

ARCHITECTS & ENGINEERS LIABILITY APPLICATION



PART 1 GENERAL INFORMATION

Broker: _____ Broker Phone: _____

Broker Contact: _____ Broker Email: _____

Insured Name: _____

Mailing Address: _____ Postal Code: _____

Telephone No.: _____ Email: _____

Website: _____

Additional Documentation to be included with your application:

- Resumes of Directors, Officers, Partners, and Key Personal
- Standard Contract/ Terms of Engagement
- Company Brochure

PART 2 COMPANY DETAILS

Date Company Established (DD/ MM/ YY): _____

Company Structure: Sole Proprietor: Corporation: Partnership: Joint Venture: Other:

Number of Directors, Officers, or Partners (please attach resumes): _____

Details of Directors, Officers, or Partners:

Name	Years in Position:	Years Experience:	Qualifications:

Number of Employees: Professional: _____ Clerical: _____ Other: _____

Are ALL Employees covered by WCB? Yes No

Has the Applicant ever been investigated by or suspended from practice by a governing body of your profession? Yes No

PART 3 REVENUE BREAKDOWN

Revenue from Applicant's Operations (CDN Dollars)

	Prior Year: (MM/YY)	Last Completed Year: (MM/YY)	Estimate for Next Year: (MM/YY)
a) Total Gross Fees (= b+c+d+e+f) + Revenues	\$	\$	\$
b) Fees for services rendered in Canada	\$	\$	\$
c) Fees for services rendered in the USA	\$	\$	\$
d) Fees for the Rest of the World	\$	\$	\$

e) Fees paid to sub consultants	\$	\$	\$
f) Fees for separately insured projects	\$	\$	\$
g) Total Construction Values	\$	\$	\$

Date of Company Financial Year End: (DD/ MM/ YY)

Annual Payroll: \$

PART 4 COMPANY OPERATIONS

If the Applicant/ Company is involved in any of the following, please state the percentage of overall revenue/ fees each item represents:

Architect:	%	Hydrologist – Water & Sewer:	%
Architectural Technologist:	%	Industrial Process:	%
Building Designer:	%	Interior Designer:	%
Building Envelope Consultant:	%	Laboratory Material Testing:	%
Chemical Engineer:	%	Land Surveyor:	%
Civil Engineering:	%	Landscape Architect:	%
Design/ Build Contracting:	%	Mechanical Engineer:	%
Drafting Engineer:	%	Mining Engineer:	%
Electrical Engineer:	%	Naval/ Marine Engineering:	%
Engineering:	%	Non-Destructive Testing:	%
Forensic/ Expert Witness:	%	Nuclear Engineering:	%
Geologist:	%	Process Engineering:	%
Geotechnical Soils:	%	Project Construction Management:	%
HVAC:	%	Structural Engineer:	%
Other: (Please describe below)	%		
Description of Other Work:			

PART 5 PROJECT TYPE BREAKDOWN

Project Type Breakdown (total must equal 100%)

If the Applicant/ Company is involved in any of the following, please state the percentage of overall revenue/ fees each item represents:

Residential Buildings:	%	Commercial Buildings:	%
Industrial Buildings:	%	Municipal (Water/ Sewage):	%
Institutional:	%	Other:	%

Description of Other Work:

What is the applicant's Average Contract Value?	\$	Largest Contract Value?	\$
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Is the applicant/company involved in any of the following and if so, please state how much percentage of the overall fees this represents?

Any work connected with Mines?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	%
Any work related to aerospace/ aviation/ airports?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	%
Any work on bridges/ tunnels?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	%

Any work on car parks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	%
Any work connected with standalone foundation or shoring design not part of designing the entire structure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	%
Any work connected with design of sewers/ water/ drainage systems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	%
Any work connected with dams?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	%
Any asbestos related work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	%
Any environmental work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	%
Work not resulting in construction? (i.e., reports/ surveys/ feasibility studies)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	%
Any seismic work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	%
Any work connected to Petro Chemical or Oil & Gas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	%
If yes, Pipeline work?			%
Any work on multi-unit residential buildings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please describe:
Duplexes:			%
Low-Rise Condominiums: (up to 6 Storeys)			%
Average number of Low-Rise Storeys:			%
Townhouses/Rowhouses:			%
High-Rise Condominiums: (Greater than 6 Storeys)			%
Average number of High-Rise Storeys:			%
Any work on amusement rides?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	%
Any work on public transit/ stadiums/ theatres/ auditoriums/ military installations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	%
Any home inspections related to homes up for sale or purchase only?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	%
Any playgrounds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	%
Other? (Please describe)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	%

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

Is the applicant anticipating any changes in business operations in the next 12 months? Yes No

If yes, please explain:

Is all surveying and measuring equipment maintained and calibrated to manufacturers specifications? Yes No

Does the applicant/ company utilize drones/ UAVs in conjunction with any of the operations? Yes No

Does the applicant/ company or any related company engage in actual hands-on (manual) work such as construction, erection, installation, repairs, manufacturing, or fabricating, etc. or sub-contract any of that type of work out? Yes No

If yes, please provide a detailed explanation:

Does the applicant perform any activities or provide any services outside of Canada? Yes No

If yes, please provide complete details including the services provided and revenue:

Forthcoming Year (projected):	
Prior Year 1:	
Prior Year 2:	
Prior Year 3:	

In the event the applicant's product or service failed or delivery was delayed, please describe the worst-case scenario:

Do you engage in any business or professional activities other than what is described above? Yes No

Please Describe:

Is the applicant controlled, owned, or associated with any other company, firm, or corporation? Yes No

Please give details of the applicant's five largest projects:

Name of Client	Business of Client	Nature of Contract	Revenue Derived from Contract	Total Construction Value	Start Date	Completion Date
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		

How many clients does the applicant have?

Do more than 25% of the applicant's fees emanate from a single client? Yes No

What percentage of work is subcontracted to a third party? %

If work is subcontracted, is proof of insurance required? Yes No

Please provide details of what work is subcontracted:

Are the subcontractors/ subconsultants hired under a written, standard subcontractor agreement? Yes No

PART 6 RISK MANAGEMENT

Does the applicant have a written Quality Assurance/ Quality Control Program? Yes No

Do client deliveries undergo an internal peer review? Yes No

Does the applicant perform project file audits on a routine basis? Yes No

What percentage of the applicants' professional services are performed under the following contract types:

Client drafted agreement:	%	Purchase order:	%
Firm's letter agreement:	%	Professional Association contract:	%
Firm's standard agreement:	%	Verbal agreement:	%

Are all non-standard agreements reviewed by applicant's legal counsel or insurance broker before they are executed: Yes No

What percentage of the applicant's contracts use a limitation of liability provisions, where the firm's liability is limited to?

A specific dollar amount which is less than the applicant's insurance limit:	%
A specific dollar amounts equal to the applicant's insurance limit:	%
A specific dollar amount that limits the applicant's liability to the amount of fees paid by the client for their services:	%

Does the applicant have:

An in-house continuing education program for professional employees? Yes No

Procedures to elevate and screen potential new clients? Yes No

Procedures for monitoring and collecting outstanding fees? Yes No

PART 7 CYBER PRE-QUALIFICATION

Insured regularly backs up critical data to a "cold" or "offline" location that would be unaffected by an issue with their live environment, and they test to ensure those backups are recoverable? Yes No

Insured uses multi-factor authentication (MFA) for cloud-based services (such as cloud-based email accounts) and for all remote access to their network: Yes No

Insured does not allow remote access into their environment without a virtual private network (VPN): Yes No

Insured regularly (at least annually) provides cyber security awareness training, including anti-phishing, to all individuals who have access to their organization's network or confidential/personal data? Yes No

PART 8 CLAIMS HISTORY

- a) Are you aware of any loss or damage, whether insured or not, that has occurred to any of the Companies to be insured (or to any existing or previous business of the partners or directors of any Companies to be insured) within the last 5 (five) years, or: Yes No
- b) Are you aware of any circumstances which may give rise to a claim against any of the Companies to be insured or any partners or directors thereof, or: Yes No
- c) Have any claims or cease and desist orders been made against any of the Companies to be insured, or any partners or directors thereof, or: Yes No
- d) Have any partners or directors of the Companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body? Yes No

If the answer to the above is "Yes", then please attach full details including an explanation of the background of events, the maximum amount involved/claims, the status of the claim(s) or circumstance(s) and any reserve(s) or payment(s) made by Insurers, and the dates of all developments and payments.

TYPE OF LOSS	DATE OF LOSS	DESCRIPTION OF LOSS	RESERVE OR LOSS AMOUNT PAID BY INSURER	RETAINED LOSS OR DEDUCTIBLE PAID BY YOU
			\$	\$
			\$	\$
			\$	\$
			\$	\$

*Please attach any available insurance company loss reports with this application

NOTICE TO APPLICANT:

I/we declare that the best of my/our knowledge and believe the answers given on this application whether by me/us or on my/our behalf are complete and true and that I/we have not withheld any material information.

If this application has been completed on my/our behalf, I/we agree the person is deemed to be my/our agent and not an agent for the Insurer and I/we have read the information provided before signing the form.

This application must be signed by a principal, director, or partner of the proposed First Named Insured.

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension, or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Signature of Applicant:

Position:

Please print name here:

Date:

BROKER DECLARATION

How long have you known this applicant?

Is this account new or renewal to you?

Broker's Signature:

Position:

Please print name:

Date: