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## ARCHITECTS & ENGINEERS APPLICATION FOR E&O/CGL

### APPLICANT INFORMATION:

1. Name of Applicant/Company (including all subsidiaries): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Website: \_\_\_\_\_ Branch Office Locations: \_\_\_\_\_

Year Company was established: \_\_\_\_\_ Total Personnel: \_\_\_\_\_

Names of Partners/Directors

Name	Years in Position	Degree/Qualifications	Years of Professional Experience

2. Have any of those listed above ever been the subject of disciplinary action by authorities as a result of their professional activities? If YES, please provide details: \_\_\_\_\_ Yes No

3. Do you provide services away from your premises? Yes No  
If YES, please explain: \_\_\_\_\_

4. Does the Applicant belong to any professional associations and if YES, to which ones? Yes No  
\_\_\_\_\_

5. Does the Applicant/Company have locations or operations outside of Canada? Yes No  
If YES: - Where are they located? \_\_\_\_\_  
- What are the services provided? \_\_\_\_\_  
- What percentage of Gross Revenues are derived from these locations/operations? \_\_\_\_\_%

### BUSINESS OPERATION:

6. Please provide a description of your services: \_\_\_\_\_

7. In which of the following professions is the Applicant/Company engaged: (must total 100%)

Architect	_____ %	Building Designer	_____ %	Building Envelope Consultant	_____ %
Chemical Engineer	_____ %	Mechanical Engineer	_____ %	Construction/Project Manager	_____ %
Design/Build	_____ %	Electrical Engineer	_____ %	Forensic/Expert Witness/Metallurgist	_____ %
Geologist	_____ %	Geotechnical/Soils	_____ %	Hydrologist/Water & Sewer	_____ %
HVAC	_____ %	Industrial Process	_____ %	Laboratory/Material Testing	_____ %
Interior Designer	_____ %	Land Surveyor	_____ %	Software Engineering	_____ %
Mining Engineer	_____ %	Structural Engineer	_____ %	Non-destructive Testing	_____ %
Civil Engineer	_____ %	Landscape Architect	_____ %	Other(specify):	_____ %

8. Type of Projects: (must total 100%)

Residential Buildings \_\_\_\_\_% Commercial Buildings \_\_\_\_\_% Institutional \_\_\_\_\_%  
 Industrial Buildings \_\_\_\_\_% Municipal (water, sewage) \_\_\_\_\_% Other: \_\_\_\_\_%

9. Gross Fees

	Last Completed Fiscal Year	Estimated for Current Fiscal Year	Estimate for Next Fiscal Year
a) Total Gross Fees (total of a, 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 where:	\$	\$	\$
e) Fees Paid to Sub-Consultants	\$	\$	\$
f) Fees for Separately Insured Projects	\$	\$	\$
<b>Total Construction Values</b>	\$	\$	\$

10. Is the Applicant involved in any of the following and if so, please state what percentage of the overall fees this represents:

- |   |     |                    |
|---|-----|--------------------|
| a) Any work connected with mines  | Yes | No if yes: _____ % |
| b) Any work related to aerospace/aviation/airports  | Yes | No if yes: _____ % |
| c) Any work on bridges/tunnels  | Yes | No if yes: _____ % |
| d) Any work on car parks  | Yes | No if yes: _____ % |
| e) Any work connected with foundations or shoring   | Yes | No if yes: _____ % |
| f) Any work connected with dams   | Yes | No if yes: _____ % |
| g) Any marine related work  | Yes | No if yes: _____ % |
| h) Any asbestos related work  | Yes | No if yes: _____ % |
| i) Any environmental work   | Yes | No if yes: _____ % |
| j) Work not resulting in construction (i.e., reports, surveys, feasibility studies)   | Yes | No if yes: _____ % |
| k) Any seismic work   | Yes | No if yes: _____ % |
| l) Any work connected to Petro-Chemical or Oil and Gas  | Yes | No if yes: _____ % |
| m) Any work on multi-unit residential buildings   | Yes | No if yes: _____ % |
| n) Any work on amusement rides  | Yes | No if yes: _____ % |
| o) Any work on public transit/stadiums/theaters/auditoriums/military installations/diplomatic missions and religious structures | Yes | No if yes: _____ % |
| p) Any home inspections   | Yes | No if yes: _____ % |
| q) Any playgrounds  | Yes | No if yes: _____ % |
| r) Other (please describe):   | Yes | No if yes: _____ % |

If you said **YES** to any of the above, **please provide further details:**

11. Is the Applicant anticipating any changes in business operations in the next 12 months? Yes No  
 If YES, please explain: \_\_\_\_\_

12. Does any one client represent more than 75% of the Applicant's fees? If so, please provide more details:

13. Does the Applicant or any related company engage in actual construction, erection, installation, manufacturing or fabrications? If YES, please provide full details: \_\_\_\_\_

Yes No

14. What is the worst thing that could happen to your customer's operations if your products/services were to fail or stop working? \_\_\_\_\_

15. List 5 largest jobs in the past 5 years with description of services performed and fees/construction values for each job:

Client	Description of Services	Fees	Construction Values
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

16. What is the Applicant's Average Contract Value? \$ \_\_\_\_\_ Largest Contract Value? \$ \_\_\_\_\_

17. Does the Applicant subcontract any work to other? Yes No

If YES: a) Please provide details of what work is subcontracted: \_\_\_\_\_

b) Does the applicant require evidence of Professional Indemnity (E&O) insurance from all subcontractors? If NO, please explain: Yes No

18. Is the Applicant/Company involved in any Joint Ventures? Yes No

If YES, please provide full details:

**Insurance:**

19. Does the Applicant currently carry Errors and Omissions Insurance? Yes No

If YES, please complete the following table for all previous E&O policies:

Insurer	Term	Retroactive Date	Limit	Deductible	Premium

20. Has the Applicant carried Commercial General Liability insurance? Yes No

If YES, please complete the following for all previous CGL policies:

Insurer	Term	Limit	Deductible	Premium

21. Has the Applicant, its partners, directors or officers ever been declined, non-renewed or cancelled by any insurer for any E&O and/or CGL insurance? Yes No

If YES, please provide full details: \_\_\_\_\_  
\_\_\_\_\_

**CLAIMS:**

22. Has the Applicant, its partners, directors, officers or employees ever had an order to cease & desist or a written demand or civil proceedings for compensatory damages made against them in the past 5 years? Yes No

If YES, please provide an explanation on a separate sheet of paper, including the following; date of claim, claimant's name, nature of claim, amount of indemnity payment, defense costs, final dispositions or current status of claim.

23. Is the Applicant, its 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 describe: \_\_\_\_\_

24. Is the Applicant, its partners, directors or employees aware of any job disputes during the last 5 years? Yes No  
If YES, please describe: \_\_\_\_\_

**It is agreed that if there is any knowledge of any such fact, circumstance or situation, any claim or action subsequently arising, is excluded from coverage under the proposed insurance.**

**Coverage Summary & Declaration**

Date coverage required: \_\_\_\_\_ Target Premium: \_\_\_\_\_

Limits Required for E&O: \_\_\_\_\_ Deductible: \_\_\_\_\_

Limits Required for CGL: \_\_\_\_\_ Deductible: \_\_\_\_\_

For purposes of the Insurance Companies Act (Canada), any document would be issued in the course of Lloyd's Underwriters' insurance business in Canada. Where 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 the insured contravenes a term of the contract or commits a fraud; or the insured willfully makes a false statement in respect of a claim, a claim will become invalid and the Insured's right of recovery is forfeited. 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.

I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and my broker's or insurance company's policy regarding personal information, for the purpose of communicating with me, assessing my application for insurance and underwriting my 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.

Applicant's Name: \_\_\_\_\_ Position Held: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Brokerage: \_\_\_\_\_ Broker Name: \_\_\_\_\_

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

**Please Note:**

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this form) has been collected in accordance with applicable privacy legislation and this information shall only be used or shared by the insurer to assess, underwrite and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with regulatory or legal requirements. For purposes of the Insurance Companies Act (Canada), this document was issued in the course of South Western Insurance Group Ltd.'s insurance business in Canada.