



ARCHITECTS AND ENGINEERS PROFESSIONAL LIABILITY INSURANCE DESIGN & BUILD

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

1. Name of Applicant: _____

2. Address (Head Office) _____

Branch Office _____

Date Established: Day _____ Month _____ Year _____

Telephone: _____ Website: _____

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

4. The applicant is: (please check where applicable)	Who acts primarily as: (please check where applicable)
a) A Corporation <input type="checkbox"/>	g) A Contractor <input type="checkbox"/>
b) Partnership <input type="checkbox"/>	h) An Engineer <input type="checkbox"/>
c) Individual <input type="checkbox"/>	i) An Architect <input type="checkbox"/>
d) Sole Proprietor <input type="checkbox"/>	j) A Developer <input type="checkbox"/>
e) Corporate Division <input type="checkbox"/>	k) Other <input type="checkbox"/>
f) Other <input type="checkbox"/>	

5. The Applicant is a member in good standing of The Canadian Construction Association? Yes No

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

7. When undertaking Design/Build activities, the Design is performed:

- a) In-house Yes No
- b) By professional architectural/engineering sub-consultant Yes No
- c) By an affiliated company who has a contract directly with owner/client Yes No
- d) Other _____ Yes No

And the construction is performed:

- e) In-house Yes No
- f) By sub-contract to a contracting firm which is a member in good standing with the Canadian Construction Association Yes No
- g) By an affiliated company in direct contract with owner/client Yes No
- h) Other _____ Yes No

8. Division of Duties for Past Completed Financial Year:

Function	Last Completed Financial Year	Estimated Next Financial Year
a) Total Construction Value where the Applicant designs and constructs from their own design and provides full technical supervision	_____	_____
b) Total Construction Value where the Applicant constructs and provides full technical supervision from designs by sub-consultants appointed by the Applicant, or others for whom the Applicant is responsible	_____	_____
c) Fees earned where the Applicant provides only design services and/or technical supervision	_____	_____
d) Income earned where the Applicant provides any other professional services not included in the above (please specify)	_____	_____
e) Total Construction Value where the Applicant has work with no professional input (e.g. construction only activities) not covered by this proposed insurance (please specify)	_____	_____
Total Revenue	_____	_____
Indicate the percentage of work that applies to projects located in the U.S.A.	_____ %	_____ %
Indicate the percentage of work that applies to projects located in other foreign countries	_____ %	_____ %

State the location, fees and construction values for each foreign project on a separate sheet of paper.

NOTE: THE TERM "TECHNICAL SUPERVISION" IS NOT INTENDED TO EXTEND TO THE SUPERVISORY ACTIVITIES WHICH UNDER A TRADITIONAL FORM OF CONTRACT WOULD BE THE RESPONSIBILITY OF THE CONTRACTOR, AND NOT THE PROFESSIONAL TEAM.

9.	a) DESIGN/BUILD	Indicate percentage of (9.a) sublet to sub-consultants.	
	Indicate the percentage of total professional services derived from the following disciplines:		
	i) Services not resulting in construction	_____ %	_____ %
	ii) Structural	_____ %	_____ %
	iii) Soils	_____ %	_____ %
	iv) Civil	_____ %	_____ %
	v) Mechanical	_____ %	_____ %
	vi) Electrical	_____ %	_____ %
	vii) H.V.A.C.	_____ %	_____ %
	viii) Industrial Process	_____ %	_____ %
	ix) Materials Testing	_____ %	_____ %
	x) Architectural	_____ %	_____ %
	xi) Environmental (please complete attached addendum)	_____ %	_____ %
	xii) Other _____	_____ %	_____ %
	TOTAL	100%	TOTAL _____ %

b) CONSULTING SERVICES ONLY – NO CONSTRUCTION
Of the total consulting services indicate percentage:

i)	Performed by Applicant directly to third parties	_____ %	_____ %
ii)	Performed by an affiliated company as:		
	1) Sub-consultant	_____ %	_____ %
	2) Under separate contract	_____ %	_____ %

c) CONSTRUCTION ONLY – NO DESIGN
Of the total construction services indicate percentage:

i)	Performed by Applicant directly to third parties	_____ %	_____ %
ii)	Performed by an affiliated company as:		
	1) Sub-consultant	_____ %	_____ %
	2) Under separate contract	_____ %	_____ %

10. a) If either design or construction work is sub-let to others, or performed by an affiliated company, complete Schedule "A" attached.
- b) Please list your five largest contracts entered into over the past five years on Schedule "B" attached.

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

12. Number of Employees not including Partners and Officers

Architects	_____	Engineers	_____	Technologists	_____	Technicians	_____
Transitmen	_____	Draftsmen	_____	Office	_____	Others	_____

PLEASE ATTACH CURRICULUM VITAE OF ARCHITECTS AND ENGINEERS

13. When is your fiscal year end? _____

14. Indicate percentage of total construction values derived from the following project types (from Ontario Building Code Projects only):

	Design Only	Design & Construct
a) Mines (advise details on work sheet)	_____ %	_____ %
b) Harbours and jetties	_____ %	_____ %
c) Water and sewage systems	_____ %	_____ %
d) Bridges, tunnels and dams (Describe length and use on a separate sheet)	_____ %	_____ %
e) Nuclear and atomic projects (Describe type of work done on a separate sheet)	_____ %	_____ %
f) Petrochemicals, refineries, fertilizer, ammonia, urea plants (Describe type of work done on a separate sheet)	_____ %	_____ %
g) Hospitals, schools, municipal buildings or nursing homes	_____ %	_____ %
h) Churches, religious or other eleemosynary buildings	_____ %	_____ %
i) Industrial buildings	_____ %	_____ %

	Design Only	Design & Construct
j) Commercial Buildings	_____ %	_____ %
k) Private dwellings, apartments, condominiums	_____ %	_____ %
l) Parking Structures	_____ %	_____ %
m) Other (Please specify)	_____ %	_____ %
TOTAL	100%	100%

15. Please list current coverage subscribed to by the Applicant:

	LIMIT	DEDUCTIBLE	INSURER	EXPIRY
Comprehensive General Liability	_____	_____	_____	_____

16. 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 Occurrence Claims Made basis or claims made basis

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: _____

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? Yes No

b) Is the Applicant aware of facts 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

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 of officer or for any predecessor in the business, past partners or officers? Yes No
If Yes, provide details:

20. Insurance required:

LIMITS: \$1,000,000 / 1,000,000
\$2,000,000 / 2,000,000
\$3,000,000 / 3,000,000
\$4,000,000 / 4,000,000
\$5,000,000 / 5,000,000
Other _____

DEDUCTIBLES: \$ 2,500
\$ 5,000
\$10,000
\$25,000
Other _____

PLEASE ATTACH CORPORATE BROCHURE AND FINANCIAL STATEMENT TO APPLICATION

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**

SCHEDULE A

Refer to question 10.a) of the application

	Brief Description of Project and total Construction Value	Work sub-contracted (1) Engineer (2) Architect (3) Construction	If Professional Sub-consultant, do they carry Professional Liability insurance? If so, state Insurer.
1. Name of unrelated firm to which work has been sub-contracted.			
2. Name of affiliated firm to which work has been sub-contracted.			

The Insurer may require additional information on any firms listed above. Any additional documentation such as brochures, financial statements, etc. will be of assistance.

SCHEDULE B

Refer to question 10.b) of the application

Description of Project	Date Entered Into	Completion Date	Total Construction Value	Designed In-house or by Sub-Consultant	Name Design Sub-Consultant if used

The Insurer may require additional information on any firms listed above. Any additional documentation such as brochures, financial statements, etc. will be of assistance.

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 _____

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: _____
