

APPLICANT:

- 1) Name of Applicant/Company: (including all subsidiaries): _____ Canadian Registered Company: YES NO
 2) Address: _____ City: _____ Province: _____ Postal Code: _____
 3) Web Site Address: _____ Branch Office locations: _____
 4) Year Company was Established: _____
 5) No. of Employees in Canada: _____ No. of Employees in US: _____ No. of Employees in other countries: _____ Total No. of Employees: _____

Details of Partners/Officers/Key Employers

Name	Years In Position	Degree/Qualifications	Years of Professional Experience

- 6) Have any of those listed in Question 5 ever been the subject of disciplinary action by authorities as a result of their professional activities? If YES, please provide details: _____ YES NO
 7) Are all Employees covered by W.C.B.? _____ YES NO
 If NO, please explain: _____
 8) Does the Applicant belong to any professional association(s) and if YES, to which ones? (Please list all): _____ YES NO
 9) Does the Applicant/Company have locations or operations outside of Canada? YES NO
 If YES: - Where are they located? _____
 - What services are provided? _____
 - What percentage of Gross Revenues are derived from these locations/operations? _____ %

BUSINESS OPERATION:

10) Please provide a description of your services: _____

11) Gross Fees/Revenues:

	12 months expiring _____/____/____	12 months prior _____/____/____	Next 12 months anticipated _____/____/____
a) Total Gross Fees/Revenues (=b+c+d+e+f)	\$ _____	\$ _____	\$ _____
b) Fees for services rendered in Canada	\$ _____	\$ _____	\$ _____
c) Fees for services rendered in the USA	\$ _____	\$ _____	\$ _____
d) Fees paid to sub-consultants	\$ _____	\$ _____	\$ _____
e) Fees for separately insured projects	\$ _____	\$ _____	\$ _____
f) Total Construction Values	\$ _____	\$ _____	\$ _____

12) In which of the following professions is the Applicant/Company engaged:

a) Architect	_____%	j) Forensic/Expert Witness Metallurgist	_____%	s) Landscape Architect	_____%
b) Architectural Technologist	_____%	k) Geologist	_____%	t) Mechanical Engineer	_____%
c) Building Designer	_____%	l) Geotechnical Soils	_____%	u) Mining Engineer	_____%
d) Building Envelope Consultant	_____%	m) HVAC	_____%	v) Nondestructive Testing	_____%
e) Chemical Engineer	_____%	n) Hydrologist - Water & Sewer	_____%	w) Project Management (Construction)	_____%
f) Civil Engineer	_____%	o) Industrial Process	_____%	x) Structural Engineer	_____%
g) Design/Build Contracting	_____%	p) Interior Designer	_____%	y) Other: _____	_____%
h) Design under Bill 124 (Ontario)	_____%	q) Laboratory Material Testing	_____%		
i) Electrical Engineer	_____%	r) Land Surveyor	_____%		

13) Type of Projects:

Residential Buildings	_____%	Industrial Buildings	_____%	Municipal (water, sewage)	_____%
Commercial Buildings	_____%	Institutional	_____%	Other: _____	_____%

14) Is the Applicant/Company involved in any of the following and if so, please state how many percent of the overall fees this represents:

- a) Any work connected with mines YES NO If yes ____%
 b) Any work related to aerospace/aviation/airports YES NO If yes ____%
 c) Any work on bridges/tunnels YES NO If yes ____%
 d) Any work on car parks YES NO If yes ____%
 e) Any work connected with standalone foundation or shoring design – not part of designing the entire structure YES NO If yes ____%
 f) Any work connected with design of Sewers / Water / Drainage Systems? YES NO If yes ____%

- g) Any work connected with dams YES NO If yes ___%
 - h) Any marine related work YES NO If yes ___%
 - i) Any asbestos related work YES NO If yes ___%
 - j) Any environmental work YES NO If yes ___%
 - k) Work not resulting in construction (ie. reports, surveys, feasibility studies) YES NO If yes ___%
 - l) Any seismic work YES NO If yes ___%
 - m) Any work connected to Petro-chemical or Oil and Gas YES NO If yes ___%
 - n) Any work on multi-unit residential buildings YES NO If yes ___%
 - o) Any work on amusement rides YES NO If yes ___%
 - p) Any work on public transit/stadiums/theaters/auditoriums/military installations/diplomatic missions and religious structures YES NO If yes ___%
- (Specify)
- q) Any home inspections related to homes up for sale or purchase only YES NO If yes ___%
 - r) Any playgrounds YES NO If yes ___%
 - s) Other (please describe): YES NO If yes ___%

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

15) Is the Applicant anticipating any changes in business operations in the next 12 months? YES NO

If YES, please explain: _____

Does any one client represent more than 75% of the Applicant's fees? If so, please provide more details: _____

16) Does the applicant use any surveying and measuring equipment? YES NO

Is all surveying and measuring equipment maintained and calibrated to manufacturers specifications? YES NO

17) Does the Applicant/Company or any related company engage in actual hands-on (manual) work such as construction, erection, installation, repairs, manufacturing or fabrication, etc. or sub-contract any of that type of work out? YES NO

If you've answered YES, please provide detailed explanation: _____

18) List three (3) largest jobs in the past 5 years with description of services performed and fees/construction values for each job:

1.	
2.	
3.	

19) What is the Applicant's average contract value? \$ _____ Largest contract value? \$ _____

20) Does the Applicant subcontract any work to others? YES NO

If YES: a) Please give details of what work is subcontracted: _____

b) Does the Applicant require evidence of Professional Indemnity (E&O) insurance from all subcontractors? YES NO

If NO, please explain: _____

21) Is the Applicant/Company involved in any Joint Ventures? YES NO

If YES, please give full details: _____

CYBER

22) Does the applicant store any medical/health information for clients? YES NO

If yes, does the applicant follow the minimum standards under HIPAA (encryption, virus protection and firewalls in place)? YES NO

If yes, does the Company follow the minimum standards under PIPEDA or the respective PIPA requirements (encryption and firewalls in place)? YES NO

23) Does the company collect/retain any sensitive data (for example: social insurance number, bank account details etc.) from their clients? YES NO

INSURANCE:

24) During the last 3 years, has the Applicant/Company carried Errors and Omissions insurance? YES NO

If YES, please complete the following for all previous Errors and Omissions policies:

INSURER	TERM	RETROACTIVE DATE	LIMIT	DEDUCTIBLE	PREMIUM

25) Has the Applicant/Company carried Commercial General Liability insurance & including Products & Completed Operations? YES NO

If YES, please complete the following for 3 years of previous CGL policies:

INSURER	TERM	LIMIT	DEDUCTIBLE	PREMIUM

26) Has the Applicant/Company, its partners, directors or officers ever been declined, non-renewed or cancelled by any insurer for an Errors and Omissions and/or Commercial General Liability insurance? YES NO

If YES, please provide full details: _____

CLAIMS:

27) Has the Applicant/Company, its partners, directors, officers or employees ever had an order to cease & desist or a written demand or civil proceedings for compensatory damages made against them in past 5 years? YES NO

If YES, please provide an explanation on a separate sheet of paper: such as Date of claim, Claimant's name, Nature of claim, Amount of indemnity payment, Defense costs, Final dispositions or current status of claim.

28) Is the Applicant/Company, its partners, directors, officers or employees aware of any non-performance during the last five (5) years? YES NO

If YES, please describe: _____

29) Is the Applicant/Company, its partners, directors, officers or employees aware of any other fact, situation or circumstance, that may result in a written demand or civil proceedings for compensatory damages? YES NO

If YES, please describe in detail: _____

IT IS AGREED THAT IF THERE IS ANY KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION, ANY CLAIM OR ACTION SUBSEQUENTLY ARISING IT IS EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

ATTACHMENTS:

Resumes of all Principals Standard Contract form, guarantee clauses Other documents

COVERAGE REQUIRED	Deductible	Limit of Coverage	Target Premium
ERRORS & OMISSIONS: <i>claims made form:</i> <input type="checkbox"/> <i>costs inclusive</i> <input type="checkbox"/> <i>costs in addition</i>	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$_____	<input type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000	
COMMERCIAL GENERAL LIABILITY: <i>occurrence form</i>	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$_____	<input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$5,000,000	
TENANT LEGAL LIABILITY: <i>broad form</i>		\$250,000 Incl.	
SPF6 – STANDARD NON-OWNED AUTOMOBILE		\$1,000,000 Incl.	
EMPLOYEE BENEFITS LIABILITY		\$1,000,000 Incl.	

DECLARATION / CONSENT:

PLEASE READ BEFORE SIGNING: A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim.

The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.

Applicant's Name:	Position Held:
Applicant's Signature:	Date:
Brokerage:	Broker Name:
Broker Email:	Broker phone:

Premier Canada Assurance Managers Ltd. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).

** Email application and attachments to - newbizprofessional@premiergroup.ca **

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