

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

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 T: 514-845-7861 or 1-855-845-7861 | F: 514-844-7862 | www.assurancesum.ca

RENEWAL APPLICATION – ARCHITECTS AND ENGINEERS PROFESSIONAL LIABILITY INSURANCE

DESIGN & BUILD

1. NAMED INSURED: _____

2. DIVISION OF DUTIES FOR PAST COMPLETED FINANCIAL YEAR:

FUNCTION	LAST COMPLETED FINANCIAL YEAR	ESTIMATED NEXT FINANCIAL YEAR
a) Income where the Applicant designs and constructs from their own design and provides full technical supervision		
b) Income where the Applicant constructs and provides full technical supervision* from designs by sub-consultants appointed by the Applicant, or others for whom the Applicant is responsible		
c) Fees earned where the Applicant provides only design services and/or technical supervision		
d) Income earned where the Applicant provides any other professional services not included in the above (please specify) _____		
e) Income where the Applicant has work with no professional input (e.g. construction only activities) not covered by this proposed insurance (please specify) _____		

Indicate the percentage of work that applies to projects located outside of Canada _____%

State to the location, fees and construction values for each foreign project on a separate sheet of paper.

*Note : the term “Technical Supervision” is not intended to extend to the supervisory activities which under a traditional form

3. NUMBER OF EMPLOYEES NOT INCLUDING PARTNERS AND OFFICERS:

Architects _____ Engineers _____ Surveyors _____ Technologists _____

Transitmen _____ Draftsmen _____ Office _____ Others _____

4. HAVE THERE BEEN ANY CHANGES TO YOUR BUSINESS ACTIVITY OR ANY OTHER STATEMENT MADE IN LAST YEAR'S APPLICATION?

Yes No If Yes, please provide details:

ACTIVITY	%
	%
	%
	%
	%

5. OTHER THAN AS ALREADY DECLARED TO THE INSURERS:

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 question 5 a) or 5 b) is Yes, please provide full details:

NOTE: THE POLICY DOES NOT COVER ANY CLAIM OR CIRCUMSTANCE STATED IN 5 a) AND/OR 5 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

6. HAS ANY PARTNER, EXECUTIVE OFFICER, DIRECTOR OR PROFESSIONAL EMPLOYEE HAD THEIR LICENSE SUSPENDED, BEEN FINED OR REPRIMANDED DURING THE PAST FIVE YEARS?

Yes No If Yes, please attach details.

7. INSURANCE REQUIRED:

LIMITS:

- \$250,000/\$500,000
- \$500,000/\$1,000,000
- \$1,000,000/\$1,000,000
- \$1,000,000/\$2,000,000
- \$2,000,000/\$2,000,000
- \$3,000,000/\$3,000,000
- \$4,000,000/\$4,000,000
- \$5,000,000/\$5,000,000
- Other: _____

DEDUCTIBLE

- \$2,500(Min.)
- \$5,000
- \$10,000
- \$25,000
- \$50,000
- Other: _____

We hereby declare that the above statements and particulars are true and that we have not suppressed or misstated any material facts and we agree that this declaration shall be the basis of any binder or contract of insurance with the Insurance Company, and that the limits and deductibles as stated in the said binder or contract of insurance shall govern.

It is understood and agreed that the completion of this declaration does not bind the Insurance Company to the issue of the insurance nor the Applicant to the purchase of this insurance.

It is further understood and agreed that if, following submission of this application to the insurer and prior to the date requested for coverage to be effective, the Applicant becomes aware of any information which has a bearing on question 5a) or 5b) of this application, the Insurer shall be immediately notified in writing of such information.

Signature of Applicant: _____ Dated: _____

Print Name and Title: _____

BROKER NAME: _____

ADDRESS: _____

PHONE NO: _____

FAX NO: _____

EMAIL ADDRESS: _____



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