

APPLICANT:

- 1) Name of Applicant/Company: (including all subsidiaries): _____
- 2) Policy Number: _____
- 3) **Additional Insured(s) (If applicable):** _____
- 4) Have there been any changes in operations? YES NO
If yes, please describe: _____
- 5) No. of Employees: _____ Canada: _____ US: _____ Other: _____
- 6) Gross Fees/Revenues:

| | 12 months expiring YEAR ____ / ____ | 12 months prior YEAR ____ / ____ | Next 12 months anticipated YEAR ____ / ____ |
|--|--|-------------------------------------|---|
| a) Total Gross Fees/Revenues (=b+c+d+e+f) | \$ _____ | \$ _____ | \$ _____ |
| b) Fees for services rendered in Canada | \$ _____ | \$ _____ | \$ _____ |
| c) Fees for services rendered in the USA | \$ _____ | \$ _____ | \$ _____ |
| d) Fees for Rest of World _____ (Specify) | \$ _____ | \$ _____ | \$ _____ |
| e) Fees paid to sub-consultants | \$ _____ | \$ _____ | \$ _____ |
| f) Fees for separately insured projects | \$ _____ | \$ _____ | \$ _____ |
| g) Total Construction Values | \$ _____ | \$ _____ | \$ _____ |

7) In which of the following professions is the Applicant/Company engaged:

| | | | | | |
|------------------------------------|-------|---|-------|--------------------------------------|-------|
| a) Architect | ____% | j) Forensic/Expert Witness Metallurgist | ____% | s) Landscape Architect | ____% |
| b) Building Designer | ____% | k) Geologist | ____% | t) Mechanical Engineer | ____% |
| c) Building Envelope Consultant | ____% | l) Geotechnical Soils | ____% | u) Mining Engineer | ____% |
| d) Chemical Engineer | ____% | m) HVAC | ____% | v) Nondestructive Testing | ____% |
| e) Civil Engineer | ____% | n) Hydrologist - Water & Sewer | ____% | w) Project Management (Construction) | ____% |
| f) Architectural Technologist | ____% | o) Industrial Process | ____% | x) Structural Engineer | ____% |
| g) Design/Build Contracting | ____% | p) Interior Designer | ____% | y) Other: _____ | ____% |
| h) Design under Bill 124 (Ontario) | ____% | q) Laboratory Material Testing | ____% | | |
| i) Electrical Engineer | ____% | r) Land Surveyor | ____% | | |

8) Type of Projects:

| | | | | | |
|-----------------------|--------|----------------------|--------|---------------------------|--------|
| Residential Buildings | ____ % | Industrial Buildings | ____ % | Municipal (water, sewage) | ____ % |
| Commercial Buildings | ____ % | Institutional | ____ % | Other: _____ | ____ % |

9) What is the Applicant's average contract value? \$ _____ Largest contract value? \$ _____

10) Is the Applicant / Company involved in any of the following if so, please state how many percent of the overall fees this represents:

| | |
|--|---|
| a) Any work connected with mines | <input type="checkbox"/> YES <input type="checkbox"/> NO If yes ____% |
| b) Any work related to aerospace/aviation/airports | <input type="checkbox"/> YES <input type="checkbox"/> NO If yes ____% |
| c) Any work on bridges/tunnels | <input type="checkbox"/> YES <input type="checkbox"/> NO If yes ____% |
| d) Any work on car parks | <input type="checkbox"/> YES <input type="checkbox"/> NO If yes ____% |
| e) Any work connected with standalone foundations or shoring design – not part of designing the entire structure | <input type="checkbox"/> YES <input type="checkbox"/> NO If yes ____% |
| f) Any work connected with design of Sewers / Water / Drainage Systems? | <input type="checkbox"/> YES <input type="checkbox"/> NO If yes ____% |
| g) Any work connected with dams | <input type="checkbox"/> YES <input type="checkbox"/> NO If yes ____% |
| h) Any marine related work | <input type="checkbox"/> YES <input type="checkbox"/> NO If yes ____% |
| i) Any asbestos related work | <input type="checkbox"/> YES <input type="checkbox"/> NO If yes ____% |
| j) Any environmental work | <input type="checkbox"/> YES <input type="checkbox"/> NO If yes ____% |
| k) Work not resulting in construction (ie. reports, surveys, feasibility studies) | <input type="checkbox"/> YES <input type="checkbox"/> NO If yes ____% |
| l) Any seismic work | <input type="checkbox"/> YES <input type="checkbox"/> NO If yes ____% |
| m) Any work connected to Petro-chemical or Oil and Gas | <input type="checkbox"/> YES <input type="checkbox"/> NO If yes ____% |
| n) Any work on multi-unit residential buildings | <input type="checkbox"/> YES <input type="checkbox"/> NO If yes ____% |

| | |
|---|---|
| o) Any work on amusement rides | <input type="checkbox"/> YES <input type="checkbox"/> NO If yes ____% |
| p) Any work on public transit/stadiums/theaters/auditoriums/military installations/diplomatic missions and religious structures | <input type="checkbox"/> YES <input type="checkbox"/> NO If yes ____% |
| Specify: | |
| q) Any home inspections related to homes up for sale or purchase only? | <input type="checkbox"/> YES <input type="checkbox"/> NO If yes ____% |
| r) Any playgrounds? | <input type="checkbox"/> YES <input type="checkbox"/> NO If yes ____% |
| s) Other (please describe): | <input type="checkbox"/> YES <input type="checkbox"/> NO If yes ____% |
| If you said "Yes" to any of the above, please provide further details: | <input type="checkbox"/> YES <input type="checkbox"/> NO |

11) Is all surveying and measuring equipment maintained and calibrated to manufacturers specifications? YES NO

12) Does the Applicant/Company or any related company engage in actual construction, erection, installation, manufacturing or fabrication, etc. or sub-contract any of that type of work out? YES NO
 If YES, please explain: _____

13) Is the Company (partners, directors, officers or employees) aware of any disputes or fee disputes since the last application for insurance was completed YES NO
 If YES, please provide detailed explanation: _____

14) Is the Company (partners, directors, officers or employees) aware of any other fact, situation or circumstance that may result in a written demand or civil proceedings for compensatory damages? YES NO
 If YES, please provide detailed explanation: _____

CYBER

15) In the past 5 years:

- Are you aware of any customer, employee or personal private data leaked or missing from your network? YES NO
- Has your organization been charged or fined in relation to privacy laws? YES NO
- Has your organization's computer network been breached or hacked? YES NO
- Has anything changed with your systems related to security, network, storing of information on clients? YES NO

If yes to any of the above, please explain: _____

PLEASE READ BEFORE SIGNING: A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim.

The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.

| | |
|-------------------------------|-----------------------|
| Applicant's Name: | Position Held: |
| Applicant's Signature: | Date: |
| Brokerage: | Broker Name: |
| Broker Email: | Broker phone: |

**** Email application and attachments to - processingcommercial@premiergroup.ca ****

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