



# APPLICATION FOR PROFESSIONAL LIABILITY INSURANCE FOR DESIGNERS UNDER BILL 124

PLEASE ANSWER ALL QUESTIONS

IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS

The following documents must be included in your submission:

- i) Ministry of Municipal Affairs and Housing Registration Designer Firm Application for Registration
- ii) Schedule A: Principals of the Applicant
- iii) Schedule B: Qualified Persons
- iv) Certificates of completion of each course for each Qualified Person)
- v) Resume for each Qualified Person

**QUOTATIONS WILL NOT BE PROVIDED UNLESS ALL OF THE ABOVE DOCUMENTS ARE ATTACHED TO THE SUBMISSION.**

1. Name of Applicant: \_\_\_\_\_

Address (Head Office) \_\_\_\_\_

2. Branch Office \_\_\_\_\_

Date Established: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Telephone: \_\_\_\_\_ Website: \_\_\_\_\_

3. Former names of Applicant/Firm	Date Estab.	Closed
a) _____	_____	_____
b) _____	_____	_____
c) _____	_____	_____

4. Is the Applicant engaged by others as an employee?  Yes  No

5. Partners and Officers (Attach Resume)	University attended	Degree	Year	Prov. Licenced to practice in
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

6. i) Number of employees not including Partners and Officers

Architects \_\_\_\_\_ Engineers \_\_\_\_\_ Technologists \_\_\_\_\_ Technicians \_\_\_\_\_

Transitmen \_\_\_\_\_ Draftsmen \_\_\_\_\_ Office \_\_\_\_\_ Others \_\_\_\_\_

ii) Are any employees qualified as Registered Code Agents?  Yes  No

7. Please describe the nature of your practice (Attach Brochure)

\_\_\_\_\_

\_\_\_\_\_

8. Please list your five largest projects done during the past five years.

Name of Project	Fee	Total Construction Value	Value of Your Portion
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. Fees applying to Ontario Building Code work only:

	<u>Previous 12 Mo.</u>		<u>Expiring 12 Mo.</u>		<u>Projected 12 Mo.</u>	
	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
a) GROSS FEES (Include b & c)	_____	_____	_____	_____	_____	_____
b) Fees paid to subconsultants*	_____	_____	_____	_____	_____	_____
c) Construction Values	_____	_____	_____	_____	_____	_____

\* Does the Applicant require evidence of Professional Liability Insurance for its sub-consultants by obtaining certificates of insurance on an annual basis?

Yes  No

10. Please indicate percentage of fees derived from the following activities. Please only use fees that apply to work performed within the Ontario Building Code. All other work is excluded

	% Last 12 Months	% Anticipated next 12 Months
a) House	_____	_____
b) Small Buildings	_____	_____
c) Large Buildings	_____	_____
d) Complex Buildings	_____	_____
e) H.V.A.C. – House	_____	_____
f) Building Services	_____	_____
g) Detection, Lighting and Power	_____	_____
h) Fire Protection	_____	_____
i) Building Structural	_____	_____
j) Plumbing - House	_____	_____
k) Plumbing – All Buildings	_____	_____
l) On-Site Sewage Systems	_____	_____
m) Drafting	_____	_____
n) Other (describe)	_____	_____
Totals 100%	_____	_____

11. Is the applicant controlled by, owned by, or related to any other firm, corporation or company?

Yes  No

If Yes, give details:

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12. Do any of the partners or officers of the Applicant hold an interest in any other corporation with whom the Applicant carries on business?

Yes  No

If Yes, attach details.

13. Does the Applicant, any partner, officer or related company engage in the actual work of construction or fabrication other than supervision?  Yes  No

If Yes, give details:

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14. Are more than 25% of your Professional Services provided for one client?  Yes  No

If Yes, give details:

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15. Does the Applicant currently carry professional or errors and omissions liability insurance?  Yes  No

i) If Yes, please indicate the name of the Insurer: \_\_\_\_\_

ii) Please indicate if such coverage was offered on an occurrence basis or claims made basis.

Occurrence  Claims Made

iii) If current coverage is on a claims made basis, what is the retroactive date? \_\_\_\_\_

iv) What is your current policy limit? \$ \_\_\_\_\_

v) What is your current deductible? \$ \_\_\_\_\_

vi) If you are presently insured, are renewal terms being offered?  Yes  No

vii) If No, please state reason:

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16. Please provide the following details of your Comprehensive General Liability insurance. Please note that a General Liability Limit of at least \$2,000,000 must be maintained at all times during the currency of this coverage.

17. a) Have any claims ever been made to the knowledge of the Applicant against the Applicant, any business predecessors, or any of the present or former partners or officers, whether insurance was available or not?  Yes  No

b) Is the Applicant aware of any fact or circumstances which could give rise to a claim against the Applicant or any predecessor in business, or any present or former partner or officer?  Yes  No

Insurer: \_\_\_\_\_ Policy Limit: \_\_\_\_\_

**IF THE ANSWER TO EITHER Q.17 a) OR Q.17 b) IS YES, COMPLETE THE ENCLOSED CLAIMS HISTORY FORM**

NOTE: THE POLICY DOES NOT COVER ANY CLAIM OR CIRCUMSTANCE STATED IN 17 a) AND/OR 17 b) OR ANY ACT, ERROR, OMISSION OR CIRCUMSTANCE WHICH COULD GIVE RISE TO A CLAIM, OF WHICH THE APPLICANT HAS KNOWLEDGE PRIOR TO THE INCEPTION OF THE POLICY

18. Has any Partner, Executive Officer, Director or Professional Employee had their licence suspended, been fined or reprimanded during the past five years?  Yes  No  
If Yes, attach details.

19. To the Applicant's knowledge, has any company declined or terminated the insurance for the Applicant, any present partner or officer or for any predecessor in the business, past partners or officers?  Yes  No  
If Yes, provide details:

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20. Please note the professional associations to which the Applicant belongs:

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21. When is your fiscal year end? \_\_\_\_\_

22. Deductible required:  
 \$2,500     \$5,000     \$10,000     \$ 25,000     Other \_\_\_\_\_

**THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.**

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

**For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.**

\_\_\_\_\_  
Signature of Applicant (authorized representative)

\_\_\_\_\_  
Date

SUBMITTED BY: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

**For contact information visit:  
[www.markelinternational.ca](http://www.markelinternational.ca)**

**ADDENDUM**  
**ENVIRONMENTAL LIABILITY QUESTIONNAIRE**

1. Please indicate the approximate percentage of total fees reported in your application for insurance (including those paid to sub-consultants but not projects insured separately) derived from each of the following project types:

	Past Accounting Year (%)	Current Accounting Year (Estimated)
a) Studies and Reports (excluding soils investigations or remediation)		
(1) Environmental impact studies or assessments	_____	_____
(2) Environmental permit review or approval	_____	_____
(3) Building Inspections / Audits	_____	_____
(4) Environmental Monitoring (describe type of service)	_____	_____
(5) Air Emission Control Services	_____	_____
b) Waste Disposal		
(1) Waste site evaluation or selection	_____	_____
(2) Design, monitoring or closure of landfills	_____	_____
c) Design or construction services for remedial action of contaminated buildings	_____	_____
d) Services related to the evaluation, removal or replacement of underground storage tanks	_____	_____
e) Industrial Process Engineering (Non-Petrochemical)	_____	_____
f) Petrochemical Engineering	_____	_____
g) Design of Laboratories	_____	_____
h) Soils Investigations		
(1) Underground investigations for possible contamination	_____	_____
(2) Determination of extent of contaminated sites	_____	_____
(3) Design of remedial action of contaminated sites	_____	_____
(4) Investigations not related to waste or contamination detection	_____	_____

2. How many years has your firm provided services for the detection, monitoring, handling or disposal of hazardous substances? \_\_\_\_\_

3. Personnel (indicate the number of staff involved in environmental work)

- a. Architects/Civil Engineers \_\_\_\_\_
- b. Process Engineers \_\_\_\_\_
- c. Geotechnical Engineers \_\_\_\_\_
- d. Chemists and Biologists \_\_\_\_\_
- e. Industrial Hygienists or Toxicologists \_\_\_\_\_
- f. Geologists / Hydrologists \_\_\_\_\_
- g. Environmental Engineers \_\_\_\_\_
- h. Other Personnel \_\_\_\_\_

(Please attach Curriculum Vitae of key personnel if not previously submitted)

4. Have you accepted, or do you plan to accept responsibility (either directly or as an agent of the owner) for the actual clean-up, transportation, storage or disposal of a "pollutant"?  Yes  No  
If Yes, please explain:

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5. For what percentage of environmental work in the past year have you been able to obtain client agreement for:

- a. Complete indemnification \_\_\_\_\_
- b. Partial indemnification \_\_\_\_\_
- c. Limitation of liability (please attach sample) \_\_\_\_\_

**CLAIMS HISTORY**

Claimant: \_\_\_\_\_

Date of Loss: \_\_\_\_\_ Suit:  Yes  No

Amount Claimed: \_\_\_\_\_ Estimated Liability: \_\_\_\_\_

Indemnity Paid: \_\_\_\_\_ Expenses Paid: \_\_\_\_\_

Closed: Yes  No

Description of Claim: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Claimant: \_\_\_\_\_

Date of Loss: \_\_\_\_\_ Suit:  Yes  No

Amount Claimed: \_\_\_\_\_ Estimated Liability: \_\_\_\_\_

Indemnity Paid: \_\_\_\_\_ Expenses Paid: \_\_\_\_\_

Closed: Yes  No

Description of Claim: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Claimant: \_\_\_\_\_

Date of Loss: \_\_\_\_\_ Suit:  Yes  No

Amount Claimed: \_\_\_\_\_ Estimated Liability: \_\_\_\_\_

Indemnity Paid: \_\_\_\_\_ Expenses Paid: \_\_\_\_\_

Closed: Yes  No

Description of Claim: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_