Project / Construction Manager:	_____ %
Corrosion Engineering:	_____ %	Land Surveying:	_____ %
Acoustic Engineering:	_____ %	Quantity Surveying:	_____ %
HVAC Engineering:	_____ %	Marine Surveying:	_____ %
Aeronautical Engineering:	_____ %	Building Surveying:	_____ %
Chemical Engineering:	_____ %	Interior Design:	_____ %
Other (Please detail below):	_____ %		

Description of other work:

2.3 Please advise the percentage of your revenue received in the following areas of work (total should equal 100%):

Domestic Buildings:	_____ %	Marine Structures:	_____ %
Commercial Buildings:	_____ %	Water/Sewerage Systems:	_____ %
Industrial Buildings:	_____ %	Bulk Handling Structures:	_____ %
Public Buildings:	_____ %	Amusement Structures:	_____ %
Mines:	_____ %	Airports:	_____ %
Bridges:	_____ %		_____ %
Tunnels:	_____ %	Dams:	_____ %
Railways:	_____ %	Roads/Highways:	_____ %
Other (Please detail below):	_____ %		

Description of other work:

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2.4 Do you belong to any association related to these activities?  Yes  No  
If yes, Please list these associations below:

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2.5 Do you engage in actual construction, installation, or erection?  Yes  No

2.6 Do you engage in any actual manufacture, fabrication, or assembly?  Yes  No

2.7 Do you assume responsibility for any of the activities mentioned in questions 2.5 and 2.6 above?  Yes  No

2.8 If you have answered yes to questions 2.5, 2.6 or 2.7 above then please provide full details of operations below:

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2.9 In the event that your product or service failed or delivery was delayed please describe the worst case scenario. Consider the potential for loss of life, injury to people, damage to buildings or other tangible property

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(Only complete question 2.10 if you also require a quote for Commercial General Liability.)

2.10 Please state the following:

a) Y

b) Your payroll relating to non-manual work away from your premises (such as consulting, programming or similar):

Please detail the nature of this work:

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c) Your payroll relating to manual work away from your premises:

Please detail the nature of this work:

d) Your payroll relating to hazardous work away from your premises:

Please detail the nature of this work:

**PART 3 CONTRACT INFORMATION**

3.1

Name of client	Business of client	Nature of your work undertaken for this contract	Your annual revenue from this contract	Start date MM   YY	Completion date MM   YY
				MM   YY	MM   YY
				MM   YY	MM   YY
				MM   YY	MM   YY
				MM   YY	MM   YY
				MM   YY	MM   YY

3.2 Approximately how many customers do you have?

3.3 Do you carry out work only under a written contract signed by every client?  Yes  No  
*Please supply a copy of your standard form of contract, or typical examples of contracts used.*

If No, please explain in what circumstances, and why.

3.4 Do you ever accept contracts with your customers in which you accept liability for  Yes  No

If yes, explain what percentage of your contracts this is applicable to and what these are capped at.

- 3.5 \_\_\_\_\_, will be paid to sub-contractors? \_\_\_\_\_ %
- 3.6 Do you ensure that sub-contractors have their own general liability and errors and omissions insurance?  Yes  No
- 3.7 Do any of your contracts contain a service credit or liquidated damages regime?  
If yes, please attach a sample.  Yes  No
- 3.8  Yes  No

## PART 4 COMMERCIAL PROPERTY AND BUSINESS INTERRUPTION INSURANCE

(Only complete this section if you require this cover)

- 4.1 Please state the address of the premises to be insured (if different from the address given earlier):

**Premises 1**

Address: \_\_\_\_\_ Postal code: \_\_\_\_\_

**Premises 2**

Address: \_\_\_\_\_ Postal code: \_\_\_\_\_

*Please continue on a separate sheet if more than 2 premises to be insured.*

- 4.2

Name of party: \_\_\_\_\_

Interest of party: \_\_\_\_\_

Address: \_\_\_\_\_ Postal code: \_\_\_\_\_

- 4.3 Are all of the premises:

a) Constructed with external walls of brick, stone or concrete and roofed with slate, tiles, concrete, metal, asbestos or any other non-combustible material?  Yes  No

b) Free from cracks or other signs of damage that may be due to subsidence, landslip or heave and have not previously suffered damage by any of these causes?  Yes  No

Yes  No

Yes  No

e) Self contained with a lockable entrance door?  Yes  No

f) Protected by an intruder alarm that is subject to an annual maintenance contract?  Yes  No

**NOTE:** We may refuse to pay a claim if all of the devices for the security of your premises (including locks and the intruder alarm) are not put into full and effective operation whenever the premises are closed for business or left unattended.

g) Heated by a conventional electric, gas, oil or solid fuel heating system?  Yes  No

electrician and any defect remedied?  Yes  No

i) Lifts, boilers, steam and pressure vessels inspected and approved to comply with all of the statutory requirements?  Yes  No

j) Fitted with sprinklers either fully or partially?  Yes  No

**NOTE:** Assuming you have answered YES to questions h) and i) above, it is important to keep records of all relevant inspections as we may ask for evidence of these before paying a claim

If you have answered NO to any of the above questions then please give further details:

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4.4 Please detail the amounts to be insured below for each premises.

**NOTE:** The amounts insured you state below should be the full rebuilding or replacement cost in each of the categories. If you understate these amounts you will be under-insuring and we may not pay the full amount of your claim. It is therefore essential that these amounts are as close to the true values of the insured items as possible.

ITEM	AMOUNT INSURED PREMISES 1	AMOUNT INSURED PREMISES 2
Main Building:		

4.5 Please state, in respect of portable computers and associated equipment at home / away

4.6 Would you like a quotation for either of the following extensions:

Earthquake  Yes  No

Flood  Yes  No

4.7 Please detail the amounts to be insured below for business interruption cover. Note that the maximum indemnity period available is 12 months. You should bear in mind how long it will take you to re-commence trading at another premises when stating the amount insured and indemnity period.

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This amount applies regardless of whether your business interruption loss is loss of income, extra expense, loss of research and development expenditure, project delay costs or accounts receivable. a cheaper premium.

ITEM	AMOUNT INSURED	INDEMNITY PERIOD
		Months

## PART 5 CLAIMS EXPERIENCE AND INSURANCE HISTORY

5.1 Please provide details of your current errors & omissions insurance, if applicable, and what you require for the next year of insurance.

	Retroactive Date	Effective Date	Limit	Deductible	Premium	Insurer
Current	MM   YY	MM   YY				
Required	MM   YY	MM   YY			N/A	N/A

5.2 Please provide details of your current Commercial General Liability insurance, if applicable, and what you require for the next year of insurance.

	Effective Date	Limit	Deductible	Premium	Insurer
Current	MM   YY				
Required	MM   YY			N/A	N/A

5.3 Regarding all of the types of insurance to which this application form relates, AFTER ENQUIRY:

- a) are you aware of any loss or damage, whether insured or not, that has occurred to any of the Companies to be insured (or to any existing directors thereof, or
- b) are you aware of any circumstances which may give rise to a claim against any of the Companies to be insured or any partners or directors thereof, or
- c) have any claims or cease and desist orders been made against any of the Companies to be insured, or partners or directors thereof, or
- d) have any partners or directors of the Companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body?

With reference to questions a,b,c and d above:  Yes  No

If the answer to the above is 'YES', then please attach full details including an explanation of the background of events, the maximum amount involved/claimed, the status of the claim(s) or circumstance(s) and any reserve(s) or payment(s) made by you and/or by Insurers, and the dates of all developments and payments.

## PART 6 DECLARATION

- I/we declare that after proper enquiry the statements and particulars given above are true and that I/we have not mis-stated or suppressed any material fact.
- I/we agree that this Application Form, together with any other material information supplied by me/us shall form the basis of any contract of insurance effected thereon.
- I/we undertake to inform Underwriters of any material alteration to these facts occurring before the completion of the contract.

Signed:

Full Name:

Position held at Insured:

Date: DD | MM | YY





