

Toronto Office: 18 King St. E., Suite 300 Toronto, ON M5C 1C4
 T: 416-603-7864 or 1-877-603-7864 | F: 416-603-7861 | www.suminsurance.ca

Montreal Office: 1001 De Maisonneuve Blvd. W., Suite 900 Montreal, QC H3A 3C8
 T: 514-845-7861 or 1-855-845-7861 | F: 514-844-7862 | www.assurancesum.ca

ENVIRONMENTAL CONSULTANTS – ERRORS & OMISSIONS RENEWAL SURVEY

Named Insured/Policy Number: _____

1. PLEASE LIST ANY ADDITIONS/DELETIONS/CHANGES TO THE NAMED INSURED OR LOCATIONS SINCE POLICY INCEPTION:

Number of employees not including Partners and Officers:

Architects: _____ Engineers: _____ Surveyors: _____ Technologists: _____
 Tradesmen: _____ Draftsmen: _____ Office: _____ Others: _____

2. A) HAVE ANY CLAIMS EVER BEEN MADE TO THE KNOWLEDGE OF THE APPLICANT AGAINST THE APPLICANT, ANY BUSINESS PREDECESSORS, ANY OF THE PRESENT OR FORMER PARTNERS OR OFFICERS? Yes No

B) IS THE APPLICANT AWARE OF ANY ACT, ERROR, OMISSION OR CIRCUMSTANCE WHICH COULD GIVE RISE TO A CLAIM AGAINST THE APPLICANT OR ANY PREDECESSOR IN BUSINESS, OR ANY PRESENT OR FORMER PARTNER OR OFFICER? Yes No

If the answer to either 2 A) or 2 B) is Yes, complete claims history form. Note: The policy does not cover any claim or circumstance stated in 2 A) and or 2 B) or any error, act, omission or circumstance which could give rise to a claim, of which the applicant has knowledge prior to the inception of the policy.

3. BREAKDOWN OF FEES

	FEES FOR EXPIRING POLICY PERIOD	PROJECTED FEES FOR UPCOMING POLICY PERIOD
Dates		
a) GROSS FEES (include b,c,d, & e)	\$	\$
b) Fees paid to sub consultants*	\$	\$
c) Fees derived from projects which have been separately insured	\$	\$
d) Fees for projects in USA	\$	\$
e) Fees for projects outside of North America	\$	\$
f) Construction Values	\$	\$

4. PLEASE INDICATE THE APPROXIMATE PERCENTAGE OF TOTAL FEES REPORTED IN YOUR APPLICATION FOR INSURANCE (INCLUDING THOSE PAID TO SUB-CONSULTANTS BUT NOT PROJECTS INSURED SEPARATELY) DERIVED FROM EACH OF THE FOLLOWING PROJECT TYPES:

PHASE 1 STUDIES & REPORTS defined as review of available information, visual inspection of sites, review of historical records, aerial photographs, legislation, permits, Certificates of Approval and reports of the findings.

	LAST 12 MONTHS PERCENTAGE OF ANNUAL FEES	CURRENT 12 MONTHS PERCENTAGE OF ANNUAL FEES
Studies and Reports (excluding soils investigations or remediation)	%	%
Environmental impact studies or assessments	%	%
Environmental permit review or approval	%	%
Building Inspections/Audits	%	%
Academic and Biosphere studies	%	%
Training and publication of educational materials	%	%
Other non-intrusive studies – specify	%	%

PHASE 2 TESTING, SAMPLING & MONITORING defined as detailed assessment of airborne, surface and subsurface conditions, confirmation of type & location of contaminants through air, soil, surface and water sampling or monitoring including laboratory analysis and reports of findings.

	LAST 12 MONTHS PERCENTAGE OF ANNUAL FEES	CURRENT 12 MONTHS PERCENTAGE OF ANNUAL FEES
Air quality and emissions monitoring (including mould and asbestos assessments)	%	%
Compliance assessments	%	%
Ground and surface water quality	%	%
Soil testing (for contaminants)	%	%
Laboratory analysis (for contaminants)	%	%
Identification of contaminants	%	%
Determination of extent of contaminated sites	%	%
Waste site or systems inspection, evaluation and selection	%	%

PHASE 3 REMEDIATION PLANNING Phase 3 work is described as the determination of the need and/or method of remediation, including more detailed measurements of area/depth of affected soil & water & the degree of concentration of contaminants. This will also include special disposal method recommendations in a detailed plan, and/or recommendations for ongoing waste management **ALSO INCLUDES SUPERVISION OF THE REMEDIATION PROJECTS AND FINAL REPORTS EXCLUDING PROJECTS WHERE APPLICANTS HIRE CONTRACTORS**

	LAST 12 MONTHS PERCENTAGE OF ANNUAL FEES	CURRENT 12 MONTHS PERCENTAGE OF ANNUAL FEES
Preparation for site remediation plans	%	%
Recommendations for removal/disposal of waste	%	%
Preparation of waste management programs	%	%
Emergency Spill Response (excluding actual clean-up)	%	%
General Engineering/Design (Environmental related)	%	%
Remediation projects site supervision & final reports	%	%
Design or construction services for remedial action of contaminated building	%	%
Services related to the evaluation, removal or replacement of underground storage tanks	%	%
Design, monitoring or closure of landfills	%	%
Design of Waste Disposal processes or facilities	%	%
Preparation of Records of Site Conditions or similar documents	%	%

PHASE IV REMEDIATION SERVICES Phase 4 work is described as the actual decommissioning, remediation, clean-up, removal, containment, detoxification or neutralization of any property, pollutant or contaminant NOTE POLICY EXCLUDES COVER WHERE CONSULTANT PERFORMS ACTUAL REMEDIATION SERVICES ON BEHALF OF THE OWNER, EITHER DIRECTLY OR THROUGH SUB- CONTRACTORS

	LAST 12 MONTHS PERCENTAGE OF ANNUAL FEES	CURRENT 12 MONTHS PERCENTAGE OF ANNUAL FEES
Remediation directly performed	%	%
Remediation through hiring of contractors	%	%
Emergency response – clean up	%	%
Operation of water, waste water or waste processing plants or facilities	%	%
Other – environmental specify _____	%	%

This application and any supplements attached hereto do not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

THE UNDERSIGNED HEREBY ACKNOWLEDGE THE TRUTH OF THE STATEMENTS CONTAINED HEREIN. I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH MY/OUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, DETECT AND PREVENT FRAUD AND DETERMINE CLAIMS HISTORY.

Signed: _____

Dated: _____

Authorized representation of the Named Insured



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CLAIMS HISTORY FORM

Applicant Name: _____

Date: _____

Claimant Name: _____

Project Name & Location: _____

Date of Loss: _____

Description of Claim: _____

SUIT <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Open <input type="checkbox"/> Closed
AMOUNT CLAIMED	\$
LOSS RESERVES	\$
EXPENSE RESERVES	\$
LOSS PAID	\$
EXPENSES PAID	\$

Claimant Name: _____

Project Name & Location: _____

Date of Loss: _____

Description of Claim: _____

SUIT <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Open <input type="checkbox"/> Closed
AMOUNT CLAIMED	\$
LOSS RESERVES	\$
EXPENSE RESERVES	\$
LOSS PAID	\$
EXPENSES PAID	\$

Claimant Name: _____

Project Name & Location: _____

Date of Loss: _____

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SUIT <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Open <input type="checkbox"/> Closed
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LOSS RESERVES	\$
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AMOUNT CLAIMED	\$
LOSS RESERVES	\$
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Claimant Name: _____

Project Name & Location: _____

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AMOUNT CLAIMED	\$
LOSS RESERVES	\$
EXPENSE RESERVES	\$
LOSS PAID	\$
EXPENSES PAID	\$