

APPLICANT:

- 1) Name of Applicant/Company: _____
- 2) Address: _____
- 3) Limits Required: _____
- 4) Deductible Required: _____
- 5) Description of Services: _____
- 6) Number of Staff: _____
 Design Personnel (Licensed Professionals):
 - a) Total Professionals: _____
 - b) Architects: _____
 - c) Engineers: _____
 - d) Construction Personnel: _____
 - e) Other Personnel (specify): _____
 - f) Other Professionals (specify): _____
 Total Staff: _____
- 7) Breakdown of Fees/Revenues:

	Past 12 months (expiring)		12 months prior (previous year)		Next 12 months (anticipated)	
	Construction Values	Professional Fees	Construction Values	Professional Fees	Construction Values	Professional Fees
1) In-house Design and Technical supervision with Construction Responsibility	\$	\$	\$	\$	\$	\$
2) In-house Design with No Construction Responsibility	N/A	\$	N/A	\$	N/A	\$
3) Sub-contracted Design with Construction Responsibility	\$	\$	\$	\$	\$	\$
4) Construction Only with NO design input (Please note this will not be covered by this insurance)	\$	N/A	\$	N/A	\$	N/A
TOTAL:	\$	\$	\$	\$	\$	\$

- 8) With respect to Q7, item 4) above (Construction with no design input), please advise approximate % of construction revenue whereby you modify the design provided to you by an independent Third Party consultant:

- 9) Does your firm have any financial interest in any entity or project for which professional services have been or are to be rendered? YES NO
 If YES, please provide full details on a separate sheet of paper.
- 10) If you subcontract any Design services, do you require proof of E&O Insurance from all Design Professionals? YES NO
 If NO, please explain: _____
- 11) List the 5 largest Design / Building projects in the last five years:

Project Name and Client	Location	Construction Value	Nature of Services	Completion Date
1.				
2.				
3.				
4.				
5.				

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:

Premier Canada Assurance Managers Ltd. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).

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

Vancouver - T 604.669.5211 F 604.669.2667	London - T 519.850.1610 F 519.850.1614
--	---