

SPECIFIC PROJECT PROFESSIONAL LIABILITY APPLICATION

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. Applicant's name:

2. Applicant's address:

3. Contact name:

4. Title:

5. Telephone:

6. Principals in charge of the project:

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

8. Is applicant a:
 - Design Professional
 - Design, Build Contractor
 - Program Manager, Agency Construction Manager
 - Owner

9. Does the Applicant or any principal, officer, director or shareholder or an immediate family member of such person retains any ownership interest in this project? Yes No
If Yes, please specifically identify all individuals or entities holding an ownership interest and the amount of ownership each holds.

DESCRIPTION OF THE PROJECT

10. Name and address of owner of Project:

11. Name and address of General Contractor:

12. Name and address of Prime Consultant:

13. Project Designation:

14. Address:

15. Commencement Date of Design:

16. Construction Starts:

17. Construction End:

18. Requested Maintenance:

19. Description of the project:

20. Delivery Method of this project:

- Engineering Procurement (EPC)
- Construction Management at Risk (CM is also Contractor)
- Construction Management Agency (CM does not hold contract for construction)
- Other (please explain):

Please provide a copy of contracts.

21. Are there any aspects of the project (or part of this project) which:

Do not utilize well-established tried and tested techniques Yes No

Comprise or include prototype or innovative construction techniques, designs or materials
 Yes No

Involve the performance of professional services in regard to offshore or sub-aqueous projects or works? Yes No

Are unusual regarding the performance, quality, durability or tolerances required?
 Yes No

The applicant is unfamiliar with and/or which do not fall within the scope of work with which the applicant is thoroughly experienced? Yes No

The applicant considers should be drawn to the underwriters' attention? Yes No

For any positive answer on the above, please provide full details by attachment.

22. Gross Billings and Construction Values

| Discipline | Gross Fees | Amount Sub Contracted | Construction Value | Applicable Contract Value |
|------------------------------|------------|-----------------------|--------------------|---------------------------|
| Civil Engineering | | | | |
| Structural Engineering | | | | |
| Soil and Geotech Engineering | | | | |
| Mechanical Engineering | | | | |

| | | | | |
|-----------------------------------|--|--|--|--|
| Electrical Engineering | | | | |
| Heating & Ventilation Engineering | | | | |
| Architectural | | | | |
| Quantity Surveying | | | | |
| Project Management | | | | |
| Project Co-ordination | | | | |
| Other (please specify) | | | | |
| Other (please specify) | | | | |
| Other (please specify) | | | | |
| TOTAL | | | | |

23. For all subconsultants, please provide:

| Name | Fees | Responsibility |
|------|------|----------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

ASSURANCE ET RÉCLAMATIONS ANTÉRIEURES / PRIOR INSURANCE AND CLAIMS

24. During the last five (5) years, has the applicant carried professional liability / errors and omissions insurance? Yes No

| | Name of insurer | Expiry Date | Coverage and Limits of Liability | Deductible |
|---------|-----------------|-------------|----------------------------------|------------|
| Current | | | | |
| Past | | | | |

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

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

Please provide complete loss run.

REQUESTED COVERAGE AND DEDUCTIBLE:

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

27. Deductible amount applicable to each loss

DISCLOSURE, AUTHORIZATION AND SIGNATURE

The applicant hereby declares that the above statements are exact, complete and true in every particular. If an insurance contract is affected, 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 officers 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 if additional information is required.

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

Signature: _____

Date: _____

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

