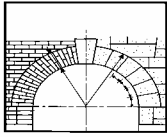




Program endorsed by



ENCON Group Inc.
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 Facsimile 613-786-2001
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 www.encon.ca



Application

Risk Management Credit

Insured: _____ ISN No.: _____

Claim Number: _____ Claimant: _____

Date of ENCON Claim Confirmation Notice: _____ By: _____

Policyholder Instructions: Check **each applicable condition** on the Submittal Checklist below and attach compliance documentation clearly keyed to each applicable condition. Complete the Policyholder Declaration on page 2 and fax to your ENCON claims analyst (613-238-7180) within sixty (60) days of your receipt of ENCON's claim confirmation letter. Documentation must be submitted as part of this Application demonstrating compliance with the baseline condition and three of five best practices conditions.

Submittal Checklist: To be completed by Insured		Compliance Checklist: To be completed by ENCON	
Baseline Condition (Written Agreement) Documentation Submitted:		Documentation: <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	Comments:
<input type="checkbox"/>	A written agreement executed prior to the performance of the services giving rise to the claim		
Condition 1(a) (Payment Terms/Invoicing) Documentation Submitted:		Documentation: <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	Comments:
<input type="checkbox"/>	An agreement executed prior to the performance of the services giving rise to the claim containing payment terms and a payment schedule		
<input type="checkbox"/>	Dated invoices or a spreadsheet reflecting dated invoices		
<input type="checkbox"/>	Dated unpaid balance reminders or other documents reflecting the insured's attempt(s) to resolve payment problems, if any		
Condition 1(b) (Interprofessional Agreements/Insurance Certificates) Documentation Submitted:		Documentation: <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	Comments:
<input type="checkbox"/>	Interprofessional agreements executed prior to the performance of the services giving rise to the claim		
<input type="checkbox"/>	Where appropriate, certificate(s) of insurance evidencing PL and GL coverages (or a spreadsheet reflecting all such certificate information) obtained prior to the performance of the services giving rise to the claim		
Condition 2 (Pre-project Planning) Documentation Submitted:		Documentation: <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	Comments:
<input type="checkbox"/>	Project definition document(s) addressing the applicable parameters ("a" through "c" or "a" through "e")		
<input type="checkbox"/>	Agreements annotated to address the applicable project definition parameters		
<input type="checkbox"/>	Reports prepared as deliverables addressing the applicable project definition parameters		

Condition 3 (Internal/External Peer Review)		Documentation: <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant
Documentation Submitted:		Comments:
<input type="checkbox"/>	Documents reflecting internal peer review activities, such as meeting minutes, memoranda, reports, completed checklists, and notations on design documents (at the conceptual/schematic and final design phases)	
<input type="checkbox"/>	For external peer reviews, a peer review agreement or engagement letter and other documentation evidencing completion of the review	
Condition 4 (Constructability Review)		Documentation: <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant
Documentation Submitted:		Comments:
<input type="checkbox"/>	Documents reflecting constructability review activities, such as meeting minutes, memoranda, reports, and notations on design documents, during the pre-construction phase of the project or applicable portion of the project	
Condition 5 (Submittal Management)		Documentation: <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant
Documentation Submitted:		Comments:
<input type="checkbox"/>	A documented submittal log or spreadsheet reflecting as-planned and actual receipt and response dates and actions taken	

DECLARATIONS

I/We hereby declare this Application and the supporting documentation is accurate to the best of my/our knowledge and that if this Application is found satisfactory to ENCON, it shall be the basis of any award of the Risk Management Credit.

Name of Principal, Partner or Officer: _____

Title: _____

Signature (Principal, Partner or Officer): _____

Date: _____

Email Address: _____

To be completed by ENCON:	
Date Application Received: _____	By: _____
Additional Review Comments: _____	
Reviewed by: _____	Approved by: _____
Date: _____	Date: _____
Advice to Insured – Attn: _____	Advice to Broker – Attn: _____
Date: _____	Date: _____