

# TOTTEN GROUP

I N S U R A N C E

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New Submission: [professionalliability@tottengroup.com](mailto:professionalliability@tottengroup.com) Website [www.tottengroup.com](http://www.tottengroup.com)

## BILL 124 PROFESSIONAL LIABILITY INSURANCE APPLICATION

(This insurance coverage you are applying for is written on a CLAIMS MADE AND REPORTED basis. Only claims, which are first made against you and reported to the Company during the Policy Period, are covered subject to the Policy provisions. If you have any questions about the coverage, please discuss them with your insurance broker or agent.)

### Important Information Regarding Completion of the Application:

- The application must be fully and accurately completed and must also be SIGNED and DATED by a principal, director or officer of the firm;
- All questions must be fully, completely and accurately answered. Do not leave any space blank. Indicate " n/a " if a question is inapplicable;
- If the space provided is insufficient to answer a particular question, simply attach further details on a separate sheet;
- The proposed policy covers the main practice and any declared subsidiary practices/companies which are together defined as "the practice"; therefore, answers in this application should include the main practice and also all of the subsidiary practices/companies.

### Please make very certain that all of the following described information is included in every application:

- Detailed description of the exact nature and scope of the applicant's specific operations / professional services;
- Corporate website address, if available;
- Resumes of all of the Professional Design Staff

Copy of the applicant's standard contract with his/her customer.

### GENERAL INFORMATION ON APPLICANT:

1. Name of Applicant / Firm / Practice: \_\_\_\_\_
2. Names of Predecessor Firms (if any): \_\_\_\_\_
3. Mailing Address of Registered Head Office and/or Principal Place(s) of Business: \_\_\_\_\_  
\_\_\_\_\_
4. Mailing Address of Any Branch Offices: \_\_\_\_\_  
\_\_\_\_\_
5. Website Address: \_\_\_\_\_
6. Is your firm a Registered Code Agency (RCA)?:  Yes  No
7. Do you require a Certificate of Insurance for The Ministry of Municipal Affairs & Housing (The Provincial Government of Ontario), in order to comply with The Ontario Building Code and the legislative, legal and regulatory requirements of Ontario Bill 124 Legislation?  Yes  No

### COVERAGE / LIMITS OF LIABILITY AND DEDUCTIBLES REQUIRED:

8. Please indicate Limits of Liability and Deductible required:  
Limit of Liability:  \$ 250,000 Each Claim / \$ 500,000 Annual Aggregate  
 \$ 500,000 Each Claim / \$1,000,000 Annual Aggregate  
 \$ 1,000,000 Each Claim / \$2,000,000 Annual Aggregate  
 Other Limit: \_\_\_\_\_

**APPLICANT COMPANY INFORMATION**

9. Company Structure:  Sole Proprietor  Corporation  Partnership  Joint Venture  
 Franchise  Other (please specify): \_\_\_\_\_

10. State the exact year and date when the applicant's business or practice first began or was first established: \_\_\_\_\_  
DD/MM/YYYY

11. Company is Canadian registered:  Yes  No

**BUSINESS ACTIVITIES AND PERSONNEL**

12. State the total number of:  
 a. Professionally qualified staff (including any partners/principals or directors): \_\_\_\_\_  
 b. Other technical staff: \_\_\_\_\_  
 c. Clerical/administrative staff: \_\_\_\_\_  
**TOTAL:** \_\_\_\_\_

13. Please provide details of Professional Qualified Staff:

Name	Qualifications	Date Qualified	Grad Year	% Ownership	Province Registered to Practice

14. Is coverage being sought for any subsidiary practices/companies?  Yes  No  
 If "yes", please list on a separate sheet and provide full details including name, country of registration, address of principal place of business and ownership/relationship with the applicant/main practice.

**TYPE OF WORK PERFORMED DIRECTLY BY APPLICANT**

15. Please indicate which of the following services are performed DIRECTLY by the applicant/practice by showing the approximate percentage of gross fees for the past twelve (12) months. Also, indicate on a separate sheet, if necessary, services performed by sub-consultants and details of their professional indemnity coverage.

Architecture Design/Drafting	%	Project Co-Ordination	%	Planning Supervisor	%
Construction Management	%	Electrical Design	%	Interior Design/Space Planning	%
Project Management	%	Mechanical Design	%	Other	%
				<b>TOTAL</b>	100%

**FEASIBILITY STUDIES**

16. Of fees earned for architectural and engineering work, please state the APPROXIMATE PERCENTAGE OF FEES FOR WORK ON FEASIBILITY STUDIES (where no further service is provided) and/or design work on aborted projects \_\_\_\_\_ %

**EXACT NATURE AND SCOPE OF BUSINESS OPERATIONS AND PROFESSIONAL/DESIGN SERVICES**

17. Provide a detailed description of the exact nature and scope of all of the applicant's various and specific business operations and professional and/or design services provided and undertaken by the practice, including any areas of specialization. (If necessary, please attach a separate sheet.)

18. Of fees earned for Planning Supervisor role, confirm that these services are only carried out by those persons who have passed the relevant professional body's training courses.  Yes  No

**TYPES OF PROJECTS / WORK ENGAGED IN**

19. Please give the APPROXIMATE PERCENTAGES APPLICABLE TO THESE SPECIFIED PROJECTS AS A PERCENTAGE OF THE GROSS FEES that the practice has charged out during the previous twelve (12) months:

Flat Low Rise	%	Conservation Centres	%	Prisons	%
Flats over 4 Storeys	%	Office Buildings	%	Warehouses	%
Harbours/Piers/Ports	%	Housing	%	Recreational/Sports	%
Schools/Colleges	%	Airports	%	Shopping Centre/Retail	%
Churches	%	Libraries	%	Other (please specify)	%
Hotels/Motels	%	Manufacturing/Industrial	%	TOTAL	<b>100%</b>

20. Indicate the APPROXIMATE PERCENTAGE OF THE TOTAL FEES that the applicant/practice derives from the following described types of clients:

Commercial/Industrial	%	Domestic	%	Local Authority/Government	%
Contractor Client	%	Housing Association	%	Other (please specify)	%
Developers	%		%	TOTAL	<b>100%</b>

21. a. Do you anticipate any major changes in these activities in the forthcoming twelve (12) months?  Yes  No
- b. Have there been any fundamental changes in your business operations/activities over the past five (5) years?  Yes  No
- If "YES" to any of the above, please supply full details.

\_\_\_\_\_

\_\_\_\_\_

- c. Confirm all work is undertaken to well established techniques in which new and/or original thought developments, processes or designs are employed?  Yes  No

**PROFESSIONAL / DESIGN GROSS FEES BILLINGS**

22. State for the whole Practice that the total actual professional and/or design gross fees billed (including fees paid to sub-consultants) received for the previous three (3) financial years. Gross fees must include all gross fees, but must not include reimbursables (i.e., travel costs, etc.):

Year	Fees - Canada	Fees - USA	Fees - Foreign

a. Actual Total Gross Professional/Design Fees billed for the previous 12 months:	
b. Estimated Total Gross Professional/Design Fees for the next 12 months:	
c. Total Gross Professional/Design Fees paid to sub-consultants:	
d. Total Gross Professional/Design Fees emanating from projects insured separately:	
e. Total Gross Professional/Design Fees emanating from services performed in the U.S.A. or USA Projects: For U.S.A. Projects (\$ CDN):	
f. Total Gross Fees emanating from services performed overseas or for overseas projects:	
g. Total value of works certified during the previous 12 months:	
h. Do more than 25% of the applicant's fees emanate formal single client. <i>If "YES" to the above, please supply full details.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**LIST OF 5 LARGEST CONTRACTS/PROJECTS STARTED IN LAST 5 YEARS**

23. List the five (5) largest contracts where construction has started in the last five (5) years:

Client	Location	Project Type	Project Value	Your Fee	Practical Completion Date

**LIST OF 3 LARGEST CONTRACTS/PROJECTS EXPECTED TO BEGIN NEXT YEAR**

24. List the five (3) largest contracts where construction is expected to commence in the next year:

Client	Location	Project Type	Project Value	Your Total Fee	Start Date

**SUB-CONSULTANTS**

25. What percentage of the fees is paid to sub-consultants employed directly by the applicant/practice? \_\_\_\_\_%

26. Give details of such work carried out by such sub-consultants.

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**EVIDENCE OF INSURANCE REQUESTED FROM SUB-CONSULTANTS**

27. Do you obtain verification and evidence that such sub-consultants currently carry and maintain in force  Yes  No valid and collectible professional liability / errors & omissions liability insurance coverage?

**ANY CONNECTION WITH OTHER COMPANIES OR ORGANIZATIONS**

28. Is the practice or any partner, principal or director connected or associated (by way of shareholding, financial interest, contract of employment or otherwise) with any other company or organization?  Yes  No

If "YES", please provide details.

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29. Is the practice owned or controlled by any other business entity?  Yes  No

If "YES", please provide details.

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**ANY CONNECTION WITH OTHER COMPANIES OR ORGANIZATIONS**

30. Is the applicant/practice or any partners, principal or director or any other company or organization related to the applicant/practice engaged in:
- a. Property development  Yes  No
  - b. Design and build contracts (other than as a consultant to a contractor or employer)  Yes  No
  - c. Actual construction, fabrication, installation or assembly  Yes  No
  - d. The development, sale or leasing of computer software  Yes  No
  - e. The manufacture, sale, leasing or distribution of any product or process  Yes  No

**ASSUMED LIABILITY/HOLD HARMLESS AGREEMENTS**

31. Does the Applicant or any related company ENTER INTO ANY CONTRACTS WHERE THEY ASSUME RESPONSIBILITY for any of the activities described above?  Yes  No  
 If "YES", please provide full details of operation on a separate sheet
32. Does the applicant have WRITTEN CONTRACTS WITH ALL OF IT'S CUSTOMERS?  Yes  No
- a. If "NO", please indicate the percentage (%) of projects that are undertaken without a written contract \_\_\_\_\_%

**PREVIOUS INSURANCE RECORD**

33. During the last five (5) years, has the Applicant carried Architects and Engineers Professional Liability Insurance / Errors & Omissions Liability Insurance?  Yes  No

If "YES", please provide the following details for all previous policies:

Name of Insurer	Term	Limit	Deductible	Expiry Date	Premium

34. Has any Application for Professional Liability Insurance made on behalf of the Applicant or any of the present partners, officers or directors ever been PREVIOUSLY DECLINED, CANCELLED, OR NON-RENEWED WITHIN THE PREVIOUS TEN (10) YEARS?  Yes  No

If "YES", please provide details.

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**PREVIOUS CLAIMS RECORD**

35. Has a claim or civil suit ever been made against the Applicant or any of its partners, officers, directors or employees within the previous ten (10) years?  Yes  No

If "YES", please provide, on a separate sheet, full details of all claims involving the Practice, its predecessors in business or any of its partners, principals, directors, officers or employees in the past ten (10) years. Please provide details of the type of allegation, the court or agency involved and any determination, judgment, claims payments (including without prejudice or *ex-gratia* payments) and defence costs for each claim. Please include:

- a. Date of claim
- b. Claimant's name
- c. Nature of claim
- d. Amount of indemnity payment and amount of defence costs
- e. Final dispositions or current status of claim

36. After enquiry, are the Practice/Applicant or any of its partners, principals, directors or officers aware of any circumstances, allegations or incidents which they have reason to suppose could give rise to a claim against the Practice or any of its partners, directors, officers or employees, including a client's refusal to pay fees for services rendered?  Yes  No

If "YES", please provide full details on a separate sheet using the same format as above.

**IMPORTANT NOTE:** Any claims reported or which should have been reported under sections 31 above will be excluded from coverage under the policy.

37. Does the Applicant or any of its partners, officers, directors or employees have any knowledge or information regarding being called upon to make any payments or to forego any claim or fee(s) as a result of any job dispute during the previous ten (10) years?  Yes  No

If "YES", please provide full details on a separate sheet.

**OTHER MATERIAL FACTS**

After enquiry, is the applicant/practice, any of its partners, principals, directors or officers aware of any other material facts?

A material fact is one, which is likely to influence the assessment of this risk, the premium charged, or the terms and conditions imposed by the Underwriters and Insurers. If your proposal is a renewal, then it should include any change in facts previously advised to Insurers. If you are in any doubt as to whether a fact would be considered material, you should disclose it. All of the information which has been requested in this application is to be considered material facts and information. Failure to fully disclose all material facts and information could prejudice your rights to recover in the event of a claim or allow the Insurers to void the policy / contract. Please contact your Insurance Broker if you should require any further guidance, assistance, or clarification on this matter.

Without limitation of any other remedy available to the insurer, it is hereby understood and agreed that if there be knowledge or any such fact, circumstance or situation, any claim or action subsequently emanating there from is excluded from coverage under the proposed insurance.

**NOTICE CONCERNING PERSONAL INFORMATION**

By purchasing insurance from Totten Insurance Group Inc. (TIG) through Lloyd's of London (Lloyd's), a customer provides TIG with his or her consent to the collection, use and disclosure of personal information, including that previously collected, for the following purposes:

- The communication with Lloyd's of London Underwriters;
- The underwriting of policies;
- The evaluation of claims;
- The detection of fraud;
- The analysis of business results;
- Purposes required or authorized by law.

For the purposes identified above, personal information may be disclosed to Totten Insurance Group and Lloyd's of London's related or affiliated companies and service providers.

Further information about the personal information protection policy and privacy policy of Totten Insurance Group (TIG) may be obtained by contacting [info@totten.com](mailto:info@totten.com) or 1-888-868-8367.

**WARRANTY STATEMENT**

The undersigned warrants that, to the best of his or her knowledge, the statements set forth in this Application are true and correct. The Undersigned also warrants that they have not suppressed or misstated any material facts or information.

If the information provided in this Application should change between the date of the Application and the effective date of the policy, the Undersigned warrants that he or she will immediately report such changes to the Insurer in writing.

Signing of this Application does not bind the Undersigned to purchase this insurance, nor does it bind the Insurer to complete this insurance. However, should the Insurer bind coverage and issue a policy, this Application shall serve as the basis of such contract and will be attached to and form part of the policy.

SIGNED: \_\_\_\_\_  
(Authorized Representative)

DATED: \_\_\_\_\_

NAME: \_\_\_\_\_  
(Please Print)

TITLE/POSITION: \_\_\_\_\_  
(Please Print)