



# LIONS GATE UNDERWRITING ARCHITECTS & ENGINEERS APPLICATION

## I. General Information

Name of Insured (Full Legal Name): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Risk Location Address: \_\_\_\_\_ Website Address (if applicable): \_\_\_\_\_

Has any of the Insurer cancelled, declined, or refused you coverage? (If yes, provide details below):      Yes      No

## II. Underwriting Information

Year Business Established: \_\_\_\_\_

Number of Employees:    Full Time: \_\_\_\_\_    Part Time: \_\_\_\_\_

Details of Partners/Officers/Key Employers

NAME	YEARS IN POSITION	DEGREE/QUALIFICATIONS	YEARS OF EXPERIENCE

Please state your fees in respect of the following years:

	LAST 12 MONTHS	CURRENT 12 MONTHS	ESTIMATED NEXT 12 MONTHS
a. Total Gross Fees/Revenue (b+c+d+e)			
b. Fees in Canada			
c. Fees in USA			
d. Fees outside of North America			
e. Fees paid to sub-consultants			

## Operations

Please provide a description of your services:

Please indicate % of service the applicant provides:

Expert witness / Forensic / Metallurgist	___%	Mutual testing	___%
Geology	___%	Mutual testing	___%
Geology Mutual testing	___%	Peer Review Work and Report Writing	___%
Interior Design	___%	Prestart Health and Safety Review	___%
Lab work	___%	Property Manager	___%
Land Use Planning / City Planning	___%	Residential Building Design	___%
Landscape Architect	___%	Software Design	___%
Non-Destructive testing	___%	HVAC Design and Engineering	___%
Construction / Project Management	___%	Hydrology / Water and Sewer	___%
Electrical Engineer	___%	Land Surveying	___%
Environmental Consulting	___%	Mechanical Engineer	___%
Health and Safety Consultant / Training Consultant	___%		
Architects	___%	Design / Build	___%
Chemical Engineer	___%	Industrial Process	___%
Civil Engineers ( <i>Light Civil - No bridge dams, tunnels</i> )	___%		
Demolition	___%	Mining	___%
Geotechnical / Soils	___%	Oil & Gas	___%
Heavy Civil Engineers	___%	Structural Engineers	___%
Others, please describe: _____			___%

Please provide an approximate percentage breakdown of your fees derived from the following areas.

*Section A and B must add up to 100%*

### Section A

Single Residential / Industrial Buildings	___%	Custom Single Family Residential	___%
Modular Building	___%	Rental Apartments	___%
Schools / Colleges / Public Buildings	___%	Sewage / Waste Disposal / Water Systems	___%
Hospitals / Clinics / Retirement Homes	___%	Hotels / Motels or Resort Properties	___%
Garages / Theatres / Grandstands	___%	Railway Buildings	___%
Shopping Centres	___%	Railway Other	___%
Offices / Mercantile / Commercial Buildings	___%	Pipelines	___%
Public Utilities or Industrial Buildings	___%	Fire Protection	___%

**Section B** *The following activities we might consider.*

Foundations / Underpinning	___%	Foundations or Shoring	___%
Condominiums	___%	Dams	___%
Land Reclamation Design	___%	Marine Related Work	___%
Mines	___%	Asbestos Related Work	___%
Aerospace / Aviation / Airports	___%	Environmental Work	___%
Bridges / Tunnels ( <i>Under 200M</i> )	___%	Seismic Work	___%
Car Parks	___%	Petro-Chemical or Oil & Gas	___%
Amusement Park	___%	Playgrounds	___%
Others, please describe: _____			___%

Please state whether you construct or erect any structure, provide installation services or engage in any manual work. *If yes, describe scope of work below* Yes No

Please state whether you manufacture, fabricate or assemble any product. *If yes, describe below* Yes No

Please list and describe 3 of the largest most recent contract completed, including contract price.

NAME OF CLIENT	NATURE OF WORK	ANNUAL CONTRACT INCOME	DURATION

Approximately how many customers do you have? \_\_\_\_\_

Do you always carry out work under a written contract signed by every client? Yes No

Please describe how, if at all, you limit your liability for consequential loss or financial damages under a written contract:

Please describe your legal review process, if any, before entering into new contracts or agreements:

Do you employ subcontractors? Yes No

*If yes, please state:*

Whether you sign reciprocal hold harmless agreements Yes No

Do you ensure that contractors have their own errors and omissions and general liability insurance Yes No

*If you answered "yes" to above, what is the limit of liability that subcontractor must purchase? \_\_\_\_\_*

### III. Previous Insurance

Please provide details of your current Professional Indemnity insurance, if applicable, and what you require for the next year of insurance

	RETROACTIVE DATE	EFFECTIVE DATE	LIMIT	DEDUCTIBLE	PREMIUM	INSURER
Current:						

### IV. Claim History

Please state whether you are aware of any incident:

a) which may result in claim under any of the insurance for which you are applying to purchase in this application form	Yes	No
b) which resulted in legal action being made against any of the companies to be insured within the last 5 years	Yes	No
c) or cease and desist orders been made against you	Yes	No
d) which resulted in a partner or director being found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body?	Yes	No

If you answered “yes” to any of the above then please describe the incident, including the monetary amount of the potential claim or the monetary amount of any claim paid or reserved for payment by you or by an insurer. Please include all relevant dates, including a description of the status of any current claim which has been made but has not been settled or otherwise resolved.

### V. Coverage Requirements

Errors & Omissions	\$250,000	\$500,000	\$1,000,000	\$2,000,000	\$3,000,000	\$5,000,000
Commercial General Liability	\$1,000,000	\$2,000,000	\$3,000,000	\$5,000,000		
Deductible	\$1,000	\$2,500	\$5,000	\$10,000		

#### NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

1. An applicant for a contract
  - a) Gives false or erroneous information to the prejudice of the insurer, or
  - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
2. The Insured contravenes a term of the Contract or commits a fraud; or
3. The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE AND APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THE STATEMENTS. I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicant’s Signature: \_\_\_\_\_ Position: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Brokerage: \_\_\_\_\_ Broker Phone: \_\_\_\_\_ Broker Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_