



Program endorsed by



ENCON Group Inc.
500-1400 Blair Place
Ottawa, Ontario K1J 9B8
Telephone 613-786-2000
Facsimile 613-786-2001
Toll Free 800-267-6684
www.encon.ca

Application

Single Project

Professional Liability Insurance

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): _____

1. Name of Applicant (prime consultant): _____
2. Address of head office: _____

Telephone: _____ Facsimile: _____
3. Name and address of the owner of the project: _____

4. Name and address of party responsible for writing or negotiating general conditions of the contract: _____

5. Project (please give a brief description, location and project name): _____

6. Territory: If the project is outside Canada, what is the jurisdiction under which disputes are to be settled? _____

7. If the contract contains an arbitration or mediation clause, what are its terms? (If possible, please attach a copy of the clause.) _____
8. Commencement date of design: _____
9. Commencement date of construction: _____
10. Anticipated date of completion: _____
11. Total construction value: \$ _____
12. Is coverage required to continue after construction completed? YES NO
If yes, please state the number of years extension required: _____
13. Limits and Deductible
State Limits desired \$250,000 \$500,000 \$1,000,000
State Deductible desired \$5,000 \$10,000 \$25,000
Other Limits: _____
Other Deductibles: _____

14.

		PROJECT GROSS FEES BY YEAR (including design stage) Show actual for past years and anticipated for future years.					
Please list firms participating in the project for which coverage is desired	Present Insurer	Year: _____ \$000	Year: _____ \$000	Year: _____ \$000	Year: _____ \$000	Year: _____ \$000	TOTAL \$000
	TOTAL GROSS FEES						

NOTE: If any of the participants do not carry professional liability insurance through ENCON, please complete a FORM 1 Application for each such participant.

15. Name of individual(s) charged with overall responsibility for the project:

(a) At Design Phase:

Name: _____ Qualification: _____

Employed by: _____

(b) At Construction Phase:

Name: _____ Qualification: _____

Employed by: _____

16. Percentage of total fees derived from the following categories of services for the project. (Total must be equal to 100%.)

(a) Architectural	_____ %	(i) Equipment Evaluation	_____ %
(b) Structural	_____ %	(j) Failure Investigation	_____ %
(c) Civil	_____ %	(k) Studies	_____ %
(d) Soil Mechanics	_____ %	(l) Planning	_____ %
(e) Mechanical	_____ %	(m) Appraisals	_____ %
(f) Electrical	_____ %	(n) Project Management/Construction Management	_____ %
(g) Process	_____ %	(o) Environmental	_____ %
(h) Materials Testing	_____ %	(p) Other (specify)	_____ %
Total (a) to (h) incl.	_____ %	Total (i) to (p) incl.	_____ %

17. Indicate if coverage is required for the following categories of work:

(a) Dams	YES <input type="checkbox"/> NO <input type="checkbox"/>
(b) Bridges over 150 feet in length	YES <input type="checkbox"/> NO <input type="checkbox"/>
(c) Tunnels	YES <input type="checkbox"/> NO <input type="checkbox"/>
(d) Surveys or Investigations of Subsurface Conditions	YES <input type="checkbox"/> NO <input type="checkbox"/>
(e) Boundary Surveys	YES <input type="checkbox"/> NO <input type="checkbox"/>
(f) Temporary Fair or Exhibition Structures	YES <input type="checkbox"/> NO <input type="checkbox"/>

18. Claims or Potential Claims

Has the Applicant or any partner, officer, director or employee of the participants been made aware of any error, omission, negligent act or unresolved dispute which may result in a claim concerning the project? YES NO

19. Licensing

Has the Applicant or any partner, officer, director or employee of the participants had their licence suspended or been fined or reprimanded during the past five years? YES NO

20. Indicate here any amplification required by questions 18 or 19.

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

I/we hereby declare that the above statements and particulars are true and that I/we have not suppressed or misstated any material facts and I/we agree that this proposal form shall be the basis of the contract with the Insurers.

It is understood and agreed that the completion of this Application does not bind the Insurers to sell, nor does it obligate the Applicants to purchase this insurance.

Name of Applicant: _____

Authorized Signature: _____

Name and Title: _____

Date: _____

The proposed insurance does not apply to claims made against the insured (a) by a business enterprise (or its assignees) that is wholly or partly owned, operated or managed by the insured, or which has directly or indirectly any interest in the ownership or management of the named insured; (b) by an employee (or his or her assignees) of said business enterprise except for bodily injury or death.

The proposed insurance does not cover the insured's liability arising out of projects where the actual construction, installation, erection, fabrication, assembly or manufacture thereof is performed by or on behalf of the insured, or by or on behalf of an associated business enterprise as defined in the policy.

Except to such extent as may be provided therein, the proposed insurance is limited to liability for those claims that are first made against the insured while the policy is in force. Please review the policy carefully and discuss the coverage thereunder with your insurance agent or broker.