



PROFESSIONAL LIABILITY INSURANCE PACKAGE FOR ARCHITECT FIRMS

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:

2. Address:

3. Address of All Branch Offices:

4. Contact name:

5. Title:

6. Telephone:

7. Website:

8. Date Established:

9. Please state former firms, if any:

10. Is the Applicant a privately owned company incorporated in Canada? Yes No
If No, please provide details:

11. Does the applicant have any Locations or Shares or Funds or Subsidiary Companies domiciled or incorporated in the United States? Yes No
If Yes, give details:



12. 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.*

13. 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: (Inclure les dates / Include dates)

POSITION AND ACTIVITIES OF THE FIRM:

	Canada	United 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:			
Assets in \$:			
% of shares held:			

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. Provinces/States in which a Professional License is held:

16. To what Professional Associations does the Applicant belong?

17. 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:

18. 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?

Oui / Yes Non / 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

19. Please indicate the percentage of the following disciplines or services in which the Applicant is engaged: (Le total doit être égal à 100% / Total Must Equal 100%)

Feasibility studies		Landscape Architecture	
Architecture		Mechanical Engineering	
Civil Engineering		Soil/Geotech Engineering	
Construction - Project Management		Structural Engineering	
Electrical Engineering		Other (please specify):	
Interior Design			
Land Surveying			
Environmental Services, including mould, pyrite, and asbestos related services			

**Important note: the above must include the applicant's sub-consultants services.*

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

Services not resulting in construction	
Design without supervisory, observation services	
Design & Observation	
Construction - Project Management	
Repeat Plans	
Other (please specify):	

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

Apartments		Mass Transit	
Condominiums		Parking Structures	
Single Family *Custom Homes		Pools	
Bridges		Recreational Projects	
Churches		Roads, Highways	
Clean Rooms, Labs		School, Colleges	
Commercial Projects		Shopping Centers, Retail	
Convention Centers		Office Buildings	
Communication Towers		Site Development	
Harbors, Piers, Ports		Stadiums, Arenas	
Hospital, Healthcare		Urban Planning	
Hotels, Motels		Warehouses	
Institutional Projects		Tunnels / Tunnels	
Libraries		Other (please specify):	
Manufacturing, Industrial			

22. Please indicate the approximate percentage of billings derived from Infrastructure Ontario and please describe your role in these projects:

23. 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. Any activity insured seperately, self insured or not covered under the OAA Pro-Demnity primary policy or the Quebec Fonds des architectes				
D. Projects Which Have Been Permanently Abandoned				
E. Feasibility Studies Master Plans, Reports				
F. Direct Reimbursable				
G. 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 any services are performed in British Columbia, please complete the BC addendum.

24. % of Fees earned:

Canada	
USA	
Other	

25. Please describe your work performed outside Canada:

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

Gross Billings:	
Construction Values:	

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

27. Complete only if firm is doing design/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.

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

29. 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.

30. Is evidence of Insurance from sub-consultants required? Yes No

What limits of insurance do they maintain?

PRIOR INSURANCE AND CLAIMS

31. During the last five (5) years, has the applicant carried professional liability / errors and omissions insurance or directors and officer’s liability insurance? Yes No
 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

32. Date uninterrupted insurance began:

PROFESSIONAL LIABILITY

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

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

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

36. 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.

DIRECTORS AND OFFICERS LIABILITY AND EMPLOYMENT PRACTICES

37. In the past three years, has the Corporation been involved in any:

Insolvency or bankruptcy proceedings? Yes No

Criminal actions? Yes No

Representative actions, class actions or derivative suits? Yes No

38. Is the Corporation currently or has it during the past three years been in arrears of its payments to Revenue Canada or the provincial ministries of revenue, including source deductions, G.S.T. and Q.S.T.? Yes No

39. Is the Corporation currently or has it during the past three years been in breach of any debt covenants, loan agreements or contractual obligations or is any such breach anticipated in the next 12 months? Yes No

40. After full and reasonable investigation, does the Proposer and Directors and Officers and the Company and the trustees and the committee members have any knowledge of any claims, or circumstances which may give raise to a claim, or any disciplinary proceedings or any complaints having been threatened or intimated or made (successfully or otherwise) against the Directors or Officers or the Company or the employees or the trustees or committee members or the Proposer in respect of the legal liabilities or loss to which this application form relates? Yes No
If Yes, please disclose full details:

41. 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

For any affirmative answer to questions above, please provide a completed Claims Addendum per situation declared.

42. In the last two consecutive years, has the Company published reports and accounts in the two latest consecutive financial years, which show:

Unqualified reports by independent auditors or accountants Yes No

Net profit (i.e. after tax, interest, etc) Yes No

Any and all of its debts can be paid as they fall due Yes No

No contingent or extraordinary liabilities Yes No

Positive net worth (both balance sheets show that assets exceed liabilities)

Yes No

If No to any question above, please provide details:

REQUESTED COVERAGE AND DEDUCTIBLE:

43. Professional liability:

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

44. 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 \$ 25,000

Other (specify):

DIRECTORS AND OFFICERS LIABILITY, EMPLOYMENT PRACTICES, FIDUCIARY LIABILITY:

	Each loss:	Aggregate:
Limits of Liability		

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