

## PROFESSIONAL LIABILITY INSURANCE PACKAGE FOR ENGINEERING 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 (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, give full details:

13. To what Professional Associations does the Applicant belong?

**STAFF, 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:			
% 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.

**DIRECTORS AND OFFICERS LIABILITY, EMPLOYMENT PRACTICES AND FIDUCIARY LIABILITY INFORMATION**

18. 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
19. 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
20. Is there an internal pension committee managing a pension plan for the Society ?  
 Yes  No  
If Yes, is it a:  
 Defined benefit plan  
 Defined contribution plan

**PROFESSIONAL ACTIVITIES**

21. 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	
Génie civil – Routes et autres / 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”.*

22. 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):	

23. 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):	

24. Types of Clients

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

25. 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				
<b>Total Gross Billings</b>				

*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.*

26. 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.)**

27. 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.

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

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

30. 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.

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

**PRIOR INSURANCE AND CLAIMS**

32. 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

**PROFESSIONAL LIABILITY**

33. 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:

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, EMPLOYMENT PRACTICES, FIDUCIARY LIABILITY**

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 a claim now pending against any person or entity proposed for this insurance?  
 Yes  No





39. Is any person proposed for this insurance aware of any facts or circumstances likely to give rise to a claim?  Yes  No

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

**REQUESTED COVERAGE AND DEDUCTIBLE:**

40. Professional liability:

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

41. Directors and Officers Liability, Employment Practices, Fiduciary Liability:

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

42. 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):

43. 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: / Date: \_\_\_\_\_

Please send the completed, signed and dated application to [underwriting@revau.com](mailto:underwriting@revau.com)