

COMPLETION OF THIS FORM INDICATES YOUR CONSENT FOR PROCESSING YOUR PERSONAL INFORMATION. PLEASE REFER TO PAGE 6 FOR DETAILS ON **OUR PRIVACY POLICY.**

ARCHITECTS & ENGINEERS APPLICATION FOR E&O/CGL

Please read and complete the application in its entirety. Blanks &/or dashes are not acceptable and will delay consideration of this application. Answer all questions, if the question does not apply, indicate "N/A" in the space provided._____

ADDI TOANIT INCODMATION

APPLICANT INFORMATION:				
. Name of Applicant/Company (incl	uding all subsidiarie	s):		
Address:	City:	Province:	Postal Code:	
Website:	Branch Office	Locations:		
Year Company was established: _		Total Personnel:		
Names of Partners/Directors				
Name	Years in Position	Degree/Qualifications	Years of Profession Experience	al
. Have any of those listed above ev of their professional activities? If	-			No
 B. Do you provide services away from your premises If YES, please explain:				
. Does the Applicant belong to any	professional associa	ations and if YES, to which ones?	Yes	No
. Does the Applicant/Company hav If YES: - Where are they loc	•		Yes	No

What are the services provided?

What percentage of Gross Revenues are derived from these locations/operations? ____

BUSINESS OPERATION:

- 6. Please provide a description of your services:
- 7. In which of the following professions is the Applicant/Company engaged: (must total 100%)

Architect	%	Building Designer	%	Building Envelope Consultant	%
Chemical Engineer	%	Mechanical Engineer	%	Construction/Project Manager	%
Design/Build	%	Electrical Engineer	%	Forensic/Expert Witness/Metallurgist	%
Geologist	%	Geotechnical/Soils	%	Hydrologist/Water & Sewer	%
HVAC	%	Industrial Process	%	Laboratory/Material Testing	%
Interior Designer	%	Land Surveyor	%	Software Engineering	%
Mining Engineer	%	Structural Engineer	%	Non-destructive Testing	%
Civil Engineer	%	Landscape Architect	%	Other(specify):	%

South Western Insurance Group Limited. October 2023

%

8. Type of Projects: (must total 100%)

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

9. Gross Fees

	Last Completed Fiscal Year	Estimated for Current Fiscal Year	Estimate for Next Fiscal Year
a) Total Gross Fees	\$	\$	\$
(total of a, b, c, d, e, f)			
b) Fees for Services Rendered in Canada	\$	\$	\$
c) Fees for Services Rendered in the USA	\$	\$	\$
d) Fees for Rest of World–Specify where:	\$	\$	\$
e) Fees Paid to Sub-Consultants	\$	\$	\$
f) Fees for Separately Insured Projects	\$	\$	\$
Total Construction Values	\$	\$	\$

10. Is the Applicant involved in any of the following and if so, please state what percentage 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 foundations or shoring	Yes	No if yes:	%
f) Any work connected with dams	Yes	No if yes:	%
g) Any marine related work	Yes	No if yes:	%
h) Any asbestos related work	Yes	No if yes:	%
i) Any environmental work	Yes	No if yes:	%
j) Work not resulting in construction (i.e., reports, surveys, feasibility studies)	Yes	No if yes:	%
k) Any seismic work	Yes	No if yes:	%
 Any work connected to Petro-Chemical or Oil and Gas 	Yes	No if yes:	%
m) Any work on multi-unit residential buildings	Yes	No if yes:	%
n) Any work on amusement rides	Yes	No if yes:	%
 Any work on public transit/stadiums/theaters/auditoriums/military 			
installations/diplomatic missions and religious structures	Yes	No if yes:	%
p) Any home inspections	Yes	No if yes:	%
q) Any playgrounds	Yes	No if yes:	%
r) Other (please describe):	Yes	No if yes:	%
If you said YES to any of the above, please provide further details :			

11. Is the Applicant anticipating any changes in business operations in the next 12 months? Yes No If YES, please explain: _____

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

- 13. Does the Applicant or any related company engage in actual construction, erection, installation, Yes No manufacturing or fabrications? If YES, please provide full details:
- 14. What is the worst thing that could happen to your customer's operations if your products/services were to fail or stop working?

15. List 5 largest jobs in the past 5 years with description of services performed and fees/construction values for each job:

Client	Description of Services	Fees	Construction Values
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

16. What is th	e Applicant's Average Contract Value? \$	Largest Contract Value? \$		<u> </u>
17. Does the If YES:	Applicant subcontract any work to other? a) Please provide details of what work is subcontracted:		Yes	No
	b) Does the applicant require evidence of Professional Inden all subcontractors? If NO, please explain:	nnity (E&O) insurance from	Yes	No
• •	blicant/Company involved in any Joint Ventures? ease provide full details:		Yes	No

Insurance:

19. Does the Applicant currently carry Errors and Omissions Insurance?

Yes No

If YES, please complete the following table for all previous E&O policies:

Insurer	Term	Retroactive Date	Limit	Deductible	Premium

20. Has the Applicant carried Commercial General Liability insurance? Yes No If YES, please complete the following for all previous CGL policies:

Insurer	Term	Limit	Deductible	Premium

21. Has the Applicant, its	partners, directors	or officers ever	been declined,	non-renewed or	cancelled
by any insurer for any	y E&O and/or CGL i	nsurance?			

If YES, please provide full details:

CLAIMS:		
22. Has the Applicant, 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 the past 5 years?		No
If YES, please provide an explanation on a separate sheet of paper, including the following; date of claim, cl name, nature of claim, amount of indemnity payment, defense costs, final dispositions or current status of c		
23. Is the Applicant, 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:		_
24. Is the Applicant, its partners, directors or employees aware of any job disputes during the last 5 years? If YES, please describe:	Yes	No
It is agreed that if there is any knowledge of any such fact, circumstance or situation, any claim or subsequently arising, is excluded from coverage under the proposed insurance.	action	
Coverage Summary & Declaration		

Date coverage required:	Target Premium:
Limits Required for E&O:	Deductible:
Limits Required for CGL:	Deductible:

Notice concerning personal information

By soliciting insurance from South Western Insurance Group Limited, you agree and provide consent that your personal information, including that previously collected, will be collected, processed, used, communicated, transferred and retained for the following purposes:

- the communication with underwriters;
- the underwriting of policies;
- the evaluation of claims;
- the detection and prevention of fraud;
- the analysis of business results;
- purposes required or authorized by law;
- In accordance with SWG's privacy policy available at the bottom of this application and as per our website: www.swgins.com/page/privacy.html

You can exercise your right to access your personal information in our possession, to have it rectified or to withdraw your consent by contacting us at PrivacyOfficer@swgins.com. Should you exercise your right to withdraw your consent to the communication or use of the information collected required to provide certain products or services, this would prevent South Western Insurance Group from being able to provide such products or services. Further information about South Western Insurance Group Limited personal information protection policy may be obtained by contacting our privacy officer at 416-620-6604.

Yes

No

Warranty Statement

The undersigned warrants that to the best of his or her knowledge, the statements set forth in this Application are true. In the event that there is any material change in the answers given to the questions contained in this application prior to the inception of the policy, the applicant must notify the underwriters in writing and the underwriters may revoke, or effect changes to, the quotation provided. Signing of the proposal does not bind the undersigned to complete the insurance but it is agreed that this form, and any additional information/document provided in support thereof by the client and/or broker, shall be the basis of the contract should a policy be issued.

NEW BRUNSWICK RESIDENTS ONLY:

I hereby confirm my request that the present document and any other document and correspondence pertaining to the present insurance be in the English language.

Applicant's Name:

Applicant's Signature:

Position Held:

Date:

Brokerage:

Broker Email:

Broker Name:

Broker Phone:



Privacy Policy

South Western Insurance Group Limited is committed to protecting the privacy and the confidentiality of our brokers and their Insured's personal information. In order to comply with privacy legislation, we have developed this Privacy Policy. Any personally identifiable information about an Insured is considered personal information and will be treated in accordance with this Privacy Policy.

IDENTIFIED PURPOSES

South Western Group only collects, uses and discloses Personal Information for the following purposes:

- Offering and providing insurance and related products and services;
- Verifying the identity and the accuracy of personal information with government agencies, industry associations, or other Insurers;
- Analyzing, assessing and underwriting risks on a prudent basis;
- Investigating and paying claims;
- Detecting and preventing fraud or other illegal activities;
- Compiling statistics;
- Complying with the laws or the requests of law enforcement agencies or regulators.

In this Privacy Policy, the above list of Identified Purposes will be referred to as the 'Identified Purposes'.

THIRD PARTY DISCLOSURE

South Western Insurance Group may share information about you with third party companies, permitted by law. Such disclosures may include those that South Western feels are required to provide customer service, prevent fraud, perform research or comply with the law. Recipients may include South Western's family of insurance service companies, claims representatives, service providers, consumer reporting agencies, insurance agents and brokers, law enforcement, courts and government agencies. These parties may disclose the information to others as permitted by law.

PRIVILEGE & CONFIDENTIALITY NOTICE - Electronic Messages

Electronic mail or faxes and any files transmitted with them are confidential and may be privileged and are intended solely for the use of the individual or entity to whom they are addressed. If you have received this e-mail in error, please notify the sender immediately.

CONSENT

South Western Group relies on the following actions by our Brokers and Companies as indication of their consent from an Insured to our existing and future Personal Information practices:

- The Broker has voluntarily requested personal information from an Insured for the purpose of acquiring an insurance contract or related service or product;
- The Broker has the Insured's express consent or acknowledgement contained within a written, verbal or electronic application process;
- The Insured's consent solicited by our Companies or our Brokers is for a specified purpose;
- The Broker must provide the Insured with a copy of their privacy policy and must inform South Western Group of any withdrawal of this consent by an Insured;
- The Broker may obtain the Insured's consent through the Insured's authorized representative such as a legal guardian, agent or holder of a power of attorney.

If an Insured refuses to provide the Broker with certain Personal Information or withdraws their consent South Western Group may be unable to provide insurance coverage.

LIMITING COLLECTION AND RETENTION OF PERSONAL INFORMATION

South Western Insurance Group will only collect, use or disclose personal information that is necessary for the Identified Purposes or as required by law. We will retain personal information only as long as necessary for the fulfillment of the Identified Purposes. South Western may store certain data in jurisdictions outside of Canada and may share information with third party companies that are located outside of Canada.

ACCURACY

South Western Group requests our brokers to maintain the Insured's Personal Information as accurate, complete, and up-to-date as is necessary for the Identified Purposes.

SAFEGUARDS

South Western Group will protect the Insured's Personal Information by security safeguards appropriate to the sensitivity of the information. Safeguards will vary depending on the sensitivity, format, location and storage of the Personal Information.

ACCOUNTABILITY, OPENNESS AND ACCESS

South Western Group is responsible for all Personal Information under its control and has designated a Privacy Officer who is accountable to Senior Management for South Western's compliance with the Privacy Policy.

You may contact our Privacy Officer at PrivacyOfficer@swgins.com.

CHALLENGING COMPLIANCE

If any Broker is not satisfied with South Western's response to a privacy related inquiry or complaint, they may contact the Office of the Privacy Commissioner of Canada during business hours at <u>1-800-282-1376</u> or at <u>www.privcom.gc.ca</u>.

Please refer to the updated comprehensive version of privacy policy on our website: https://swgins.com/page/privacy.html