

PROFESSIONAL LIABILITY INSURANCE FOR ARCHITECTS & ENGINEERS

If a policy is issued, the insurance coverage will apply to claims first presented to the insured and reported to the insurer during the policy period and extended reporting period.

APPLICANT INFORMATION

1. Name (state former firms if any):

2. Address:

3. Address of All Branch Offices:

4. Contact name:

5. Title:

6. Telephone:

7. Website:

8. Date Established:

9. Is the Applicant controlled, owned or associated with or does the Applicant own or control any other firm, corporation or company? Yes No
If Yes, give details:

**Note: The policy will not cover those firms unless specifically endorsed.*

10. During the past five years has the name of the firm been changed or has any other business been purchased or any merger or consolidation taken place? Yes No
If Yes, give full details: (Include dates)

11. Provinces in which a Professional License is held:

12. Have any of the Principals, Officers or Partners ever been subject to disciplinary action by authorities as a result of their professional activities? Yes No
 If Yes, please give full details:

13. To what Professional Associations does the Applicant belong?

STAFF, POSITION AND ACTIVITIES OF THE FIRM:

| | Canada | ÉtatsUnited States | Other |
|--|--------|--------------------|-------|
| Number of architects, Engineers, land surveyors, draftsman and other technical personnel : | | | |
| Number of other employees not mentioned in the previous point: | | | |
| Number of directors and officers: | | | |
| % of the firm's assets: | | | |
| % of shares held: | | | |
| % of professional fees: | | | |

14. Does the firm anticipate to increase it's U.S. position (shares and assets) in the next 12 months? Yes No
 If Yes, please provide detailed information on a separate sheet.

Please provide the resumes or indicate on a separate sheet the name and professional qualifications of all principals, partners or officers of the firm.

15. Please describe your work performed outside Canada:

16. Does the Applicant or any subsidiary, parent or otherwise related entity engage in actual construction, erection, manufacturing, fabrication or real estate development?
 Yes No
 If Yes, please give details:

17. Does the Applicant provide professional services on projects in which any principal, officer, director or shareholder or an immediate family member of such person retains any ownership interest? Yes No
 If Yes, please attach a complete description of the project; specifically identify all individuals holding an ownership interest and the amount of ownership each holds.

PROFESSIONAL ACTIVITIES

18. Please indicate the percentage of the following disciplines or services in which the Applicant is engaged: (Total Must Equal 100%)

| | | | |
|---|--|--|--|
| Feasibility studies | | Land Surveying | |
| Architecture | | Laboratory Testing | |
| Asbestos Inspection, Testing or Abatement Design* | | Machine / Equipment Design | |
| Civil Engineering – Water treatment | | Mechanical Engineering | |
| Civil Engineering – Roads, & other | | Automotive, Railway Engineering | |
| Construction - Project Management | | Naval, Marine Engineering | |
| Nuclear, Aerospace Engineering | | Process Engineering | |
| Electrical Engineering | | Pyrite Inspection, Testing or Abatement Design | |
| Environmental Engineering* (no remedial work) | | Polluted site remedial work* | |
| HVAC Engineering | | Soil, Geotech Engineering | |
| Interior Design | | Structural Engineering | |
| Landscape Architecture | | Other (please specify): | |

**If environmental services are declared, please complete Supplement "Environmental consultants and engineers coverage".*

19. Please indicate the approximate percentage of billings derived from the following types of services: (Total Must Equal 100%)

| | |
|---|--|
| Feasibility studies, reports, surveys where applicant is not involved in design | |
| Design without supervisory, observation services | |
| Design & Observation | |
| Construction - Project Management | |
| Construction observation without design | |
| Inspection services on existing structures | |
| Manufacture, sale or distribution of any product or process | |
| Other (please specify): | |

20. Please indicate the approximate percentage of billings derived from each project type:
(Total Must Equal 100%)

| | | | |
|---------------------------------|--|---------------------------|--|
| Airport Runways, Taxiways | | Mass Transit | |
| Amusement Rides | | Nuclear Facilities | |
| Residential buildings | | Offshore Platforms | |
| Bridges | | Office Buildings | |
| Clean Rooms, Labs | | Parking Structures | |
| Convention Centers | | Petrochemical, Refineries | |
| Communication Towers | | Power Plants | |
| Condominiums | | Process Plants | |
| Dams | | Roads, Highways | |
| Environmental Impact Statements | | Sewage, Water Systems | |
| Foundation or Shoring Projects | | Sewage Treatment Plants | |
| Gas Pipelines | | Shopping Centers, Retail | |
| Harbors, Piers, Ports | | Site Development | |
| Hospital, Healthcare | | Stadiums, Arenas | |
| Hotels, Motels | | Superfund, Pollution | |
| Industrial Waste Treatment | | Tunnels | |
| Landfills | | Warehouses | |
| Manufacturing, Industrial | | Other (please specify): | |

21. Types of Clients

| | | | |
|------------------------|--|--------------------|--|
| Commercial | | Other Design Prof. | |
| Contractors | | Municipalities | |
| Federal Government | | Hospitals | |
| Provincial Government | | Institutional | |
| Real Estate Developers | | Industrial | |
| Hydro-Quebec | | Other | |

22. Does the Applicant foresee any substantial changes in the percentage during the next twelve months? Yes No
If Yes, please give details:

GROSS BILLINGS AND CONSTRUCTION VALUES

| | Present 12 Months | | Previous 12 Months | |
|---|----------------------|---------------------|----------------------|---------------------|
| | Total Gross Billings | Construction Values | Total Gross Billings | Construction Values |
| A. Joint Venture Projects Applicant's Portion Only | | | | |
| B. Projects Insured Under Separate Project Policies | | | | |
| C. Projects Which Have Been Permanently Abandoned | | | | |
| D. Feasibility Studies Master Plans, Reports | | | | |
| E. Direct Reimbursable | | | | |
| F. All Other Billings | | | | |
| Total Gross Billings | | | | |

For A, B and C above, on a separate sheet please provide the name, location and current status of each project. If the Applicant is engaged in projects located outside the United States, its territories or Canada, please attach a description of such projects including gross billings as described above.

23. Estimates of the Applicant's Total Gross Billings and Construction Values for the next 12 months:

| | |
|----------------------|--|
| Gross Billings: | |
| Construction Values: | |

Design and Build – Construction Values (show professional fees for 2c.)

24. Complete only if firm is doing design and build work

| | Estimate for Coming Year | Present 12 Months | Previous 12 Months |
|-------------------------------|--------------------------|-------------------|--------------------|
| All operations | | | |
| Design, Construction | | | |
| Design Only – no construction | | | |
| Construction Only – no design | | | |

Please append a separate sheet detailing the applicant firm's ten largest jobs during the past five (5) years. Detail: i) project name; ii) type of structure; iii) services performed; iv) construction values.

25. Does any one contract or client represent more than 50% of annual work? Yes No
If Yes, please give details:

26. What percentage of applicant firm's practice involves subletting of work to others?

27. Does the Applicant assume the liability of his sub-consultants under written agreements?
 Yes No
If Yes, please show what percentage of the work sublet his assumed under written agreements.

28. Is evidence of Insurance from sub-consultants required? Yes No
What limits of insurance do they maintain?

PRIOR INSURANCE AND CLAIMS

29. During the last five (5) years, has the applicant carried professional liability / errors and omissions insurance or directors and officer's liability insurance? Oui Non
If Yes, please complete the following for all previous insurance and specify in an annex.

If these prior insurances were subject to limitations or exclusions that applied to the applicant's past activities or services, please indicate any applicable limitation, exclusion or retroactive date and the reasons for such limitations or exclusions: None

| Name of insurer | Term | Limits of Liability | Deductible | Premium |
|-----------------|------|---------------------|------------|---------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

PROFESSIONAL LIABILITY

30. During the past five (5) years, has any Insurer cancelled, declined or refused to renew a professional liability or errors and omissions insurance policy? Yes No
 If Yes, explain:

31. Has the applicant ever been the subject of one or more claims with respect to professional services? Yes No

32. Has the applicant given notice of a possible claim to an Insurer with respect to professional services? Yes No

33. Is the Applicant aware of any facts or circumstances which could give rise to a claim with respect of professional services? Yes No

For any affirmative answer to questions above, give in each case the following details on a separate sheet: Dates, Circumstances, Names of Claimants and Amounts Involved, etc.

REQUESTED COVERAGE AND DEDUCTIBLE:

34. Professional liability:

| | Each loss: | Aggregate: |
|---|------------|------------|
| Limits of Liability | | |
| Would you like options for additional limits? | | |

35. Deductible Amount Applicable to Each Loss (minimum 0.5% of your annual fees or \$1,000)

- \$ 1,000
- \$ 2,500
- \$ 5,000
- \$ 10,000
- \$ 25,000
- Other (specify):

36. Suggested effective date of the insurance contract:

DISCLOSURE, AUTHORIZATION AND SIGNATURE

The applicant hereby declares that the above statements are exact, complete and true in every particulars. If an insurance contract is effected, the statements set forth herein shall be the basis of the contract of insurance, and shall become an integral part of the policy.

The applicant also gives authorization to the Insurer, its affiliates, agents and representatives to verify, obtain and exchange any personal information in connection with the said insurance.

This consent is valid with respect to any policy extension and/or renewal with the Insurer, or any of its affiliates.

Please answer all questions and leave no blank spaces. If the space provided is insufficient to answer any question fully, kindly append a separate sheet.

IMPORTANT:

This type of insurance coverage applies only to claims notified to the Insurer during the policy period of which the Applicant or any of its members had no knowledge prior to such policy period.

Therefore, if you presently hold an insurance contract on a "claims made" basis, please make sure that you report known negligent acts or any fact or circumstance which has, or could give rise to a claim.

Please contact Revau Advanced Underwriting inc. if additional information is required.

SIGNING THIS APPLICATION FORM DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE APPLIED FOR THEREIN.

N.B. If none of the partners are authorised to sign on behalf of the other partners, then each partner should sign this application form.

Signature: _____

Date: _____

Please send the completed, signed and dated application to underwriting@revau.com