

APPLICATION FOR PRODUCT MANUFACTURERS AND SUPPLIERS PROFESSIONAL LIABILITY INSURANCE

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

PLEASE NOTE This application is for a CLAIMS MADE policy. A CLAIMS MADE policy only responds to "claims" made against the Insured and notified to the Insurer during the period of insurance.

- 1) This application must be typed, or completed in ink and signed and dated by the applicant. Please answer every question fully, and state "NIL" or "NONE" as applicable. Incomplete answers may not be accepted and can delay quotations.
- 2) Please submit, with the application, all relevant information including Financial Reports, Brochures, and Resumes of professional staff.
- 3) Should there be insufficient room in the application for full details, please attach further information on signed and dated sheets, wherever possible following the same format and question number.
- 4) It is the duty of the applicant to disclose all material facts to the Insurer. Where this is omitted, the Insurer may avoid their obligation under the Policy.
- 5) 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 the Insurer's judgment and acceptance of your application.
- 6) Upon acceptance of the Insurer's 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 the Insurer and the Insured.

**Copies of the application should be retained for your
own records.**

**SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR
INSURER TO COMPLETE A CONTRACT OF INSURANCE**



APPLICATION FOR PRODUCT MANUFACTURERS AND SUPPLIERS PROFESSIONAL LIABILITY INSURANCE

1. Name of Applicant: _____

Address (Head Office) _____

Branch Office _____

Date Established: Day _____ Month _____ Year _____

Telephone: _____ Website: _____

2. Names of other parties to be included:

Name	Equity Interest of Main Applicant	Reason for Inclusion*
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

* e.g. Subsidiary / management control / joint venture partner, etc.

3. i) Has any change by way of merger, take-over or change of name occurred in the last 10 years? Yes No

If "Yes", please give full details with relevant dates: _____

ii) Is the Company financially associated with any other firm, other than in reply to question 3.i) above? Yes No

If "Yes", please give full details with relevant dates: _____

4. Please state the Company's:

	Canada	USA	Other	Total
i) total Sales for the last financial year	_____	_____	_____	_____
ii) total Sales for the current financial year	_____	_____	_____	_____
iii) estimated Sales for the next financial year	_____	_____	_____	_____
iv) financial year end date	_____	_____	_____	_____

5. Please provide a description of the company business activities and attach the latest copy of your published financial statements:

6. Please provide a breakdown of the Company's sales for the last financial year as below:

- i) Sales where the Company designs, manufactures and supplies the product: _____

- ii) Sales from the sale of products designed and manufactured by others where:
 - a) the Company gives advice in connection with the product _____
 - b) the Company does not give advice in connection with the product _____

- iii) fees from professional consulting advice or services _____

- iv) other sales _____

- Total** _____

v) If sales have been declared in question 6.iv), please describe the business activities below:

7. i) If fees have been declared in question 6.iii), please indicate where professional advice, design or service is provided:

Professional Service	No. of Directors & Employees	Consulting Fees or Commissions	
		Last Financial Year	Estimated Current Financial Year
Architecture	_____	_____	_____
Construction Management	_____	_____	_____
Computing & I.T.	_____	_____	_____
Engineering	_____	_____	_____
Insurance	_____	_____	_____
Legal	_____	_____	_____
Medical & Healthcare	_____	_____	_____
Project Management	_____	_____	_____
Property Agency/Management	_____	_____	_____
Surveying	_____	_____	_____
Shipping/Forwarding	_____	_____	_____
Other (please specify)	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ii) Professional (Attach Resume)	University attended	Degree	Year	Prov. Licensed to practice in
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

iii) Please provide a general description of each of the professional services indicated above:

8. Does the Company provide design and build services for construction contracts? Yes No

If "Yes" please state the applicable sales: _____

9. Does the Company manufacture or provide advice, design or services for or in connection with prototypes or innovative products? Yes No

If "Yes" please provide details: _____

10. Please provide the following information regarding the five largest contracts, relevant to the proposed insurance, in recent years:

Type of Contract	Territory	Sales/Fee/Commission
i) _____	_____	_____
ii) _____	_____	_____
iii) _____	_____	_____
iv) _____	_____	_____
v) _____	_____	_____

11. i) Are full rights of recourse maintained against sub-contractors, consultants and products suppliers? Yes No

If "No" please provide explanation: _____

ii) Does the Company ensure that all sub-contractors, consultants and product suppliers carry their own Professional Liability insurance? Yes No

12. i) Please list the main countries (other than the USA) to which products are exported, and state the approximate sales for each country:

ii) Are products exported to the USA? Yes No

If "Yes" please advise the type of products being exported and the applicable sales:

13. i) Does the Company belong to any Trade Association or Professional Body? Yes No
If "Yes" please give details: _____

ii) Has the Company achieved ISO qualification or similar? Yes No
If "Yes" please give details: _____

14. Where the Company designs and manufactures or supplies products, advice, design or consulting services to other companies, do you always:

i) effect a written contract with the customer before the products, advice design or consulting services are provided? Yes No

ii) obtain legal advice before contracts are signed? Yes No

iii) exclude liability for consequential loss? Yes No

If "No" to any of the above please provide details: _____

PREVIOUS INSURANCE HISTORY

PLEASE REFER TO YOUR BROKER IF YOU ARE IN ANY DOUBT AS TO THE INFORMATION REQUIRED IN THIS SECTION

15. Does the Company effect and maintain general and products liability insurance? Yes No
If "Yes" What is your current Policy Limit? \$ _____

16. Does the Applicant currently carry professional or errors and omissions liability insurance? Yes No

i) If "Yes", please indicate the name of the Insurer: _____

ii) Please indicate if such coverage was offered on an occurrence Occurrence Claims Made basis or claims made basis

- iii) If current coverage is on a claims made basis, what is the retroactive date? _____
 - iv) What is your current policy limit? _____
 - v) What is your current deductible? _____
 - vi) If you are presently insured, are renewal terms being offered? Yes No
 - vii) If "No", please state reason: _____
-

17. Has an Insurer ever:

- i) declined an application or renewal for this insurance? Yes No
- ii) imposed special terms or increased premiums other than standard market increases? Yes No
- iii) cancelled the insurance? Yes No

If "Yes" to any of the above please provide details:

PREVIOUS CLAIMS HISTORY

PLEASE REFER TO YOUR BROKER IF YOU ARE IN ANY DOUBT AS TO THE INFORMATION REQUIRED IN THIS SECTION

- 18. i) Has any claim that would have been covered by the proposed insurance ever been made against the Company or any of its directors or employees during the last 10 years? Yes No

If "Yes", please provide details including date(s), claimant(s), circumstances and amount(s) involved:

- ii) Has the Company been involved in any dispute or arbitration concerning professional fees, advice or services to others during the last 10 years? Yes No
- If "Yes", please provide details:

19. Do any of the directors or employees, AFTER ENQUIRY, have any grounds for suspecting, or are they aware of any circumstances which might give rise to a claim against the Company or against any of the present or former directors during the last 10 years? Yes No

If "YES", please provide details including the potential costs:

20. Insurance required:

LIMITS:	\$1,000,000 / 1,000,000	<input type="checkbox"/>	DEDUCTIBLES:	\$ 5,000	<input type="checkbox"/>
	\$2,000,000 / 2,000,000	<input type="checkbox"/>		\$10,000	<input type="checkbox"/>
	\$3,000,000 / 3,000,000	<input type="checkbox"/>		\$25,000	<input type="checkbox"/>
	\$4,000,000 / 4,000,000	<input type="checkbox"/>		Other	_____
	\$5,000,000 / 5,000,000	<input type="checkbox"/>			
	Other	_____			

PLEASE ENCLOSE:

- 1) A copy of the latest financial statements
- 2) A resume outlining the education and experience of qualified professional staff.

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.

Signature of Applicant (authorized representative)

Date

SUBMITTED BY: _____

EMAIL: _____

**For contact information visit:
www.markelinternational.ca**

ADDENDUM
ENVIRONMENTAL LIABILITY QUESTIONNAIRE

1. 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:

	Past Accounting Year (%)	Current Accounting Year (Estimated%)
a. Studies and Reports (excluding soils investigations or remediation)	_____	_____
(1) Environmental impact studies or assessments	_____	_____
(2) Environmental permit review or approval	_____	_____
(3) Building Inspections / Audits	_____	_____
(4) Environmental Monitoring (describe type of service)	_____	_____
(5) Air Emission Control Services	_____	_____
b. Waste Disposal		
(1) Waste site evaluation or selection	_____	_____
(2) Design, monitoring or closure of landfills	_____	_____
c. Design or construction services for remedial action of contaminated buildings	_____	_____
d. Services related to the evaluation, removal or replacement of underground storage tanks	_____	_____
e. Industrial Process Engineering (Non-Petrochemical)	_____	_____
f. Petrochemical Engineering	_____	_____
g. Design of Laboratories	_____	_____
h. Soils Investigations		
(1) Underground investigations for possible contamination	_____	_____
(2) Determination of extent of contaminated sites	_____	_____
(3) Design of remedial action of contaminated sites	_____	_____
(4) Investigations not related to waste or contamination detection	_____	_____

2. How many years has your firm provided services for the detection, monitoring, handling or disposal of hazardous substances? _____

3. Personnel (indicate the number of staff involved in environmental work)

- a. Architects / Civil Engineers _____
- b. Process Engineers _____
- c. Geotechnical Engineers _____
- d. Chemists and Biologists _____
- e. Industrial Hygienists or Toxicologists _____
- f. Geologists / Hydrologists _____
- g. Environmental Engineers _____
- h. Other Personnel _____

(Please attach Resume of key personnel if not previously submitted)

4. Have you accepted, or do you plan to accept responsibility (either directly or as an agent of the owner) for the actual clean-up, transportation, storage or disposal of a "pollutant"? Yes No

If "Yes", please explain _____

5. For what percentage of environmental work in the past year have you been able to obtain client agreement for:

- a. Complete indemnification _____
- b. Partial indemnification _____
- c. Limitation of liability (please attach sample) _____

CLAIMS HISTORY

Claimant: _____

Date of Loss: _____ Suit: Yes No

Amount Claimed: _____ Estimated Liability: _____

Indemnity Paid: _____ Expenses Paid: _____

Closed: Yes No

Description of Claim: _____

Claimant: _____

Date of Loss: _____ Suit: Yes No

Amount Claimed: _____ Estimated Liability: _____

Indemnity Paid: _____ Expenses Paid: _____

Closed: Yes No

Description of Claim: _____

Claimant: _____

Date of Loss: _____ Suit: Yes No

Amount Claimed: _____ Estimated Liability: _____

Indemnity Paid: _____ Expenses Paid: _____

Closed: Yes No

Description of Claim: _____
