



Program endorsed by



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Form 5

Application

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): _____

Please Note: This application is **only** for architectural and engineering firms in private practice that have annual billings less than \$500,000.

This is an application for PROFESSIONAL LIABILITY INSURANCE. Please indicate if you are also applying for the following optional insurance coverages and, if so, complete the corresponding sections of this form.

Commercial General Liability Insurance Property and Crime Insurance

THE APPLICANT

1. Name of Applicant: _____
2. Address of head office: _____
3. Date established: _____ Telephone No.: _____ Facsimile No.: _____
4. Location of branch offices: _____
5. Predecessor firms: _____
6. Total number of: Professional Personnel: _____ Technical Personnel: _____ Others: _____
7. Names of partners, active directors (include sole practitioner) University Degree Year of Graduation % Ownership in Firm Province or state in which registered to practice

Please attach the curriculum vitae of those listed above.

8. Please list association memberships of the firm: _____

PREVIOUS PROFESSIONAL LIABILITY INSURANCE

9. Has the Applicant or predecessor firm previously carried professional liability insurance? YES NO

	Company	Limits	Expiry Date	Premium
Previous Insurer	_____	_____	_____	_____
Present Insurer	_____	_____	_____	_____

10. Refusal, Declination or Cancellation of Insurance—Has any application for insurance made on behalf of the Applicant or any of the present partners, officers, directors or employees or, to the knowledge of the firm, on behalf of their predecessors in business, been declined; has any insurance been cancelled, or has any renewal of insurance been refused in the past five years? YES NO

If yes, please provide details: _____

PROFESSIONAL LIABILITY COVERAGE REQUESTED

11. 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

Applicable Deductible: \$1,000

FEE BREAKDOWN

12. 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 12 (a) to (d)]	\$ _____	\$ _____
(b) Fees emanating from projects and joint ventures separately insured	\$ _____	\$ _____
(c) Fees emanating from services performed in USA or for U.S. projects (C\$)	\$ _____	\$ _____
(d) Fees emanating from services performed overseas or for overseas projects (C\$)	\$ _____	\$ _____

ENGINEERS ONLY

13. (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

14. (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

15. Does the Applicant or any related company engage in actual construction, installation or erection? YES NO

16. Does the Applicant or any related company engage in actual manufacture, fabrication or assembly? YES NO

17. Does the Applicant or any related company assume responsibility for any of the activities mentioned in questions 15 and 16 above?
YES NO

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

ADDITIONAL INFORMATION

18. Please list details of projects/joint ventures insured separately:

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

19. If a new Applicant, please attach a list of the three largest projects completed in the past five years using the following format and attach recent company brochures.

Name of Project	Location	Insurer	Policy Term
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LOSS EXPERIENCE

20. 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 any written or oral allegation of breach in the rendering or failure to render professional services (in the last five years)? YES NO

(c) any unresolved job dispute or circumstance which might reasonably result in a claim? YES NO

(d) having been called upon to make any payment or to forego any claim for fees as a result of any job dispute during the past five years? YES NO

(e) their licence having been suspended or their having been fined or reprimanded during the past five years? YES NO

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

Without limitation of any other remedy of the Insurers, it is agreed that if the answer "yes" is given to any of the questions in 20, any claim arising from the facts or circumstances reported therein are excluded from coverage.

EMPLOYMENT PRACTICES

ENCON offers optional coverage for Employment Practices Wrongful Act Liability, subject to a sublimit of \$250,000 per claim and in the aggregate. Please indicate if you wish to receive more details and a quotation for this coverage. YES NO

Answer the questions in 21 only if this is the first time you are applying for the **Employment Practices Wrongful Act Liability** coverage extension endorsement.

21. (a) In the past three years, has the Applicant had or does the Applicant presently have any employment-related disputes including but not limited to: complaints, charges, arbitrations, litigation, human rights complaints or other administrative proceedings or negotiated settlements, concerning issues related to hiring, termination, promotion, negligent evaluation, misrepresentation, discrimination harassment, defamation, discipline or retaliation? YES NO
- (b) Is the Applicant aware of any facts or circumstances that may result in an employment-related claim being made against the Applicant? YES NO

If the answer to any of the above questions is "yes", please provide details below, including dates, names, amount claimed, nature of claim, total amounts paid, reserves and insurer(s) involved.

Without limitation of any other remedy of the Insurers, it is agreed that if the answer "yes" is given to any of the questions in 21, any claim arising from the facts or circumstances reported therein are excluded from coverage.

COMMERCIAL GENERAL LIABILITY

Complete this section only if you wish to receive a quotation for this coverage.

22. Name of Applicant: _____

Note: Unless otherwise indicated, the Named Insured shall read the same as indicated in response to question 1 of this application.

OR

Additional entities to which this insurance must apply (please list names and relationship to names listed in the Professional Liability application):

23. Form of Business: Individual Partnership or Joint Venture Corporation or Other Organization

24. List all locations at which business is conducted, providing details indicated below.

Location/Address	Occupancy (if other than office)	Square Metres	Owned or Leased?
_____	_____	_____	_____
_____	_____	_____	_____

25. Please provide full details of any products that the Applicant manufactures, distributes or sells; and any construction activities or operations involving installation, repair, service or maintenance work performed by or on behalf of the Applicant. Include for each a description, annual gross receipts and particulars of any such activities outside Canada.

26. Coverage Particulars

(a) Limit(s) of Liability requested: \$1,000,000 \$2,000,000 \$5,000,000

(b) Property Damage Deductible: \$1,000 (standard/minimum) or indicated other Deductible Amount Requested: \$ _____

Coverage provided includes:

- Employers' Liability \$250,000 Limit
- Employee's Benefits Liability \$250,000 Limit
- Tenants' Legal Liability \$1,000,000 Sublimit
- Landlord as Additional Insured
- Non-owned Automobile Liability
 - S.P.F. 6/Q.P.F. 6 Limit equal to the Commercial General Liability policy limit, but not exceeding \$2,000,000
 - S.E.F. 94/Q.E.F. 6-94 Legal Liability for Damage to Hired Automobiles with \$50,000 Limit/\$500 Deductible
 - S.E.F. 96/Q.E.F. 6-96 Contractual Liability
 - S.E.F. 99/Q.E.F. 6-99 Long-Term Lease Exclusion

27. Non-owned Automobile Liability – Does the Applicant lease automobiles other than private passenger vehicles? YES NO

If yes, please provide a description of the type of vehicle(s) leased, frequency, use and approximate value:

28. Previous Commercial General Liability Insurance (past three years)

Name of Insurer	Policy Period
_____	_____
_____	_____
_____	_____

29. In the past five years, has any insurer declined, cancelled or refused to renew Commercial General Liability insurance for the Applicant? YES NO

If yes, please provide details: _____

30. Commercial General Liability Claims History

Please detail liability claims or potential claims that have come to the Applicant's attention during the past three years. For each incident, detail the date of the loss, nature and cause of the claim, amount claimed, costs actually incurred (claim investigation, defence costs and damages) and status of the claim. Please use additional paper if necessary.

Additional Remarks: _____

PROPERTY AND CRIME INSURANCE

Complete this section only if you wish to receive a quotation for this coverage.

31. Property Description and Protection Information

Construction

- 1. Fire Resistive
- 2. Non-combustible With Masonry Walls
- 3. Non-combustible With Non-masonry Walls
- 4. Masonry
- 5. Masonry Veneer
- 6. Frame and all Other

Public Protection

- Less than 305 metres (1,000 feet) to a hydrant
- Greater than 305 metres (1,000 feet) to a hydrant, but less than 8 kilometres (5 miles) to a fire hall
- Greater than 8 kilometres (5 miles) to a fire hall

Percentage of Building Sprinklered: _____%

Occupancy (other than by client): _____

Year Built: _____ How many mortgages are on this property? _____

If built before 1965, indicate the latest year each of the following systems was "completely" updated:

Roof: _____ Plumbing: _____ Sprinklers: _____ Heating: _____ Electrical: _____ Air Conditioning: _____

Building Type: High Rise Enclosed Mall Strip Plaza Stand-alone Other _____

Heat: Forced Air Gas Electric Oil Other _____

Air Conditioning: Central Air Roof Top Other _____

Alarms: No Alarm Protection ULC Approved Monitoring System

Local Burglar Alarm ULC Approved Central Station

Other, please describe: _____

Details for physical protection for all windows, doors and other openings: _____

32. Type of Property and Coverage Particulars

Property (Main) Deductible \$1,000 Optional Deductible Requested: \$ _____

Indicate below if limits required are other than the amount shown as "Automatic."

	Automatic	Limit Required
Building Replacement Value	NIL	\$ _____
Business Contents (Excluding Laptop Computers)	\$30,000	\$ _____
Laptop Computers/Miscellaneous Property Broad Form	\$5,000	\$ _____*

*Attach schedule including make, serial number and value of each item if higher limits are required.

Extensions: Business Contents (Excluding Laptop Computers) Temporarily Off Premises or in Transit

\$25,000 (Automatic) Optional Limits \$30,000 \$35,000

	Automatic	Limit Required
Accounts Receivable	\$25,000	\$ _____
Valuable Papers and Records (Data Files)	\$25,000	\$ _____
Professional Fees	\$25,000	\$ _____
Extra Expense	\$25,000	\$ _____
Equipment Breakdown Deductible (same as property)	\$1,000	\$ _____

Business Income (Optional): Extended Business Income Total Limit Required: \$ _____

Extended Rental Income Total Limit Required: \$ _____

Crime: Loss of money inside/outside the premises \$2,500 Automatic OR **Optional Higher Limits** \$5,000 10,000

33. Previous Property and Crime Insurance (past three years)

Insurer's Name	Policy Number	Policy Period
_____	_____	_____
_____	_____	_____
_____	_____	_____

34. In the past three years, has any insurer declined, cancelled or refused to renew Property or Crime insurance for the Applicant?
 YES NO

If yes, please provide details: _____

35. Property and Crime Claims History

Please provide details (dates, nature of claim, amounts, status) of all Property and Crime Insurance claims that the Applicant has experienced in the past three years. Use additional pages if necessary.

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 20 of this Application, such information shall be revealed immediately in writing to the Insurer.

Signature of Applicant (authorized representative)

Date