

**INSTRUCTIONS**

This renewal application, together with any other material information provided, shall form the basis of any contract of insurance effected. All questions must be answered completely. Attach additional sheets if required.

INSURED COMPANY NAME	RENEWAL EFFECTIVE DATE	TOTAL EMPLOYEES (#)
<input type="text"/>	<input type="text"/>	<input type="text"/>

**ANNUAL REVENUE (INCLUDING CONSTRUCTION VALUES)**

	LAST COMPLETE FY	CURRENT FY ESTIMATE
Canada / domestic revenue (\$)	<input type="text"/>	<input type="text"/>
USA revenue (\$)	<input type="text"/>	<input type="text"/>
Other territory revenue (\$)	<input type="text"/>	<input type="text"/>
Total gross revenue (\$)	<input type="text"/>	<input type="text"/>
Total professional fees (\$)	<input type="text"/>	<input type="text"/>
Profit / (Loss) (\$)	<input type="text"/>	<input type="text"/>

OTHER TERRITORY — DESCRIBE COUNTRY / REGION IF APPLICABLE

**REVENUE SPLIT BY CONTRACT TYPE — % OF CURRENT FY (MUST TOTAL 100%)**

CONTRACT TYPE	% OF REVENUE
a. Construction only — Design-Bid-Build (no design responsibility)	<input type="text"/>
b. Design-Build — design performed in-house	<input type="text"/>
c. Design-Build — design subcontracted to third-party professionals	<input type="text"/>
d. Construction management at risk (turnover)	<input type="text"/>
e. Construction management agency (fees only)	<input type="text"/>
f. Stand-alone professional services provided to third parties	<input type="text"/>
g. Other — describe below	<input type="text"/>

IF 'OTHER' CONTRACT TYPE — DESCRIBE

**FINANCIAL HEALTH**

Did the applicant have positive net income in the past 12 months?  Yes  No

Does the applicant have positive overall net equity?  Yes  No

IF NO TO EITHER — DESCRIBE STEPS BEING TAKEN TO ADDRESS

**THREE LARGEST ACTIVE / CURRENT PROJECTS**

CLIENT / PROJECT NAME	NATURE OF WORK	TOTAL CONSTR. VALUE (\$% COMPLETE	DESIGN IN-HOUSE

Have there been any significant changes to your business activities, personnel, services, project types, or any other information supplied in your last application?  Yes  No

If yes — describe all changes below, including updated activity / revenue breakdown:

ACTIVITY / SERVICE DESCRIPTION — DESCRIBE CHANGE	% REV

Have you undertaken any project types not disclosed in your original application (e.g. condominiums, high-rise, nuclear, airports, P3)?  Yes  No

IF YES — DESCRIBE NEW PROJECT TYPES AND APPROXIMATE % OF REVENUE

Does the applicant maintain commercial general liability (CGL) insurance concurrently with its professional liability policy, at limits equal to or greater than the PLI limit?  Yes  No

CGL INSURER	CGL LIMIT (\$)	CGL EXPIRY DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>

Are you aware of any claims, losses, circumstances, or incidents which may give rise to a claim against the insured, any partner, director, officer, or professional employee?  Yes  No

DATE	DESCRIPTION OF CLAIM / CIRCUMSTANCE	AMOUNT (\$)	STATUS	PAID (\$)

**DECLARATION & SIGNATURE****IMPORTANT NOTICE**

I / we declare that after proper enquiry the statements and particulars given above are true and that I / we have not misstated or suppressed any material fact. I / we agree that this renewal application, together with any other material information supplied, shall form the basis of any contract of insurance effected thereon. I / we undertake to inform underwriters of any material alteration to these facts occurring before completion of the contract.

FULL NAME (PRINT)

TITLE / POSITION

DATE (MM / DD / YYYY)

SIGNATURE OF AUTHORIZED REPRESENTATIVE