GESTIONNAIRES D'ASSURANCES | SUM | STRATEGIC UNDERWRITING MANAGERS INC

A subsidiary of ONE80 INTERMEDIAIRES

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
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APPLICATION FORM (SHORT FORM) – SINGLE PROJECT
PROFESSIONAL LIABILITY INSURANCE

BROKER / INSURANCE AGENT

PLEASE READ THESE GUIDANCE NOTES BEFORE COMPLETING THE APPLICATION FORM. WHERE FURTHER INFORMATION IS REQUIRED PLEASE REFER TO YOUR BROKER / INSURANCE AGENT.

PLEASE NOTE: This Application Form is used for coverage on a CLAIMS MADE BASIS. This policy only responds to "Claims" made against the Applicant and notified to Insurers during the period of insurance.

- **This application must be typed, or completed in ink and signed and dated by such person (The Applicant) who must be of legal capacity and authorised by the Insured to seek a quotation for Professional Liability Insurance and any additional coverage that may be provided by the Insurers.** Please answer every question fully, and state "NIL" or "NONE" as applicable. Incomplete answers may not be accepted and can delay quotation.
- **Please submit, with the application, all relevant information including Financial Report and Accounts, Brochures etc.**
- **Should there be insufficient room in the Application Form for full details, please attach further information on signed and dated sheets, wherever possible following the same format and paragraph number.**
- **It is the duty of the Applicant to disclose all material facts to Insurers. Where this is omitted, the Insurers may void their obligation under the Policy.**
- For the purpose of the Application and for all purposes relating to any policy issued pursuant to this Application, a 'material fact' shall be deemed to be one that would be likely to influence an Insurer judgement and acceptance of your Application.
  - Upon acceptance of the Insurers' terms and conditions and payment of the premium, all information provided by the Applicant together with the guidance notes will be deemed to be incorporated in the contract between Insurers and the Applicant.

Copies of the Application Forms should be retained for your own records.

SIGNING OF THIS APPLICATION FORM DOES NOT BIND THE APPLICANT OR INSURERS TO COMPLETE A CONTRACT OF INSURANCE.

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The Insured(s) _____

_____

The Principal /Owner: _____

Project Location: _____

Project Name: _____

Project Description:

_____

_____

_____

1. PROJECT / INSURANCE PERIOD

Design Start: _____ Included within Retro-cover

Construction: _____ months

Anticipated start date: _____

Maintenance: _____ months

Discovery: _____ months

Total: _____ months *Very much subject to Insurers agreement to extended discovery period

2. ESTIMATED TOTAL CONTRACT VALUE: $_____

Estimated Contract Value that involves the Insureds' work: $_____

Estimated Total Gross Fees for all Insureds' Professional Duties in respect of the project.

Please also state how these are broken down per year. $_____

_____

_____

Please note Premium costings contained herein are based upon estimated Total Fees and any variation thereof can have an influence on the Premium calculation.

3. 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 3 a) or 3 b) is Yes, complete the enclosed CLAIMS HISTORY FORM.

Note: THE POLICY DOES NOT COVER ANY CLAIM OR CIRCUMSTANCE STATED IN 3 A) AND/OR 3 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.

4. 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 provide details: _____

5. TO THE APPLICANT'S KNOWLEDGE, HAS ANY COMPANY DECLINED OR TERMINATED THE INSURANCE, FOR THE APPLICANT, ANY PRESENT PARTNER OR OFFICER OR FOR ANY PREDECESSOR IN THE BUSINESS, PAST PARTNERS OR OFFICERS?

   ☐Yes ☐No If Yes, please provide details: _____

6. WHEN IS YOUR FISCAL YEAR END? _____

7. INSURANCE REQUIRED:

LIMITS:	DEDUCTIBLE
☐ $250,000/$500,000	☐ $2,500(Min.)
☐ $500,000/$1,000,000	☐ $5,000
☐ $1,000,000/$1,000,000	☐ $10,000
☐ $1,000,000/$2,000,000	☐ $25,000
☐ $2,000,000/$2,000,000	☐ $50,000
☐ $3,000,000/$3,000,000	☐ Other _____
☐ $4,000,000/$4,000,000	
☐ $5,000,000/$5,000,000	
☐ 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 3 a) or 3 b) 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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CLAIMS HISTORY FORM

Applicant Name: ______________________________ Date: ____________________

Claimant Name: ______________________________

Project Name & Location: ______________________________

____

Date of Loss: ______________________________

Description of Claim:

____

____

____

SUIT ☐ Yes ☐ No	☐ Open ☐ Closed
AMOUNT CLAIMED	$
LOSS RESERVES	$
EXPENSE RESERVES	$
LOSS PAID	$
EXPENSES PAID	$

Claimant Name: ______________________________

Project Name & Location: ______________________________

____

Date of Loss: ______________________________

Description of Claim:

____

____

____

SUIT ☐ Yes ☐ No	☐ Open ☐ Closed
AMOUNT CLAIMED	$
LOSS RESERVES	$
EXPENSE RESERVES	$
LOSS PAID	$
EXPENSES PAID	$

Claimant Name: ______________________________

Project Name & Location: ______________________________

____

Date of Loss: ______________________________

Description of Claim:

____

____

____

SUIT ☐ Yes ☐ No	☐ Open ☐ Closed
AMOUNT CLAIMED	$
LOSS RESERVES	$
EXPENSE RESERVES	$
LOSS PAID	$
EXPENSES PAID	$

Claimant Name: ______________________________

Project Name & Location: ______________________________

____

Date of Loss: ______________________________

Description of Claim:

____

____

____

SUIT ☐ Yes ☐ No	☐ Open ☐ Closed
AMOUNT CLAIMED	$
LOSS RESERVES	$
EXPENSE RESERVES	$
LOSS PAID	$
EXPENSES PAID	$

Claimant Name: ______________________________

Project Name & Location: ______________________________

____

Date of Loss: ______________________________

Description of Claim:

____

____

____

SUIT ☐ Yes ☐ No	☐ Open ☐ Closed
AMOUNT CLAIMED	$
LOSS RESERVES	$
EXPENSE RESERVES	$
LOSS PAID	$
EXPENSES PAID	$