



Chutter Underwriting Services

Architects and Engineers Professional Liability Insurance

This application is not intended to restrict or limit in any way a complete and full declaration of all information. All questions must be answered completely to enable a quotation to be given. Please do not leave any question unanswered. If there is insufficient space to answer questions, please continue on your headed notepaper and attach it to this form, although fields will expand for certain questions. Use Tab to navigate cells and Enter within cells.

Please type or clearly print your answers to assist Underwriters' consideration of the proposal.

Please provide a brochure, if possible, and any standard contract terms, conditions, agreements, or letters of appointment which you have with your clients.

This proposal form must be completed in ink by a Partner, Principal, or Director of the firm or company. The completion and signature of this proposal does not bind the proposers or underwriters to complete a contract of insurance.

1. Name of Applicant

2. Address (Head Office)

Branch Office

Date Established: Date Month Year

Telephone # Fax #

3. Former names of Applicant/Firm Date Established Closed

a) _____

b) _____

4. Is the Applicant engaged by others as an employee?

Yes No

If yes, give details:

5. Partners and Officers University attended Degree Year Province licensed to practice in
(Attach Resume)

6. Number of employees not including Partners and Officers:

Architects _____ Engineers _____ Surveyors _____ Technologists _____
 Transitmen _____ Draftsmen _____ Office _____ Others _____

7. Please describe the nature of your practice (Attach Brochure)

8. Please list your five largest projects done during the past five years.

Named of Project	Fee	Total Construction Value	Value of your portion
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9. Fees:

Previous 12 Months Month/Year - Month/Year ____/____ - ____/____	Expiring 12 Months Month/Year - Month/Year ____/____ - ____/____	Projected 12 Months Month/Year - Month/Year ____/____ - ____/____
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a) Gross Fees (include b,c,d & e)

\$	\$	\$
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b) Fees paid to sub-consultants

\$	\$	\$
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c) Fees derived from projects which have been separately insured

\$	\$	\$
----	----	----

d) Fees for projects in USA

\$	\$	\$
----	----	----

e) Fees for projects outside of North America

\$	\$	\$
----	----	----

f) Construction Values

\$	\$	\$
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10. Please indicate percentage of fees derived from the following ENGINEERING activities (to be completed by Engineering applicants).

	% Last 12 Months	% Anticipated next 12 Months
a) Work not resulting in construction, Failures investigation	_____	_____
b) Structural engineering	_____	_____
c) Civil engineering	_____	_____
d) Geotechnical, surveys of subsurface conditions and ground testing	_____	_____
e) Mechanical engineering	_____	_____
f) Electrical engineering	_____	_____
g) H.V.A.C.	_____	_____
h) Project/Construction management	_____	_____
i) Boundary surveys	_____	_____
j) Material testing & inspection services	_____	_____
k) Process engineering	_____	_____
l) Quantity survey	_____	_____
m) Other (describe)	_____	_____
Totals 100%	_____	_____

11. Please indicate percentage of last year's fees derived from the following areas:

a) Marine, docks and harbours	_____
b) Sewage and water services	_____
c) Roads and highways	_____
d) Oil and gas pipelines	_____
e) Fairgrounds and exhibition	_____
f) Bridges over 150 ft. abutment to abutment	_____
g) Tunnels over 150 ft. (not cut and cover)	_____
h) Dams	_____
i) Other (describe)	_____

12. Please indicate percentage of fees derived from the following ARCHITECTURAL activities (to be completed by Architectural applicants)

- a) Work not resulting in construction _____
- b) Interior design _____
- c) Landscape architecture _____
- d) Private homes _____
- e) Apartments/Condos/Townhouses _____
- f) Commercial and office complexes _____
- g) Industrial _____
- h) Institutional _____
- i) Recreational _____
- j) Project management services _____
- k) Others (describe) _____

13. Is the applicant controlled by, owned by, or related to any other firm, corporation or company?

Yes No

If YES, give details

14. Do any of the partners or officers of the Applicant hold an interest in any other corporation with whom the Applicant carries on business?

Yes No

If YES, give details

15. Does the Applicant, any partner, officer or related company engage in the actual work of construction or fabrication other than supervision?

Yes No

If YES, give details

16. Are more than 25% of your Professional Services provided for one client?

Yes No

If YES, give details

17. Please list joint ventures separately insured:

18. Please provide names of all projects separately insured:

19. Please provide details of previous insurance for past five years:

Insurer	Policy #	Policy Period	Policy Limit	Deductible

20. a) Have any claims ever been made to the knowledge of the Applicant against the Applicant, any business predecessors, any of the present or former partners or officers?

Yes No

b) Is the Applicant aware of any act, error, omission or circumstance which could give rise to a claim against the Applicant or any predecessor in business, or any present or former partner or officer?

Yes No

IF THE ANSWER TO EITHER 20.a) OR 20.b) IS YES, COMPLETE THE ENCLOSED CLAIMS HISTORY FORM

NOTE: THE POLICY DOES NOT COVER ANY CLAIM OR CIRCUMSTANCE STATED IN 20.a) AND/OR 20.b) OR ANY ERROR, ACT, OMISSION OR CIRCUMSTANCE WHICH COULD GIVE RISE TO A CLAIM, OF WHICH THE APPLICANT HAS KNOWLEDGE PRIOR TO THE INCEPTION OF THE POLICY.

21. Has any Partner, Executive Officer, Director or Professional employee had their license suspended, been fined or reprimanded during the past five years?

Yes No

If YES, attach details.

22. To the Applicant's knowledge, has any company declined or terminated the insurance, for the Applicant, any present partner or officer or for any predecessor in the business, past partners or officers?

Yes No

If YES, give details:

23. Please note the professional associations to which the Applicant belongs:

24. When is your fiscal year end?

25. Insurance required:

LIMITS		DEDUCTIBLE	
\$250,000 / \$500,000	_____	\$5,000 (Min)	_____
\$500,000 / 1,000,000	_____	\$10,000	_____
\$1,000,000 Single Limit	_____	\$25,000	_____
\$1,000,000 / \$2,000,000	_____		_____
Other	_____	Other	_____

We hereby declare that the above statements and particulars are true and that we have not suppressed or misstated any material facts and we agree that this declaration shall be the basis of any binder or contract of insurance with the Insurance Company, and that the limits and deductibles as stated in the said binder or contract of insurance shall govern.

It is understood and agreed that the completion of this declaration does not bind the Insurance Company to the issue of the insurance nor the Applicant to the purchase of this insurance.

It is further understood and agreed that if, following submission of this application to the insurer and prior to the date requested for coverage to be effective, the Applicant becomes aware of any information which has a bearing on question 20a) or 20b) of this application, the Insurer shall be immediately notified in writing of such information.

Name of Firm

Signature (Signing Officer)

Title

Date

ENVIRONMENTAL LIABILITY QUESTIONNAIRE

1. Name of Firm:

2. Please indicate the approximate percentage of total fees reported in your application for insurance (including those paid to sub-consultants but not projects insured separately) derived from each of the following project types:

	Past Accounting Year (%)	Current Accounting Year (Estimated %)
a. Studies and Reports (excluding soils investigations or Remediation)		
(1) Environmental impact studies or assessments	_____	_____
(2) Environmental permit review or approval	_____	_____
(3) Building Inspections/Audits	_____	_____
(4) Environmental Monitoring (describe type of service)	_____	_____
(5) Air Emission Control Services	_____	_____
b. Waste Disposal		
(1) Waste site evaluation or selection	_____	_____
(2) Design, monitoring or closure of landfills	_____	_____
c. Design or construction services for remedial action of contaminated buildings	_____	_____
d. Services related to the evaluation, removal or replacement of underground storage tanks	_____	_____
e. Industrial Process Engineering (Non-Petrochemical)	_____	_____
f. Petrochemical Engineering	_____	_____
g. Design of Laboratories	_____	_____
h. Soils Investigations		
(1) Underground investigations for possible contamination.	_____	_____
(2) Determination of extent of contaminated sites	_____	_____
(3) Design of remedial action of contaminated sites	_____	_____
(4) Investigations not related to waste or contamination detection.	_____	_____

3. How many years has your firm provided services for the detection, monitoring, handling or disposal of hazardous substances?

4. Personnel (indicate the number of staff involved in environmental work)

- a. Architects/Civil Engineers _____
- b. Process Engineers _____
- c. Geotechnical Engineers _____

- d. Chemists and Biologists _____
- e. Industrial Hygienist or Toxicologists _____
- f. Geologists/Hydrologists _____
- g. Environmental Engineers _____
- h. Other Personnel _____
(Please attach Curriculum Vitae of key personnel if not previously submitted)

5. Have you accepted, or do you plan to accept responsibility (either directly or as an agent of the owner) for the actual clean-up, transportation, storage or disposal of a "pollutant"?

Yes No

If "YES", please explain

6. For what percentage of environmental work in the past year have you been able to obtain client agreement for:

- a. Complete indemnification _____
- b. Partial Indemnification _____
- c. Limitation of liability (please attach sample) _____

7. Has any claim been made or legal action been brought for any pollution or environmental injury or damage in the past three (3) years (or made earlier and still pending) against your firm, its predecessors or employees?

Yes No

If "YES", please provide details

DECLARATION

I/We hereby declare that the above statements and particulars are true to the best of my/our knowledge and that I/we have not suppressed or mis-stated any material facts and I/we agree that this application shall be the basis of the contract with the Insurer.

Note: This application must be reviewed, signed and dated by a principal, partner or officer of the firm.

Name of Principal, Partner or Officer _____

Title _____

Date _____ Signature _____

CLAIMS HISTORY

Applicant Name:

Date:

Claimant(s)	Date of Loss	Suit	Amount Claimed \$	Estimated Liability \$	Indemnity Paid \$	Expenses Paid \$	Closed
Project Name & Location							
Description of Claim:							
Present Status:							

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Project Name & Location							
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Project Name & Location							
Description of Claim:							
Present Status:							