



ENCON Group Inc.
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Application

Errors and Omissions Insurance for Environmental Consultants

Submitting Broker, please complete the following to assist us in processing this submission:

Name of Brokerage: _____
 Name of Broker Contact: _____
 Brokerage Address: _____ City: _____ Postal Code: _____
 For renewal purposes only: Policy Number: _____ ISN (Client's Number): _____

THE APPLICANT

1. Name of Applicant: _____

If more than one legal entity, please indicate the relationship between each: _____

(Please note that an insurance policy cannot be shared unless there is a financial interest.)

2. Website Address (if applicable): _____

3. Address: _____

4. Location of Branch Offices: _____

5. Date operations began: _____

6. The Applicant is a:
 Proprietorship Partnership Corporation Other (specify): _____

7. Please describe briefly the firm's general business practices and operations: _____

8. Please specify the approximate percentage of the following services provided by the Applicant (including services sublet to consultants) relative to total revenue. The total must equal 100%.

Services	%	Services	%
Asbestos Consulting	_____	Architecture	_____
Environmental Consulting including Risk Management	_____	Civil Engineering	_____
Environmental Investigations, Studies and Assessments	_____	Electrical Engineering	_____
Environmental Audits	_____	Mechanical Engineering	_____
Development and Design of Environmental Abatement Plans	_____	Structural Engineering	_____
Underground Storage Tank Consultant	_____	Soil Engineering	_____
Biological Environmental Consulting	_____	Land Surveying	_____
Chemical Environmental Consulting	_____	Other (specify)	_____
Physical Environmental Consulting	_____		
Analytical Laboratory Services	_____	TOTAL	100%

9. Please describe briefly the Applicant's specialty in terms of projects undertaken: _____

10. Principal(s) Qualifications:

Name of Principal Registered	Education Degree	Date and Place Acquired	Years with Firm
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. Total Personnel:

Personnel	Total Number	Province in which Licensed
Principals (as above)	_____	_____
Professional Registered Personnel	_____	_____
Technical Personnel Not Registered	_____	
Field Personnel	_____	
Clerical and Accounting Employees	_____	
Administrative Employees	_____	
Others (specify _____)	_____	
TOTAL	_____	

PLEASE PROVIDE RÉSUMÉS FOR ALL THE PROFESSIONAL REGISTERED PERSONNEL (INCLUDING PRINCIPALS).

12. Do any of the principals or professional registered personnel do any foreign work? YES NO

If yes, please provide details.

13. Have any of those listed in question 10 ever been the subject of disciplinary action by authorities as a result of their professional activities? YES NO

If yes, please provide details.

14. Please indicate the Applicant's gross annual fees or income for the past year and anticipated gross fees or income for the upcoming year derived from the following categories. Exclude all fees derived from participation in any joint venture.

Services	Last 12 months or last fiscal year	Anticipated next 12 months or next fiscal year
Asbestos Abatement Consulting, Planning & Analysis	_____	_____
Asbestos Removal Management	_____	_____
Environmental Consulting including Risk Management	_____	_____
Environmental Audits of Real Estate	_____	_____
Operational Audits of Manufacturing Plants	_____	_____
Regulatory Compliance Audits, Compliance Programs, Audits/ Surveys Reviews, Analytical Test Result and Criteria Reviews, Permit Assistance, Client Liaison to Regulatory Agencies	_____	_____
Environmental Impact Assessment and Feasibility Studies	_____	_____
Site Assessments including Sampling and Analysis	_____	_____
Subsurface Investigation including Sampling and Analysis	_____	_____
Analytical Laboratory Services	_____	_____
Environmental Field Monitoring	_____	_____

Services	Last 12 months or last fiscal year	Anticipated next 12 months or next fiscal year
Hydrology Studies, Sampling and Analysis	_____	_____
Toxicity Reduction Evaluations	_____	_____
Public Health Risk Assessment	_____	_____
Industrial Hygiene and Safety Services, Pollution Monitoring and Analysis	_____	_____
Litigation Support	_____	_____
Underground Storage Tank Management and Removal	_____	_____
Consulting Engineering and Design of:		
<input type="checkbox"/> Sanitary Landfill Systems	_____	_____
<input type="checkbox"/> Materials Recovery Facilities	_____	_____
<input type="checkbox"/> Site Remediation Systems	_____	_____
<input type="checkbox"/> Waste Minimization Systems	_____	_____
<input type="checkbox"/> Waste Water Treatment Systems	_____	_____
<input type="checkbox"/> Sewer Water and Other Pipeline Facilities	_____	_____
<input type="checkbox"/> Environmental Remediation Plans	_____	_____
Hazardous Waste Disposal Quality Assurance	_____	_____
Services for Storing, Treating, Discharging, Applying, Disposing or Transporting Hazardous Materials	_____	_____
Other (specify _____)	_____	_____
TOTAL GROSS ANNUAL FEES	_____	_____

15. Please indicate the percentage of gross annual fees emanating from services performed outside of Canada:

- (a) Last 12 months/last fiscal year: _____ % U.S.A. _____ % Overseas
- (b) Anticipated next 12 months/next fiscal year: _____ % U.S.A. _____ % Overseas

16. Please specify the percentage of the Applicant's gross annual fees attributable to the following type of client for the last 12 months/last fiscal year.

Type of Client	Percentage
Federal Government and any Agency/Department thereof	_____ %
Provincial, Municipal or Local Government and Agency/Department Thereof	_____ %
Real Estate Developers	_____ %
Other Private or Public Held Corporations	_____ %
Other Individuals, Partnerships or Joint Ventures	_____ %
Other (specify _____)	_____ %
TOTAL	_____ %

17. Do more than 50% of the Applicant's fees emanate from any one single client? YES NO
 If yes, please provide details.

18. Does the Applicant utilize independent consultants such as chemists, hydrologists, ecologists, etc.? YES NO
 If yes, please describe the work or services which are subcontracted by the Applicant to others and the criteria utilized in the selection of such subcontractors, design professionals or consultants.

19. Does the Applicant usually require proof of professional liability insurance from the subconsultants? YES NO
- If yes, please indicate the approximate percentage of contracts or mandates undertaken during the last 12 months for which proof of insurance was obtained from all subconsultants: _____ %
20. When performing professional services, does the Applicant use standard form contracts? YES NO
- If yes, please provide details.
21. Does the Applicant or any related company engage in actual decommissioning, remediation, cleanup, removal, containment, detoxification or neutralization of any property, pollutants or contaminants? YES NO
22. Does the Applicant or any related company enter into contracts wherein they assume responsibility for any of the activities mentioned in 21 above? YES NO
23. Does the Applicant wholly or partly own, manage or otherwise control any other firm or organization (whether directly or indirectly) or is the Applicant wholly or partly owned, operated, managed or otherwise controlled by any other person, firm or organization (whether directly or indirectly)? YES NO
- If yes, please describe any interrelationship.
24. Is any LEGISLATION currently in force governing the practice of the Applicant? YES NO
- If yes, please attach relevant extracts.
25. Please attach a complete description of each of the Applicant's 10 largest jobs in the last five years. Specify the name of the client, services provided, gross accrued income and the date services were completed or will be completed.
26. Please attach a copy of the Applicant's current brochures and include any other current literature advertising his/her capabilities.

INSURANCE COVERAGE - If you are renewing your policy with ENCON, do not complete this section.

27. (a) Has the Applicant ever previously purchased professional liability or errors and omissions insurance? YES NO

(b) If yes, please give the following details for the last three years:

Insurer	Period	Expiring Premium	Limit	Deductible
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____

(c) With respect to (b) above, please indicate if such coverage was offered on an occurrence basis or claims-made basis:

If claims-made, what was the retroactive date of the policy (dd/mm/yy)? _____

28. Has insurance coverage ever been declined or cancelled or the renewal thereof been refused? YES NO

If yes, please attach details.

29. Has any application for similar insurance been made on behalf of the Applicant, any predecessors in business or present partners, directors, officers or employees ever been declined or has such insurance been cancelled or renewal refused? YES NO

If yes, please provide details.

LOSS EXPERIENCE

30. (a) In the past, has the Applicant or any of his/her employees ever been the recipient of any allegations of professional negligence in writing or verbally? YES NO

(b) Is the Applicant or any of his/her employees aware of any facts, circumstances or situations which may reasonably give rise to a claim, other than as advised above? YES NO

31. Does the Applicant or any of its partners, officers, directors or employees have any knowledge or information of their licence having been suspended or their having been fined or reprimanded during the last five years? YES NO

If yes to any of the above, please provide details.

WITHOUT LIMITATION OF ANY OTHER REMEDY AVAILABLE TO THE INSURER, IT IS AGREED THAT IF THERE BE KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION, ANY CLAIM OR ACTION SUBSEQUENTLY EMANATING THEREFROM IS EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

LIMITS REQUESTED

32. Please indicate limit and deductible required:

- Limit: \$250,000 per claim/\$500,000 annual aggregate
 \$500,000 per claim/\$1,000,000 annual aggregate
 \$1,000,000 per claim/\$2,000,000 annual aggregate
 \$2,000,000 per claim/\$2,000,000 annual aggregate

Deductible: \$5,000 \$10,000 Other: _____

Please note that the proposed insurance will be effective at a date determined by the insurers.

APPLICANT'S CONSENT TO THE TRANSMISSION OF THE INFORMATION CONTAINED IN THE APPLICATION FORM

I hereby acknowledge that the information collected in the Application form is acquired by my insurance broker to be transmitted to ENCON Group Inc. for the sole purpose of obtaining an insurance policy, and will be kept confidential.

Moreover, I authorize ENCON Group Inc., its insurers or service providers to:

- conduct verification, using outside sources, of the information contained in the Application form, in attached documentation and in subsequently provided documentation;
- in the event of a claim, transmit the submitted and verified information to loss adjusters, lawyers or other similar offices for the purposes of investigating, defending, negotiating or settling any claims, as required.

For more information on ENCON's privacy policy, please contact privacy-officer@encon.ca.

DECLARATIONS AND SIGNATURE

The undersigned Applicant for this insurance declares that, to the best of his/her knowledge and belief, the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this Application form. The undersigned further agrees that if any significant change in the condition of the Applicant is discovered between the date of this Application form and the effective date of the policy, which would render this Application form inaccurate or incomplete, notice of such change will be reported immediately in writing to the Insurance Manager.

Although the signing of this Application form does not bind the Applicant to purchase the insurance, the undersigned Applicant agrees that this form and the information furnished pursuant hereto shall be the basis of the contract should a policy be issued and this form will become part of the policy.

Name of Applicant (please print)

Signature of Applicant

Date