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Application

Professional Liability Insurance Program for Geoscientists in Private Practice

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: _____

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 any association memberships of the firm: _____

INSURANCE

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

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

10. Previous Insurance—Has any application for insurance been 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 or cancelled, or has renewal been refused in the past five years? YES NO

If yes, please provide details: _____

11. Please indicate the 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/\$1,000,000 annual aggregate

Deductible: \$1,000 \$2,000 \$5,000 \$10,000 \$25,000

Other Limit: _____

Other Deductible: _____

12. Does the Applicant usually require proof of professional liability insurance from 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 ____%. What percentage of these insured subconsultants are insured through ENCON? ____%. The answer to this question is NOT ESSENTIAL but may help reduce the Applicant's premium.

FEE BREAKDOWN

13. 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 13(b) to 13(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 USA projects (C\$)	\$ _____	\$ _____
(e) Fees emanating from services performed overseas or for overseas projects (C\$)	\$ _____	\$ _____

DISCIPLINES

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

Types of Work	%
Soil Mechanics	_____
Mining/Metallurgy	_____
Oil & Gas Drilling	_____
Marine Geology	_____
Environmental	_____
Hydrogeology	_____
Materials Testing	_____
Prospecting	_____
Seismology	_____
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 environmental remediation? 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 is “yes” to any of the questions 15, 16 or 17, full details of operations must be provided.

18. Please indicate the approximate percentage of mandates or contracts undertaken during the last 12 months for which the Applicant used standard contract documents _____. The answer to this question is NOT ESSENTIAL but may help reduce the Applicant’s premium.

DECLARATIONS

19. Does the Applicant or any of its 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

In the event that the answer “yes” is given to any of the above questions, 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 19, any claim arising from the facts or circumstances reported therein are excluded from coverage.

ADDITIONAL INFORMATION

Please list details of projects/joint ventures insured separately:

Name of Project/Joint Venture	Location	Insurer	Policy Term
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

If a new Applicant, please attach a list of the 10 largest projects completed in the past five years using the following format and attach recent company brochures.

Name of Project	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 19 of this Application, such information shall be revealed immediately in writing to the Insurer.

Signature of Applicant (authorized representative)

Date