



Program endorsed by



ASSOCIATION OF CONSULTING
ENGINEERING COMPANIES | CANADA



engineerscanada
Engineers Canada is the business name
of the Canadian Council of Professional Engineers

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Form 4

Renewal Questionnaire

Architects and Engineers Small Firm Program

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): _____

FORMAT: This questionnaire is designed for architectural and engineering firms in private practice whose billings are less than \$500,000 per annum.

THE APPLICANT

1. Name of Applicant: _____

2. Has there been a change in the firm's name or address since the inception of the current policy? YES NO

If yes, please provide details: _____

3. Total number of: Professional Personnel: _____ Technical Personnel: _____ Others: _____

4. Has there been any change in the firm's ownership since the inception of the current policy? YES NO

If yes, please provide details: _____

5. Please indicate the limit of liability required.

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

\$500,000 per claim/\$1,000,000 annual aggregate

\$1,000,000 per claim/\$1,000,000 annual aggregate

Deductible: \$1,000

FEE BREAKDOWN

6. Fee income (excluding disbursements):	Last 12 Months or Last Fiscal Year	Anticipated Next 12 Months or Next Fiscal Year
(a) Gross fees [include all amounts in 6 (b) to 6 (e)]	\$ _____	\$ _____
(b) Fees paid to subconsultants	\$ _____	\$ _____
(c) Fees emanating from projects and joint ventures separately insured	\$ _____	\$ _____
(d) Fees emanating from services performed in USA or for U.S. projects (C\$)	\$ _____	\$ _____
(e) Fees emanating from services performed overseas or for overseas projects (C\$)	\$ _____	\$ _____
7. Total construction values (see Guidelines)	\$ _____	\$ _____

ENGINEERS ONLY

8. (a) Please indicate the percentage of gross fees derived from the following:

Disciplines	%	Projects	%
Services not resulting in construction	_____	Buildings (excluding industrial)	_____
Structural	_____	Industrial Buildings	_____
Soils	_____	Industrial Process	_____
Civil Engineering	_____	Municipal (water, sewage, etc.)	_____
Mechanical	_____	Heavy Civil (bridges, dams, tunnels)	_____
Electrical	_____	Light Civil, Roads	_____
Industrial Process	_____	Marine Engineering	_____
Materials Testing	_____	Environmental	_____
Environmental	_____	Automotive, Aircraft or Railway Industries	_____
Software Design	_____	Other (specify _____)	_____
Nuclear	_____		100%
Home Inspections	_____		
Other (specify _____)	_____		
	100%		

(b) Do more than 25% of the Applicant's fees emanate from a single client? YES NO

If yes, please state the client's name: _____

ARCHITECTS ONLY

9. (a) Please indicate the percentage of gross fees derived from the following:

	%		%
Services not resulting in construction	_____	Institutional Projects	_____
Residential Projects (private)	_____	Commercial Projects	_____
Residential Projects (multi-unit)	_____	Interior Design	_____
Industrial Projects	_____	Landscape Architecture	_____
Recreational Projects	_____	Other (specify _____)	_____
			100%

(b) Do more than 25% of the Applicant's fees emanate from a single client? YES NO

If yes, please state the client's name: _____

OTHER ACTIVITIES

10. Does the Applicant or any related company engage in actual construction, installation or erection? YES NO
11. Does the Applicant or any related company engage in actual manufacture, fabrication or assembly? YES NO
12. Does the Applicant or any related company assume responsibility for any of the activities mentioned in questions 10 and 11 above? YES NO
- If the answer to any of the above questions is "yes", please provide full details of operations.

DECLARATIONS

13. Other than as previously reported to the Insurer, does the Applicant or any of the firm’s partners, officers, directors or employees have any knowledge or information of:

- (a) any error, omission or negligent act in the performance of professional services for others? YES NO
- (b) any written or oral demand for money or services or any written or oral allegation of breach in the rendering or failure to render professional services (in the last five years)? YES NO
- (c) having been called upon to make any payment or to forego any claim for fees as a result of any job dispute? YES NO
- (d) their licence having been suspended or their having been fined or reprimanded? YES NO

If the answer to any of the above questions is “yes”, please provide full details of the circumstances.

ADDITIONAL INFORMATION

Please list details of projects/joint ventures insured separately:

Name of Project/Joint Venture	Location	Insurer	Policy Term
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 Applicant has read the foregoing and understands that completion of this Application does not bind the insurer or the broker to complete the insurance on the terms requested or at all. Terms and conditions of coverage are as set out in the policy without reference to the terms and conditions requested in the Application herein or otherwise.

The Applicant declares and warrants that he/she has made reasonable efforts to obtain sufficient information from each prospective insured under the policy to fully and accurately complete this Application, that this Application is complete and correct to the best of his/her knowledge and belief, and that all particulars which may have a bearing upon the Applicant’s acceptability as a professional liability insurance risk have been revealed. It is further agreed that the answers to the questions herein shall be binding on all insureds under the policy. It is understood that this Application shall form the basis of the contract should the Insurer approve the coverage and should the Applicant be satisfied with the Insurer’s quotation.

It is further agreed that if, in the time between submission of this Application and the requested date for coverage to be effective, the Applicant becomes aware of any information which would change the answers furnished in response to question 13 of this Application, such information shall be revealed immediately in writing to the Insurer.

Signature of Applicant (authorized representative)

Date